1.0 OBJECTIVE

1.0 It is the definition of the system applied for the planning, execution and reporting of certification, recertification, surveillance, transfer, special / part-time, integrated / combined, multi-facility audits of the management systems defined below in accordance with the accreditation standards defined below.

2.0 SCOPE

2.1 This procedure is applied to all initial certification, recertification, surveillance, transfer, special/part-time, integrated/combined, multi-site audits of ISO 9001 Quality Management System (QMS), ISO 14001 Environmental Management System (EMS), ISO 45001 Occupational Health and Safety Management System (OHSMS), ISO 27001 Information Security Management System (ISMS), ISO 13485 Medical Devices Quality Management System (MDQMS), ISO 22000 Food Safety Management System (FSMMS), ISO 20000-1 Information Technology Service Management System (ITSMS), ISO 27701 Personal Data Management System (PIMS), ISO 22301 Business Continuity Management System (BSYS), ISO 50001 Energy Management System (EnMS), ISO 37001 Anti-Bribery Management System (ABMS) and other management systems conducted by YBM.

2.2 References ISO 17021-1:2015 / ISO 17021-2:2016 / ISO 17021-3:2017 / ISO 27006:2024 / ISO 22003:2015 / ISO 22003-1:2022 / ISO 22003-2:2022 / IAF MD 9:2023 / IAF MD 5:2023 / IAF MD 01:2023 / IAF MD 02:2023 / IAF MD 22:2023 / ISO IEC 20000-6:2017 / ISO 50003:2021 / TSE ISO IEC TS 17021-6:2014 / ISO IEC TS 17021-9:2016 / ISO / IEC TS 17021-10:2018, Common Procedures, other normative documents.
UAF CAB-EnMS-02 Procedure.

3.0 RESPONSIBILITIES

3.1 The Certification Manager is overall responsible for the implementation of this procedure.

3.2 The Certification Manager is responsible for the evaluation and employment of auditors and technical experts in accordance with the Procedure for Selection and Training of Auditors and Technical Experts (P-012).

3.3 The General Manager and/or a person who is responsible for the appointment of ISMS, ITSMS and PIMS auditors and who has lead auditor competence in the relevant standards and is assigned by the General Manager is generally responsible for the selection of the audit team and the scheduling of the audit.

3.4 The Application Evaluation and Planning Manager is responsible for the pre-bid application evaluation processes in accordance with the P-17 Pricing of Services procedure requirements .

3.5 The Planning Manager is responsible for planning the audit by ensuring coordination with the client and the audit team in accordance with this procedure.

3.6 The Audit Team Leader is responsible for planning, managing and conducting the audit in accordance with this procedure and, when necessary, approving the competence of the appointed auditors.

3.7 Auditors are responsible for reviewing the documents in the audit package prior to the audit and conducting the audit in accordance with this procedure.

3.8 All audit team members are responsible for reporting the audit and following up on any necessary corrective actions in accordance with this procedure.

3.9 The Application Evaluation and Planning Manager is responsible for preparing and approving price quotes for certification, recertification, surveillance, transfer, special/part-time, integrated/combined, and multi-site audits.

3.10 The Application Evaluation and Planning Manager is responsible for obtaining and reviewing the background information regarding the certification process in question before the certification agreement is signed.

3.11 The Certification Manager is responsible for implementing the Procedure for Suspension, Withdrawal, Cancellation and Change of Scope of P-11 Certificates in accordance with the decisions of the Certification Committee in case of a recommendation from the audit team during surveillance audits that the certification should not be continued.

3.12 The Certification Manager and Certification Administrator are responsible for preparing certificates and carrying out necessary procedures in accordance with the Committee's decision to finalize the certification process.

3.13 The client is responsible for delivering all relevant documentation to YBM and providing the audit team with appropriate audit facilities to ensure the audit is carried out effectively.

3.14 The certification process will be limited to issues specifically related to the scope of certification and the stated positions of the client organization. In the event of changes to certification standards and changes to certification requirements, the client organization will be given a reasonable period of time to transition to the changed requirements.

3.15 YBM is Responsible for the Following;

Grant, maintain, withdraw or suspend certification if necessary, Expand or reduce the scope of certification, Re-evaluate in case of changes that significantly affect the operations and functioning of the client (such as change of ownership, key personnel, scope, location or equipment), major accident or a situation where the analysis of a complaint or other information indicates that the certified client does not comply with the requirements of the certification body, YBM cannot delegate the authority to grant, maintain, extend, reduce, suspend or withdraw certification to an external person or organization. It cannot transfer any of its rights or obligations to a third party.

4.0 APPLICATION

4.1 PLANNING OF TESTS AND PREPARATION FOR TESTS

4.1.1. The Planning Manager schedules all audits required under new contracts (certification, recertification, surveillance, transfer, special/part-time, integrated/combined, multiple facilities) using customer information. The process that begins with the request from the customer and continues until the offer stage is explained in P-17 Application Evaluation and Pricing of Services Procedure.

4.1.2. YBM agrees with the client on the planning of the audit that will best reflect the scope specified in the application by the organization to be audited . The assessment may include season , month, day/date and shifts, where appropriate .

4.1.3. The Application Evaluation and Planning Manager assigns an auditor from the auditor database as the lead auditor (except for ISMS, ITSMS and MPIMS). When determining the audit team by the Application Evaluation and Planning Manager, at least one auditor (preferably the lead auditor) or technical expert who is suitable for the firm's EA-NACE code and technical field must be assigned to the audit team. Appointments are made with the Auditor Appointment (F-026) Form. The audit team may consist of an auditor who meets the conditions in Article 7.1.2.1 . If the client finds an auditor and/or technical expert unsuitable , the Planning Manager ensures that the auditor/technical expert is replaced with the knowledge of the Application Evaluation and Planning Manager. The evaluation of ISO 27001, ISO 20000-1 and ISO 27701 applications and the appointment of auditors / technical experts are carried out by the General Manager who is competent in ISMS processes and responsible for YBM processes in this regard and/or by a person with lead auditor competence in the relevant standards assigned by the General Manager.

4.1.4. certification period, in all audits (certification, recertification, surveillance, transfer, special/part-time, integrated/combined, multiple facility audits , etc.), at least one member of the audit team must have the relevant EA and NACE code / relevant audit area code. If there is no auditor with the relevant EA and NACE code / relevant audit area code in the audit team, a technical expert is added to the audit team. The technical expert is not calculated from the audit-day duration. The auditor or expert with the relevant EA and NACE code / takes part in the audit of the main activities (design, production, etc.) reflecting the EA code of the organization.

4.1.5. Investigation Team;

a) Have technical knowledge of the specific activities and, where appropriate, the procedures and potential risks associated with them within the scope of the relevant management system for which certification is sought . (Technical experts may perform this function) ;

b) Have sufficient knowledge of the client organization to conduct a certification audit reliably with respect to the relevant management system aspects of the organization's management system, activities, products and services .

c) Have an appropriate understanding of the legal and regulatory requirements applicable to the client's management system. Appropriate understanding does not imply an in - depth legal background .

4.1.6. The information provided by the client organization about its processes and activities will include identification of the main hazards and Occupational Health and Safety risks associated with the processes, the main hazardous substances used in the processes and the relevant legal obligations arising from relevant Occupational Health and Safety legislation.

4.1.7. Demonstrates legal compliance with Occupational Health and Safety requirements by the organisation, as well as stakeholders and interested parties. If a client organisation is not in legal compliance, it will be possible to demonstrate that an implementation plan has been activated to achieve full compliance within a stated date, supported by a documented agreement with the regulator, wherever possible for different national circumstances. Successful implementation of this plan will be considered a priority within the scope of Occupational Health and Safety.

4.1.8. The audit period for Occupational Health and Safety Management System (OHSMS) audits is determined according to IAF MD 5:2019. If the customer provides service at another organization's facility, YBM verifies that the customer's OHSMS covers non-work activities. When calculating the audit period, YBM will ensure that areas outside the customer's site are periodically audited. Accordingly, whether all sites will be audited depends on the performance of statistical results where deviations are intense, such as customer activities, OHS risks, contract terms, internal audit system, accident statistics. The reason for this decision is specified in the contract annex. (Man Day Calculation Table F-076)

4.1.9. The Planning Manager, the client and the auditor agree on the date on which the certification audit should be conducted. Any changes to the audit dates during planning shall be subject to the provisions of P-17.

4.1.10. The Planning Manager creates the Audit Program after receiving confirmation from the customer for the audit and its date.

4.1.11. The Planning Manager places the Auditor Assignment Form (F-026) in the client file. The Planning Manager sends the audit file to the auditors in accordance with the relevant Audit Package Checklist approximately one week before the audit. There may be changes in this period in case of force majeure such as a pandemic etc.

4.1.12. The audit program for the full certification cycle should clearly demonstrate and be updated that the client's management systems meet the requirements of the selected standard or mandatory provision documents for certification. The F-107 Audit Program Form covers all

management system requirements for the certification cycle. It should be developed to describe the audit activities performed.

4.1.13. For an ISO/IEC 27701 audit, the audit program must define the role of the customer in relation to the Data Controller and Data Processors. For this purpose, the necessary definitions are made within the PIMS Scope. The scope is specified in the PIMS audit program.

4.1.14. confirm that the client's information security and privacy risk assessment and risk treatment accurately reflects its activities and extends to the boundaries of its activities as defined in the scope of the KVMS . YBM must confirm that this is reflected in the client's KVMS scope and applicability statement.

4.1.15. The Planning Manager tries to schedule surveillance audits by reviewing the client database and informing the client 2 months before the surveillance audit date. 1. The surveillance audit date cannot exceed 12 months from the certification decision date.

4.1.16. surveillance audit exceeds 12 months, the Certification Manager submits the decision regarding the suspension of the certificate to the Certification Committee.
Note 1: If the audit is not carried out within 6 months from the target date, the documents will be withdrawn. The suspension period of the certificates cannot exceed 6 months. Auditor programs should be reviewed during postponements.
Note 2: In case of force majeure (moving, natural disasters, pandemic, etc.), an extra period may be added to the 6-month suspension period upon the request of the company.

4.1.17. In surveillance audits, the audit team must include at least one auditor at the level of lead auditor. The Planning Manager is responsible for the formation of the audit team with the knowledge of the Application Evaluation and Planning Manager . At this point, it is important that the audit requirements and the auditor qualifications are compatible. If the client does not find an auditor suitable, the Planning Manager ensures that that auditor is replaced.
In this case, the Planning Manager, Must re-fill Auditor Appointment Form (F-026).

4.1.18. The Lead Auditor/ Planning Manager contacts the client and confirms the audit arrangements.

4.1.19. F-028) in accordance with the customer information included in the audit package . In Surveillance Audits, the Audit Plan is prepared in accordance with the Surveillance Audit Guide. The plan is prepared in a way that facilitates the scheduling and coordination of audit activities.

4.1.20. The following points are taken into consideration in the audit plan.

Total 1 day examination time (8 hours)
Opening and Closing Meeting time (minimum 15 minutes each)
Lunch break
Auditor meeting (before the closing meeting)

The Audit Plan includes the following points.

a. A list of all assigned auditors (their roles in the audit)
b. Audit location(s) (branch, field, etc.) and date
c. Planned sections for each Auditor, relevant standard articles, department authority, audit location and time
d. Standards and audit criteria to be applied
e. The aim of the investigation
f. Scope of the investigation
g. The ISMS and KVMS audit plan should include the information security and additional personal data processor and responsible controls assessed .

4.1.21. In addition, the following issues should be evaluated in the Interim Audit Plan.

- Review all document revisions. Auditors must verify that changes made do not adversely affect compliance with the standard requirements.

- Review and verification of nonconformities identified in previous audits
- Other matters included in the previous audit report

4.1.22. Nonconformity reports from previous audits should be shared with the audit team. Corrective actions not verified in the previous audit should be verified and the results should be recorded on the relevant form. A new (F-024) is opened for each nonconformity that is not accepted. The new nonconformity report should reference the old nonconformity.

- Auditors must examine whether customers use YBM logos and certificates in accordance with (P-16).
- The customer complaints evaluation and processing system should be examined.
- Before the audit begins, the audit team must be familiar with the client documentation.

4.1.23. The Lead Auditor or Planning Manager sends the audit plan to the client and asks for confirmation. The written confirmation is placed in the client file. If the client does not notify within 48 hours, the CPA accepts the audit plan as approved by the client. The Lead Auditor / Planning Manager sends a copy of the plan to the CPA and the audit team before the audit.

4.1.24. During the audit preparation time, which should be scheduled before the audit or opening meeting, the lead auditor gives a brief briefing to the audit team. During this presentation, information is given on the following topics.

- Introduction of the members of the audit team
- Answers to questions that may come from the audit team
- Review of audit program, scope and standard
- Definitions of YBM regarding major and minor nonconformities
- Significance of findings regarding nonconformities

4.1.25. The lead auditor should ensure that all auditors review the documentation relevant to their area of responsibility before commencing the collection of findings.

4.1.26. by YBM in the customer's ISMS audit is the ISO 27001 standard. Other documents required for certification and related to the task performed can be used as criteria.

4.1.27. **Legal Compliance as Part of Accredited OHSMS Certification.**

A.0. While certification of an OHSMS in accordance with the requirements of the applicable OHSMS standard is not a guarantee of legal compliance, governmental authority (public audit institution or any other control and/or any other control method, including legal compliance audits or other forms of certification or verification) is a proven and effective means of achieving and maintaining legal compliance.

will be deemed to have been assessed and verified by an independent third party (Certification Body) that the organisation has a clearly effective OHSMS to ensure that policy commitments, including legal compliance, are met .

However, ongoing or potential non-compliance with applicable legal requirements may indicate a lack of management control within the organization. YBM will carefully review compliance with the OHSMS and the standard.

A.1. Auditing the Customer's OHSMS for Legal Compliance.

A.1.1. During the certification assessment process, YBM will evaluate the client's compliance with the requirements of the OHSMS standard in relation to legal compliance and will not issue a certificate until compliance with these requirements is demonstrated.

Continuity of compliance with legal requirements will be monitored during surveillance and recertification audits following certification.

A.1.2. Regarding the balance between reviewing documents and records and evaluating the implementation of the OHSMS during operational activities (e.g. tour of facilities and other work areas), the YBM will ensure that the effectiveness of the OHSMS is adequately audited.
A.1.3. YBM plans the certification cycle and monitors the client's legal compliance with ISGYS in its 3-year programming with the Audit Programming Form.
A.1.4. An organization that cannot meet the legal compliance requirements and continuity of the OHSMS will not be certified by YBM and/or its continuation will not be decided.
A.1.5. Willful or consistent non-compliance constitutes a serious failure to support the policy commitment to legal compliance and will result in the suspension or withdrawal of an existing OHSMS standard certification, preventing certification.
A.1.6. If some applications of the customer (such as facilities, areas and departments) are closed, OHS risks will change for employees. However, some closed activities may pose risks for other parties (such as maintenance and technical service activities). In this case, YBM verifies that the management system continues to meet the OHSMS standard and will be effectively implemented in relation to closed facilities and work areas, and if not, suspends the certificate.

A.2. Criteria for Compliance with the Certification Decision

A.2.1. Full legal compliance is expected from the customer and its affiliates who claim to have established and maintained the OHSMS in full compliance with the standard.
A.2.2. The organization must demonstrate compliance with applicable legal OSH requirements through its own conformity assessment prior to certification by the YBM .
A.2.3. In the event that the organization is not in legal compliance, it must be able to demonstrate that it has activated an implementation plan to achieve full compliance by a declared date, supported by a documented agreement with the regulator, if possible, for different national circumstances. Successful implementation of this plan will be considered a priority within the OHSMS.
A.2.4. Exceptionally, the CPA may still issue documentation, but will seek objective evidence to verify the organization's OHSMS :

a. To ensure the necessary compliance with the full implementation of the above implementation plan on time,
b. Have addressed all hazards and OSH risks to workers and other exposed personnel and that there is no activity, process or situation that could cause or lead to serious injury and/or ill health; and
c. It should take the necessary measures to ensure that OSH risk is reduced and controlled throughout the transition period.

A.2.5. In the YBM, OHSMS Audit report, the ability of the Management system to meet the applicable conditions and expected outputs (with evidence) and the internal audit and management review process (with evidence) will be stated.

4.1.26 The processes of application evaluation, checking customer information, calculating the audit periods and creating the offer are explained in the P-17 Application Evaluation and Pricing of Services procedure.

4.2 STAGE 1 AUDIT

4.2.1 The Planning Manager requests the customer documents from the customer for review purposes. This documentation includes the documented information required by the standards to be documented, risk analysis, process interaction diagram, as well as the Declaration of Applicability for ISO 27001 and ISO 27701, etc. If possible, the documentation is planned to reach the auditor one week before the Stage 1 audit.

4.2.2 The Planning Manager sends a package to the auditors in accordance with the Audit File Checklist approximately one week before the audit. This process is preferably done

electronically. There may be changes to this period in the event of force majeure such as a pandemic etc.

4.2.3 Stage 1 includes all the requirements of 9.2 of ISO 17021 and will be performed to assess the organization's readiness for Stage 2.

4.2.4 Whether a Stage 1 audit is performed on-site or off-site (for ISO 9001, ISO 14001 and ISO 45001 only) is defined in P-17. If a Stage 1 audit is performed on-site (this is specified in the Auditor Appointment Form (F-026)), document review may also be performed on-site. In other standards, a Stage 1 audit is performed on-site.

4.2.5 Stage 1 inspection is carried out for the following purposes in accordance with the man/day duration determined in accordance with the (P-17) procedure;

- Determine the company's infrastructure, documented information, preparedness, internal audit and management review system effectiveness, compliance with legal requirements and decide on preparation for Stage 2,
- Verify company information (number of employees, shift information, scope of certification, project site site/location information, processes and equipment used, established control levels, applicable legal and regulatory requirements, etc.). The number of employees is verified by comparing official records such as insured service list, including subcontractors, with company application records. In case of a change in the verification, changes are made to the proposal and auditor man-day numbers according to the P-17 procedure. Additional auditor day numbers are taken into account in the planning of the Stage 2 audit.
- In the Stage 1 audit, the technical areas declared by the company at the application stage are verified.
- Verifies the suitability of the envisaged certification scope,
- Complete preparations for the Stage 2 audit, including document review (The CPA agrees with the client organization on where and how the document review will be conducted. In all cases, the document review should be completed before the second phase of the audit begins .)
- The level of complexity identified during the application is verified,
- Legal and regulatory requirements in the field of information security, information technologies and personal data are determined,
- It is ensured that threats and risks related to the implemented management system/systems are determined,
- Identification of customer vulnerabilities, their exploitation and mitigation possibilities and controls are performed,
- Tangible and intangible information assets and impact analysis are examined,
- The defined and documented Risk Management processing process is evaluated,

The EnMS Stage 1 audit will additionally include the following (ISO 50003:2021-9.3.1) :

- the EnMS scope and boundaries for certification ;
- Review of a graphical or narrative description of the organization's facilities, equipment, systems, and processes for the established scope and boundaries;
- Confirmation of the number of active personnel, energy resources, significant energy uses and annual energy consumption of EnMS for the confirmation of the audit period ;
- Reviewing the documented results of the energy planning process;

- Review of relevant goals, targets and action plans, as well as a list of identified energy performance improvement opportunities.

4.2.6 If, according to the Stage 1 audit, confirmation is received that the company fulfills the above general conditions, Stage 2 audit can be carried out.

4.2.7 If the audit cannot be performed on-site due to changes in auditors or extraordinary conditions, the reasons for this situation are stated in the audit report.

4.2.8 If it is decided that Stage 2 examination cannot be proceeded with, Stage 1 examination is repeated.

4.2.9 The interval between Stage 1 and Stage 2 examinations should reasonably be no longer than 6 months. If a longer interval is required, the Stage 1 examination should be repeated.

4.2.10 The client is informed by the Lead Auditor that the results of the Stage 1 audit may result in the postponement or cancellation of the Stage 2 audit.

4.2.11 The Planning Manager should monitor the delay in documentation and inform the Certification Manager about documents received one week or less before the Stage 1 audit.

4.2.12 In such a case, the Certification Manager will contact the client and request that the audit be rescheduled if necessary.

4.2.13 During the Stage 1 Audit, the auditor should see that all elements included in the relevant standard are appropriately referenced in the client documentation.

4.2.14 The auditor records the findings of the document review in the Stage 1 Audit Report. The audit report date is the date on which the report was finalized. If additional information is required, the auditor may request this information by contacting the client.

4.2.15 Before deciding to proceed to Stage 2 audit for ISO 27001, ISO 27701 and ISO 50001 , YBM will review the Stage 1 Audit Report and confirm whether the audit team members to be selected in Stage 2 have the necessary competence. In order for the Stage 2 audit to be carried out, this process ; Phase 1 Inspection Report **It** should be reviewed by a member who has ISO 27001 auditor competence established within the YBM, who is assigned to the technical field being audited and who has not taken part in the said audit, and a decision to continue should be taken. When making the decision to continue the Stage 2 audit; verification that the nonconformities, if any, have been closed , preparation of reports in accordance with the standard requirements , and appointment of audit team members according to their relevant technical field experience, appropriate sectoral experience and competence are taken into consideration.

4.2.16 During the initial certification audit (Stages 1 and 2), the fulfilment of all requirements of the energy management system (EnMS) is assessed by the YBM audit team.

4.2.17 The client organization must establish, document, and maintain procedures to meet the requirements of the ISO 50001 standard. The client EnMS covers at least the following:

a. Energy planning process in line with energy policy
b. Identification, review and compliance with legal and other requirements
c. Energy review
d. Initial Energy Review (energy baseline)
e. Energy targets and energy management action plans
f. Competence, training and awareness
g. Operational control over significant energy uses
h. Design and supply of energy services, products, equipment and energy
i. Monitoring, measurement and analysis
j. Internal Audit and Management Review
k. Nonconformities, correction, corrective action

The client organization must always comply with the relevant provisions of the certification scheme and the certification standard.

4.2.18 When determining the period between Stage 1 and Stage 2 examinations, Stage 1 examination findings are reviewed. The client is given the time required to close the detected findings. This period cannot exceed 6 months. If it exceeds 6 months, Stage 1 examination is renewed. If no findings are detected that prevent Stage 2 examination from being performed (the above-defined issues are fulfilled) in determining the interval between Stage 1 and Stage 2 examinations, Stage 2 examination can be performed following Stage 1 examination, taking into account the time the client will need.

4.2.19 YBM maintains Stage 1 Audit records and related correspondence in the client file. YBM does not maintain controlled copies of client documents.

4.3 STAGE 2 AUDIT

4.3.1. Stage 2 audit is always conducted at the client 's premises . Based on the findings in the Stage 1 audit report, an audit plan for the Stage 2 audit is prepared by the Lead Auditor and sent to the client, CPA and auditors.

4.3.2. The Lead Auditor should explain to all auditors the methods for gathering evidence and the importance of supporting findings with evidence. This evidence is kept electronically in the BIM checklist (ISO 9001 / ISO 14001 / ISO 27001 / ISO 22000 / ISO 13485 / ISO 45001 / ISO 50001 / ISO 22301 / ISO 20000-1 / ISO 37001 / ISO 27701) or in the Process Worksheet.

4.3.3. General Objectives of Stage 2 Audit:

a. Obtaining information and evidence on compliance with the requirements of the applicable management system standard or other regulatory documents,
b. Monitoring, measuring, recording and reviewing performance against key performance targets and objectives (consistent with expectations in the applicable management system standard or other regulatory documents).
c. The client's management system capability and performance in meeting applicable statutory, regulatory and structural requirements.
d. Operational control of customer processes.
e. Internal audit and management review.
f. Management responsibility for customer policies.

4.3.4. The audit will also focus on:

a. Assessing the risks related to the relevant management system and ensuring that the assessments produce comparable and repeatable results,
b. Selection of control targets and control points based on risk assessment and risk treatment processes,
c. Top management's leadership and commitment to goals,
d. Documentation requirements listed in the documented management system standard,
e. Reviewing the effectiveness of the ISMS and measuring the effectiveness of information security controls , reporting and review against ISMS objectives . **the** link between the selected and stated controls, the statement of applicability and the risk assessment risk approach and the ISMS rules and objectives ,
f. Stating controls (ISO 27006 Annex D) to indicate whether controls are effective in achieving specified objectives, taking into account the way the organization measures control effectiveness .
g. processes, programs, procedures, records, internal audits and ISMS effectiveness reviews to ensure that they are effective for management decisions and ISMS rules and objectives.
h. Internal ITSMS audits and management reviews,
i. Evaluation of issues related to IT Service Management and the design of HYS as a result ,
j. Policies, goals and objectives derived from processes,

k. Monitoring, measuring, reporting and reviewing performance according to goals and objectives,
l. Links between policy, management systems impact and risk assessments results, objectives and processes, responsibilities, programs, process/procedures, performance data, reviews and continual improvement programs.
m. Verify that the organization demonstrates that the analysis of process areas and adequate safeguards for the operation of the organization have been implemented,
n. Service Delivery Processes (Service Level Management, Service Reporting, Availability and Service Continuity Management, Budgeting and Accounting for IT services, Capacity Management, Information Security Management),
o. Relationship processes (Business Relationship Management, Supplier Management)
p. Solution processes (Incident Management, Problem Management)
q. Control processes (Configuration Management, Change Management)
r. Publication processes (Publication Management)
s. the ISMS audit is to determine the effectiveness of the management system in order to verify that applicable controls based on risk assessment are implemented and that the determined information security objectives are achieved .

Special elements of EMS Audit

1. Any organization that fails to demonstrate its initial or ongoing commitment to its compliance obligations through the essential elements described below will not be certified or continue to be certified by the certification body as meeting the requirements of ISO 14001:2015.
2. Willful or persistent non-compliance will be considered a serious failure to support the policy commitment to meet compliance obligations and will prevent certification or result in the suspension or withdrawal of an existing ISO 14001 certification.

YBM will determine whether all of the following specific points are met.
Regarding the organization's environmental policy statement:

a. the existence of a published policy,
b. Meets the requirements of ISO 14001:2015 clause 5.2 and in particular: EA-7/04 – Meets legal compliance requirements as part of the Accredited ISO 14001:2015 certification,
c. include a commitment to fulfil compliance obligations,
d. include a commitment to environmental protection, including prevention of pollution,
e. It should be communicated to employees and other persons working for or on behalf of the organization and should be available for the use of relevant parties,
f. Establishment, implementation and maintenance by top management,
g. subject to periodic management review of its suitability, adequacy and effectiveness.

Special Elements of ISMS Audit

YBM is represented by the audit team during the audits conducted on site. The audit team must verify that the following points are fulfilled during the audit of the certification client ;

a) assessment of risks related to information security is appropriate and sufficient for the customer's activity ,
b) whether the procedures for identifying, examining and assessing threats, vulnerabilities and impacts related to information security on assets and the results of their application are consistent with the customer 's policy, objectives and goals .

The audit team assessment should also demonstrate that the procedures used in the risk analysis were effective and correctly applied .

Special Elements of EnMS Audit

During Phase 2, the audit team should include, at a minimum, but not be limited to:

a) The entire physical space in which activities are conducted, including all associated storage of raw materials, by-products, intermediates, finished products and waste.
b) Any equipment or infrastructure used in an activity, whether or not permanently installed.
c) Verification of typical energy conditions, major energy-consuming processes and the relative energy consumption of the customer's processes.
d) Analysis of the client organization's energy-consuming processes and energy consumption.
e) Methods to reduce energy consumption in the sector.
f) Verification of evidence of faults in the client organisation's energy management system to trace them back to these elements of the management system.

4.3.5. Audit activities normally include:
a. Holding the opening meeting
b. Examining the relevant documents during the audit.
c. Communicating during the audit
d. Assign roles and responsibilities of guides and observers
e. Information gathering and verification
f. Creation of examination findings
g. Preparation of examination results
h. Conducting the closing meeting

4.3.6. During the stage 2 audit, the audit team should verify whether the findings and observations identified during the stage 1 audit have been effectively addressed.

4.3.7. The OHSAS Audit team interviews the following personnel:
a. Management with legal responsibility for OHS,
b. Employee representatives who are responsible for OHS ,
c. Personnel responsible for monitoring the health of employees, such as doctors and nurses. Reasons will be recorded in remote interviews,
d. Managers, permanent and temporary employees.

Other personnel to consider for interview:
a. Managers and employees who are involved in activities related to the prevention of OHS risks,
b. Contractors' management and employees.

4.3.8. While conducting the audit, the audit team should collect and verify audit evidence related to energy performance, including as a minimum:
a) Energy planning (all departments);
b) Operational control;
c) Monitoring of measurements and analysis;

4.3.9. Where audit evidence indicates that the audit objectives are unachievable or suggests the existence of an immediate and significant risk (e.g. security), the audit team leader will report this to the client and the Certification Manager.

4.3.10. If audit evidence indicates that the audit objectives have not been achieved and changes to the audit plan are required, the Audit Team Leader will modify the Audit Plan appropriate to the scope and obtain approval from the client.

4.3.11. During the Stage 2 audit, the audit team should verify whether the critical issues highlighted in the Stage 1 audit have been effectively addressed.

4.3.12. If the client does not comply with the audited management system requirements, the Lead Auditor, depending on the degree of non-conformity, notifies the client during the audit or at the closing meeting to enable the non-conformity to be corrected.

4.3.13. When auditors detect a major nonconformity, they must notify the lead auditor. The lead auditor must determine the significance of the nonconformity by conducting the necessary investigation.

4.3.14. When auditors have completed their work in a particular area, they may contact the lead auditor to request a review of their findings. The lead auditor reviews the findings with the auditor and may send the auditor back to the same area to gather more information if necessary.

4.3.15. After reviewing the audit findings, the lead auditor directs the auditor to move on to the next activity or to rework the same sections based on the findings. The lead auditor is responsible for continuing the work according to the program and for extensive sampling.

4.3.16. If part of the audit is carried out electronically or the area to be audited is virtual, the certification body must ensure that such activities are carried out by sufficient personnel. The evidence obtained during such an audit should enable the auditor to make an informed decision that the requirement is met.

4.3.17. During the audit, all auditors may take a sample or a photo of the applications and documents in the customer organization, if necessary, in accordance with the relevant standard article they examine in line with the Audit Plan. Thus, they will constitute an important source in the preparation of the audit report and will be kept in the audit file as an archive for review when necessary.

4.3.18. Energy performance improvement is a unique requirement for an EnMS and the audit team conducting the assessment will consider energy performance improvement as part of the certification decision. During the Stage 2 audit, the audit team will collect the necessary audit evidence to determine whether energy performance improvement is demonstrated before making a certification decision. Confirmation of energy performance improvement is required for initial certification.

4.3.19. When reviewing Energy Performance Improvements, auditors should consider the following issues.

a. Energy performance improvement is assessed by comparing the EPG value with the corresponding ERG (see ISO 50001:2018, 9.1.1). This can be done at a number of different levels, including equipment, process, system or facility level.

b. As stated in ISO 50001:2018, A.4, demonstration of continuous energy performance improvement within the scope and boundary(s) of the EnMS does not mean that all EPG values are improved. Some EPG values improve while others do not; however , within the scope of the EnMS , the organization demonstrates improvement in energy performance.

c. Similar to a single site, a multi-site organization can identify energy performance improvement at various levels. This can be organization-wide, facility-based, system-based, process-based, or equipment-based. Data on energy performance improvement for sampled sites as well as other sites can be obtained through the central function.

d. For a multi-site organization, each site will not contribute equally to improving the organization's energy performance. However, data must be available at the central function and validated at sample sites.

4.3.20. All auditors review their status before the end of day meeting. After this review, auditors meet to convey their findings to the lead auditor. The lead auditor only evaluates nonconformities identified in terms of the standard or customer management system and requests that these be supported by evidence. After the lead auditor accepts, the nonconformities are recorded on the Nonconformity Report (F-024).

4.3.21. Nonconformities are classified as major or minor. The definitions of these nonconformities are given in (D-09 Auditor's Guide to Audit Report Preparation).

4.3.22. Nonconformities are defined in detail in the nonconformity report (F-024) by referring to the relevant standard clauses.

4.3.23. If the client can correct the nonconformity to the auditors' satisfaction before the closing meeting, the nonconformity can be closed. The auditor should state this in the Approval of

Corrective Action section. It is best not to use this method as it may prevent auditors from effectively analyzing the root cause.

4.3.24. Auditors are responsible for documenting nonconformities and delivering them to the lead auditor before the closing meeting.

4.3.25. Nonconformances that cannot be directly linked to standard/legal requirements or customer documentation should be documented as suggestions. Development opportunities are also recorded as improvement opportunities. Auditors should be willing to document improvement opportunities in the interest of the customer.

4.3.26. The auditor who detects the nonconformity must complete the following sections of the nonconformity report:

- Report number
- Non-conformity No.
- Category
- Definition of non-conformity and concrete evidence
- Element and document reference
- Field
- Auditor name and signature
- History
- Corrective action date (Maximum 60 days after the closing meeting)
- Non-conformity reports must be signed by the Customer Representative.

4.3.27. The lead auditor is responsible for conducting end-of-day meetings. The following topics should be discussed at these meetings:

- Dates of findings and detected nonconformities
- Information to be provided by the client for the remainder of the audit
- Client questions regarding audit progress
- Things to do the next day

4.3.28. On the last day of the audit, before the closing meeting, a meeting is held to review the nonconformities and prepare reports.

4.3.29. After the audit team evaluates the findings, they reach one of the following decisions.

- **Certification/Maintain Advice**
  There is no overt or covert non-conformity
- **Certification Recommendation provided that open nonconformities are closed outside the company**
  The client can demonstrate satisfactory corrective action. (within a maximum of 60 days) (In exceptional cases, an additional 60 days may be granted upon the recommendation of the lead auditor.)
- **Certification Recommendation provided that open nonconformities are closed on site**
  The customer can demonstrate satisfactory corrective action. (Within a maximum of 90 days) Corrective action will be verified on site. (In exceptional cases, an additional 60 days may be granted upon the recommendation of the lead auditor.)
- **Recommendation Not to Certification/Maintain**

If more than one open major nonconformity remains as a result of the audit, it is concluded that the management system is not effective. In addition, if the nonconformities in the above categories are not corrected for a certain period of time, this recommendation is also required.

4.3.30. These recommendations should generally be taken by majority vote, but in cases where a decision cannot be made, the decision of the lead auditor is binding.

4.3.31. Follow-up audits are necessary when the nature of the detected nonconformity necessitates verification of corrective actions by on-site inspection. In many cases, review and approval of the documentation related to the corrective action by the Auditor/Lead Auditor is sufficient. During surveillance audits, nonconformities identified in previous audits should be reviewed.

4.3.32. The lead auditor completes the Recommendation Report (F-023) containing the audit team names and the final certification audit recommendation. It is approved by the client.

4.3.33. The audit team will deliver copies of the nonconformities to the client organization.

4.4 Opening Meeting

4.4.1 The lead auditor is responsible for holding the opening meeting and addressing the agenda items given in (D-16).

4.4.2 The opening meeting should be kept short to avoid disruption to the audit program.

4.4.3 Following the opening meeting, it is appropriate to conduct a short tour to familiarise the audit team with the facility and its activities. This is specified in the Audit Plan.

4.5 Closing Meeting

4.5.1. is responsible for holding the closing meeting and addressing the agenda items given in (D-16).

4.5.2. The lead auditor should make the recommendation by conveying the information clearly, concisely and concisely, without any discussion or negotiation. The purpose of the closing meeting is to report the audit findings. Any disagreement regarding the findings will be subject to the appeal process.

- Copies of the nonconformity reports are left with the client during the audit and it is expected that the client informs the YBM head office about the corrected nonconformities by the specified date (maximum 60/90 days). The YBM head office will prepare a formal Certification Audit report and send it to the client.

4.5.3. The lead auditor is responsible for recording the names of those present at the closing meeting on the Meeting Attendance Form (F-029).

4.5.4. The Lead Auditor will ask the organization representative to invite the management legally responsible for occupational health and safety, the personnel responsible for monitoring the health of the employees and the employee representatives responsible for occupational health and safety to the closing meeting. If they do not attend the closing meeting, the reason will be recorded on the Meeting Participation Form or in the relevant section of the Audit Report.

4.5.5. At the end of the audit, the lead auditor prepares an Audit Report. The audit report date is the date on which the final version of the report is given. This report is kept confidential by YBM and will not be shown to anyone other than the accreditation body without the written permission of the client.

4.5.6. All audit reports must be prepared in accordance with D-09.

4.5.7. The audit report is prepared to provide important information for the YBM head office in terms of the report to be sent to the client and for subsequent surveillance audits. This report will be useful if auditors who may not know the client are used in subsequent audits. In this respect, it is necessary for this report to be prepared correctly and include objective evidence for the benefit of both the YBM head office and the auditors who will take part in subsequent audits.

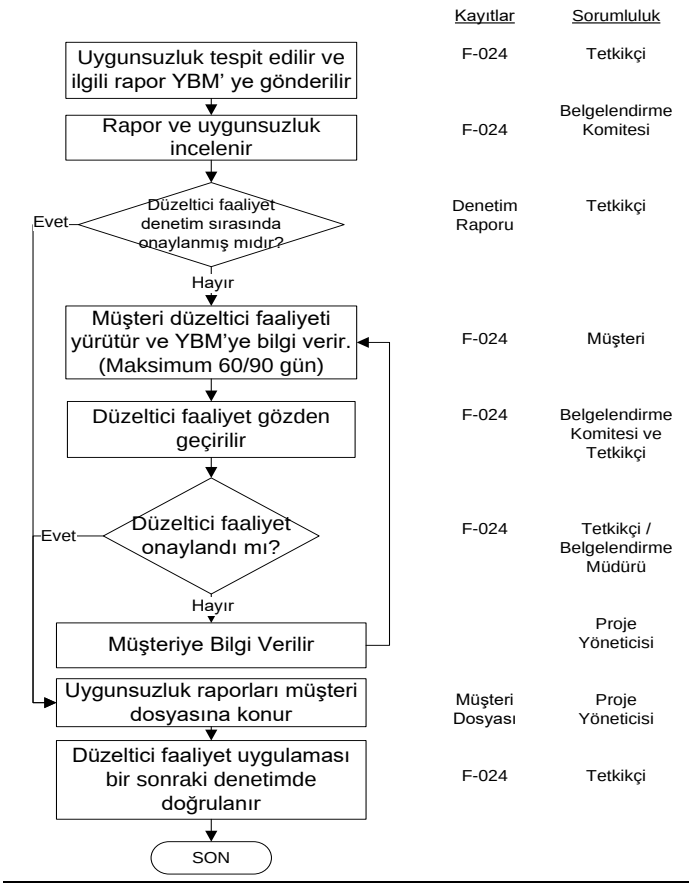
4.5.8. The minimum documentation to be sent to YBM by the lead auditor is given below.

- Inspection report
- Audit meeting participation form (F-029)
- All non-conformance reports (F-024) completed by auditors, supported by findings and evidence documenting the non-conformance
- Recommendation Report (F–023)
- Process Audit Worksheet (F-022)
- Concrete evidence collected during the audit
- Auditor Appointment Form and Audit Plan (F-026, F-28)
- Audit Scheduling Form (F-107)
- Updated Company Information Form (F-018)
- EMS Checklist (F-071)
- ISMS Additional Company Information Form (F-091)
- Draft certificate approved by the customer
- Nonconformities remaining from previous audits and their verification status

4.6 Conclusion of the Audit / Certification Decision

4.6.1 The certification decision is made based on the requirements given in ISO 17021-1 and the audit team certification recommendation included in the Audit Report.

4.6.2 The flow of the audit nonconformance review process is described below.



4.6.3 If a nonconformity is detected during the audit, the necessary corrective actions are carried out by the audited customer and delivered to YBM or the audit team within the defined periods.

4.6.4 Corrective actions are reviewed by the Lead Auditor or auditors and the approval section is filled in. At this stage, additional information may be requested from the customer if necessary.

4.6.5 If the corrective action is not found sufficient, the customer may be asked to carry out the corrective action again. According to the Recommendation Report, the Follow-up Audit is carried out at the customer site to verify the non-conformances. A follow-up audit may be scheduled again depending on the importance of the non-conformance. More than two follow-up audits cannot be carried out.

4.6.6 When all nonconformities of the company to be certified are closed, the Certification Manager conducts a preliminary review of the audit package (file). **On the first page** of the Documentation Committee Decision Minute (F-051) performs it according to.

4.6.7 If the Certification Manager is a member of the audit team of the company in question; the person who will act as proxy for him/her in D-20 shall perform the file review. He/she shall fill in and sign the section regarding the submission of the audit package to the committee on the F-023 Recommendation Report and submit the audit package to the committee. The issues regarding the formation and functioning of the committee are defined under the title of OEK Certification Committee. The list of committee members is specified in D- 03 . The selected Member(s) shall be independent from the audit activity performed. In order to verify this issue, the member(s) performing the review shall sign the (F-020) agreement and this document shall be kept in the audit package together with (F-023) .

4.6.8 The Certification Manager shall, with the knowledge of the Certification Manager, prepare the Certification Audit Recommendation for all standards, including Stage 1 Audit report F-108, Stage 2 (including surveillance, renewal and other audits) audit report *F-109* for **QMS** , *F-110* for **EMS** , *F-136* for **OHSMS** , *F-096* for **ISMS** , *F-117* for **BTHMS** , *F-179* for **PIMS** , *F-065* for **FSMS** , *F-121* for **MDQMS** , *F-116* for **İSYS** , *F-128* for **ABMS** , *F-135* for **EnMS.** and sends the audit file to the Certification Committee appointed in the Certification Committee Decision Minute (F-051) together with the said minutes.

4.6.9 The Certification Committee must review this documentation before making a certification decision. The review headings are given below.

- Application evaluation information is provided accurately and completely.
- Man-Day Calculation Table (F-076)
- Application information verification-Including attachments-Company Information Form (F-018)
- ISMS Additional Company Information Form (F-091)
- Audit Day Change Form (F-025), if applicable
- Certification Service Agreement (F-030)
- Audit Plan (F-028)
- Auditor Appointment Form (F-026)
- Audit Scheduling Form (F-107)
- Inspection Reports (F-108 for Stage 1, F-109 (QMS), F-110 (EMS), F-136 (OHSMS), F-096 (ISMS), F-117 (ITSMS), F-179 (PIMS), F-065 (FSMS), F-121 (MDQMS), F-116 (İSYS), F-128 (ABMS), F-135 (EnMS) for Stage 2
- All Non-Conformance Reports (F-024) completed by auditors
- Recommendation Report (F–023)
- Customer corrective actions and evidence

4.6.10 Certification committee members base their decisions on the acceptability of the information presented and fill in (F-023). If the Certification Committee members unanimously vote “Yes” to the “Certification Decision”, the document(s) can be printed. The decision made is stated in the Certification Committee Decision Minute (F-051). If there is any missing information or document that may affect the decision, it is requested from the audit team.

4.6.11 It is essential that the committee that makes the certification decision does not normally reject a negative recommendation from the audit team. If such a situation occurs, the CPA records in writing the reason for the decision to reject the recommendation.

4.6.12 Unless there is sufficient evidence to demonstrate that arrangements for management review and internal ISMS audits are in place , effective and maintained , the certification of the client organisation cannot be undertaken .

4.6.13 The Certification Manager of the customers whose Certification decision has been taken by the Certification Committee logs into the Turkak Portal and obtains a QR code. The document is printed according to the Document Conclusion of the Certification Process – D.14.

4.6.14 If the client objects to the recommendation, the Certification Committee reviews the objection and reaches a decision by examining the concrete evidence submitted by both parties. If there is still a dispute as a result of this review, the case is processed in accordance with (P-19) Objections Procedure.

4.6.15 When all nonconformities are closed in the interim audits, the Certification Manager conducts the preliminary review of the surveillance audit package (file) according to the first page of the Certification Committee Decision Minute (F-051). If the audit decision is to continue the document and there are no changes (no scope expansion, reduction, address, title change, etc.), the Certification Manager may close the file without submitting it to the committee. If there are any changes besides the decision to continue the document, the Certification Manager fills in and signs the section on the F-023 Recommendation Report regarding the submission of the audit package to the committee and submits the audit package to the committee. If the Certification Manager is part of the audit team of the file in question; the file review is carried out by the person who will represent him/her in his/her place specified in D-20.

4.6.16 The final Audit Report of the client, which is decided to be certified by the Certification Manager, is uploaded to the client portal created by YBM (portal.ybm.com.tr) after receiving the approval of the Certification Committee. The username and password, which will allow the Client Management Representative to access only his/her own reports and records, are sent to him/her by e-mail by the Certification Manager.

4.6.17 YBM must consider the impact of a non-conformance found for the requirements of IS0/IEC 27701 on compliance with IS0/IEC 27001 and report accordingly.

4.6.18 ISMS and PIMS certification document

The certification documents may refer to national and international standards as the source(s) of control sets for controls identified as required by the organization in the Statement of Applicability in accordance with clause 6.1.3 d of ISO 27001. The reference in the certification documents should be clearly stated as the source(s) of a control set for the applied controls in the Statement of Applicability only and should not be a documentation.
The publication date and revision number of the Applicability Declaration are stated on the ISMS Document.

In ISO 27701 PIMS Documents;

- The scope must define whether the organization is one or both of the Data Controller and Data Processor.
- The Document number and Certification Period of the ISO 27001 document are specified.
- SoA) for IS0/IEC 27001 and, if published separately, the SoA for IS0/IEC 27701 are included in the certification documents.
- The SoA for ISO/IEC 27701 can be integrated with the SoA for ISO/IEC 27001 or produced separately from the SoA for ISO/IEC 27001.
- The effective date of ISO/IEC 27701 certification cannot exceed the date of the ISO/IEC 27001 certification on which it is based.

4.7 CERTIFICATION OF MULTIPLE FACILITIES / MULTIPLE SITES

4.7.1 ***Temporary Sites*** **:** A site (physical or virtual) where the client organization performs certain work or provides certain services for a certain period of time and is not intended to be a permanent site is referred to as a Temporary Site. Temporary Sites may be included in the certification process subject to agreement between YBM and the client. When temporary sites are indicated in the certificate, such sites will also be defined as temporary in the contract.

4.7.1 Temporary sites within the scope of the organization's OHSMS are subject to audit on a sample basis to provide evidence of the functioning and effectiveness of the management system.

4.7.2 the OHSMS of the organization controlling those sites .

4.7.3 Temporary sites may range from large project management sites to small service/installation sites. The need to visit such sites and the extent of sampling will be based on an assessment of the risks of the QMS failing to control product or service output or the failure of the EMS to control environmental aspects and impacts or the failure of the OH &SMS to control OH&S risks associated with customer operations .

4.7.4 QMS, EMS, ISMS, ITSMS, PIMS, İSGYS, FSMS, EnMS , İSYS, ABMS, MDQMS and other standards should be representative of the range taking into account the client's certification scope, qualification needs and the size and types of activities and environmental aspects and impacts related to the various stages of ongoing projects.

4.7.5 The sites included in the sampling for the OHSMS should be representative of the client's certification scope, the size and types of activities and processes, the type of hazards involved and associated OHS risks, and the stages of ongoing projects.

4.7.6 Generally, temporary site surveys will be conducted on-site. However, the following methods may be considered as alternatives to replace some on-site surveys:

a. In-person or teleconference meetings or progress meetings with the client and/or customer.
b. Document review of temporary field activities.
c. Remote access to the electronic site containing records or other information regarding the management system and evaluation of the temporary site(s).
d. Use of video, teleconferencing and other technologies that enable effective examination to be conducted remotely.

4.7.7 ***multi-site*** organization does not necessarily require each site to be a legal entity. However, all sites have a legal or contractual connection to the organization’s central function and are subject to ongoing oversight and internal audits by central management and are subject to a single management system. This means that central management has the right to take corrective action at any site, as appropriate. Where applicable, this should be set out in the formal contract between the center and the sites.

4.7.8 In the case of OHSMS operated over more than one site, it is determined whether sampling will be performed or not based on the assessment of the level of OHS risks related to the nature of the activities and processes carried out at each site included in the scope of certification. This decision will be stated in the F-076 Man-Day Calculation Table. (IAF MD 5:2019 Article 10)

4.7.9 If there is more than one site that does not cover the same activities, processes and OHS risks, sampling is not performed.

4.7.10 Even if a site performs similar operations or produces similar products to other sites, YBM will take into account the differences between the activities of each site (technology, equipment, quantities of hazardous materials used and stored, work environment, facilities, etc.).

4.7.11 Once the sampling decision has been made, YBM will ensure that the field samples are representative of the processes, activities and OHS risks present in the organization to be audited.

4.7.12 The CPA will identify issues that will limit field sampling where it is not appropriate to provide sufficient confidence in the effectiveness of the client management system being audited. These limitations will be defined by the CPA in accordance with the following:

- Sectors or processes/activities (i.e. based on an assessment of the risks or complexity associated with that sector or activity);

- Size of sites suitable for multi-site survey;
- Variations in local application of the management system to address different processes/activities or different contractual or regulatory activities; and
- Use of temporary sites operating under the organization's management system, even if they are not included in the certification certificate.

4.7.13 Sampling (Determining the Number of Fields)

4.7.13.1 The number of sites to be audited will be partly selective according to the factors set out below and partly random, resulting in a diverse site where different sites are represented and ensuring that all processes within the scope of the audit are audited.

4.7.13.2 At least 25% of the number of sites to be inspected is selected randomly.

4.7.13.3 Taking into account the provisions set out below, the remaining part should be selected in such a way that the differences between the selected sites are as wide as possible throughout the validity period of the certificate.

4.7.13.4 Site selection should take into account, among others, the following:

- Results of internal site audits and management reviews or previous certification audits;
- Records of complaints and other corrective matters
- Significant differences in the size of the fields;
- Shift patterns and changes in work processes or procedures;
- The complexity of the management system and the processes carried out in the fields;
- Changes since the last certification audit;
- Maturation of the management system and organizational knowledge;
- Scope of aspects and related impacts for environmental issues and environmental management systems;
- Differences in culture, language, and regulatory requirements;
- Geographic distribution;
- Whether the sites are permanent, temporary or virtual.
- EnMS processes carried out in different fields
- The complexity of energy sources, energy uses and energy consumption;

4.7.14 This selection does not have to be made at the beginning of the audit process. It can be made after the head office audit has been completed. In all cases, central management will be informed of the sites to be included in the sample. This can be done in a relatively short period of time, but sufficient preparation time for the audit will be allowed by the CPA.

4.7.15 Field Selection

Determination of the areas to be visited for each type of audit:

- **Certification Audit** : $y = \sqrt{x}$

  Number of Fields=$\sqrt{}$ Total Number of Fields

- **Interim Inspection** : $y = 0.6*\sqrt{x}$

  Number of Fields=0.6 $\sqrt{}$ Total Number of Fields

- **recertification** : $y = 0.8*\sqrt{x}$

Number of Fields=0.8 √ Total Number of Fields

4.7.16 The Number of Sites or frequency will be increased if YBM indicates that the Client's risk analysis of the process/activity covered by the management system indicates special circumstances related to factors such as:

- Size of sites and number of employees / effective number of personnel for EnMS ;
- Site Processes / complexity or risk level of the activity and management system;
- Changes in work systems (e.g. shift work);
- Changes in processes / activities;
- Other relevant records of complaints and corrective actions;
- Multinational legal or other requirements;
- Results of internal audits and management review.
- Changes in energy use and energy consumption, especially SEEs ;
- The complexity of energy uses;
- energy performance and EnMS improvement.

4.7.17 When the organization has an organization (e.g., head office, national offices, regional offices, local branches), the sampling model for the initial audit, as defined above, applies to each level.

Example:

1 central office: visited at each audit cycle (certification or surveillance audit or recertification)
4 national offices: sample = 2: at least 1 random
27 regional directorates: sample = 6: at least 2 random
1700 local branch: sample = 42: at least 11 random
The sample of regional offices must include at least one regional office controlled by each national office. The sample of local branches must include at least one local branch controlled by each regional office.

4.7.18 According to IAF MD 1; sampling-based multi-site certification can be performed in businesses with more than 3 sites/branches/facilities and whose management system is carried out depending on the central function. In those with 3 or fewer sites, sampling is not performed and all sites are inspected.

4.7.19 The client must use the same management system and perform similar activities at each site. Documented information must be the same at all sites. However, documentation used at lower levels may differ.

4.7.20 After sampling, the calculation of the number of man days for each facility decided to be inspected is done in accordance with the procedure (P-17) . Stage 1 Inspection activity is carried out in accordance with the Stage 1 Inspection title of this procedure .

4.7.21 Issuing a document for all facilities is only possible if the audits in all facilities are completed successfully.

4.7.22 For this purpose, all facilities will be listed on the same certificate. If necessary, a list / chart can be prepared as an annex to the document.

4.7.23 Audits conducted for the certification of more than one facility are conducted in accordance with the matters defined under the Certification Audit and Surveillance Audits heading of this procedure.

4.7.24 Internal audit records should be obtained for all facilities and reviewed during the Stage 1 audit.

4.7.25 New facilities added after certification will require a certification audit with review of internal audit records and additional multi-site sampling. This certification audit will be in addition to existing surveillance audit requirements.
4.7.26 surveillance audits should be highly variable.
4.7.27 The client's corrective actions in response to CPA nonconformities must consider all sites for applicability. The client must address CPA nonconformities in its own corrective action system.
4.7.28 If the central office or any of the sites does not meet the conditions required for maintaining the certification, the entire certificate is withdrawn.
4.7.29 In case of major or multiple minor non-conformances, the number of samples may be increased or new surveillance audits may be carried out to verify that control is maintained.
4.7.30 YBM will maintain and update the list of sites covered by the management system. To ensure the accuracy of this information, YBM will request the organization to provide information on the closure of any sites covered by the certification. Failure to provide such information will be considered by the certification body as an abuse of certification.

ISO 27001 and ISO 27701 Sampling Criteria for Multi-Sites

4.7.31 In cases where the client has workplaces that meet the following conditions, YBM evaluates the sampling-based approach in audits;
- a) If all sites operate under a single ISMS that is centrally connected, centrally audited and subject to review by the central management;
- b) If all sites are included in the client organization's internal audit program
- c) If all sites are included in the client organization's ISMS management review program

4.7.32 Multi-site surveys are conducted under the following conditions:
- a) The initial contract review identifies differences between workplaces in the most satisfactory and adequately exemplified manner possible.
- b) A sufficient number of samples for sampling is selected by the workplace YBM by evaluating the following:
  1) Internal audit results of head office and others
  2) Management review results
  3) Changes in the size of workplaces
  4) Changes to the scope of work of workplaces
  5) The complexity of ISMS
  6) Complexity of information systems in different workplaces
  7) Changes in working practices
  8) Changes in activities undertaken
  9) interactions with critical information systems or information systems that process sensitive information
  10) Legal requirements that may differ
  11) Geographical and cultural aspects
  12) Risk status of the fields
  13) Specific areas with information security incidents
- c) the customer's ISMS ; this selection should be random as well as in light of the decisive provisions in clause b .
- d) Workplaces that are included in the ISMS and have significant risks are inspected by YBM before certification.
- e) is designed in light of the above requirements and covers all workplaces of the client organisation or the scope of ISMS certification covering a reasonable period of time.
- f) non -compliance is observed at the management centre or at a single workplace, the corrective action procedure is applied to the head office and all workplaces covered by the certificate .

4.7.33 A multi-site audit is performed to verify that the client 's head office activities are implemented across all sites and that centralized management is provided at the operational level .

ISO 20000-1 Multi-Site Sampling Criteria

4.7.34 If a client has multiple sites, YBM may use a sample-based approach for multi-site certification audits in the following situations:

a) If all work sites operate under the same centrally managed HMS;
b) If all work areas are within the scope of the customer's internal audit program;
c) All work areas are included in the client's management review programme.

4.7.35 The integrity of the ISO 20000-1 audit will not be adversely affected by the combination of audits.

Multi-Site Sampling Criteria for ISO 50001

4.7.36 Where an organization's activities related to energy sources, energy uses and energy consumption are subject to certification and are carried out in a similar manner at different sites under the organization's authority and control, the requirements of Annex B.2 of ISO 50003:2021 shall be followed in the certification of multi-site organizations for sampling of sites during initial certification, surveillance and recertification audits.

4.7.37 Where temporary sites constitute a significant element of an organization's energy uses and energy consumption, they will be included.

4.7.38 The designed criteria for sampling from permanent and temporary sites are documented. These criteria are also presented to the client organization upon request.

4.7.39 Suitability of an organization for the sampling method

a) Significant Energy Uses at the site and the processes associated with energy consumption will be substantially the same or will be organized into similar subsets operated using similar methods or processes.
b) Where some of the sites under review have similar but less efficient processes than others, they may be included in multi-site certification, provided that the sites conducting the most energy-intensive processes are subject to more frequent inspections. Example : A group of three sites close to each other can be treated as a single site, in which case the number of EnMS active personnel, energy types, energy consumption and the number of SPEs are combined.
c) The energy performance of sites can be assessed individually or as a whole. This should be defined in the BIM audit processes or in the rationale of the multi-site organisation’s sampling plan. The decision to choose between the two options will be made during the application/contract review. It will be taken by the YBM authorized person / team.
d) The organization's EnMS is under a centrally controlled and managed energy planning process and the organization must have completed a management review before the BIM can begin its audit .
e) The relevant sites (including the central management function) must be subject to the internal audit programme of the organisation's centrally managed EnMS before the YBM commences the audit .
f) It should be reviewed that the organisation's head office has established an EnMS and that all organisations within the scope of the EnMS audit meet the requirements of the EnMS .
g) The central office will demonstrate the ability to collect and analyze data from all sites included within the scope and boundaries.
h) To qualify for sampling, an organization must meet the following requirements: Management system requirements:

- System documentation and system changes authorized by the head office;

- Management review compiled from all sites;
- Evaluation of corrective actions;
- Internal audit planning and evaluation of results;
- Demonstrate authority to gather information on legal and other requirements and initiate organizational change if necessary;
- Results of internal audits conducted in the fields;
- Energy performance requirements;
- Consistent energy planning process;
- Consistent criteria for determining and setting the baseline, relevant variables and energy performance indicators (EPGs);
- Consistent criteria for establishing goals and objectives and field action plans;
- Centralized processes for evaluating the feasibility and effectiveness of action plans and SPGs ;
- Energy performance data collected centrally to conveniently display energy performance across the organization.

4.7.40 Site selection for the Sampling Method; The following criteria will be taken into consideration in site selection.

a. the results of internal site audits and management reviews or previous certification audits;
b. significant differences in the size of the sites;
c. differences in shift patterns and work processes or procedures;
d. the complexity of the management system;
e. processes carried out in different fields;
f. changes made since the last certification audit;
g. the certification body's knowledge of the client organization;
h. language differences, legal requirements and other requirements;
i. geographical distribution;
j. complexity of energy types, energy consumption and SEEs ;
k. Energy performance.

4.7.41 As a basis for sampling, the BIM procedures will ensure that the initial contract review includes an assessment of the complexity and scale of the activities within the EnMS scope and that the criteria and all clauses of this International Standard are met. Points to note of differences that may affect sampling may include:
i) energy performance;
ii) significant energy uses;
iii) energy resources;
iv) monitoring, measurement and analysis;
v) energy consumption;
vi) scope changes.

4.7.42 Points to be considered when selecting temporary sites:

a. EnMS active staff,
b. Assessment of risks related to energy performance and improvement of energy performance
c. energy consumption,
d. EnMS's Types of energy that cross their boundary(s) ,
e. various equipment, processes, systems or facilities and various stages of projects,
f. The transient nature of the fields

4.7.43 Risk Elements of Multi-site Sampling; The sample size is increased or decreased in cases where the risk analysis regarding the processes/activities within the scope of the EnMS subject to certification indicates special situations such as the following.

a. the size of the sites and the number of EnMS active personnel;
b. differences in working practices (e.g. shifts);
c. differences in activities undertaken;
d. differences in energy consumption or SEVs ;
e. evidence of corrective action stored as documented information;
f. applicable legal or other requirements;
g. the results of internal audits and management reviews;
h. Ability to demonstrate improvement and enhancement of the energy performance of the EnMS .

In order to reduce risk, the following conditions must be met before the initial YBM examination;

l. The relevant facilities (including the central function) will be subject to the client organization's centrally managed internal audit program before the certification body initiates the audit process.
m. The client organization must have performed a central management review of the EnMS prior to the initial audit by the certification body.

4.7.44 The Application Assessment and Planning Manager or a person competent in ISO 50001 Application assessment will determine the central functions (head office) of the organisation with which it has a legally enforceable contract for the provision of certification activities.

4.7.45 The contract reviewer/team will check to ensure that the qualification requirements (ISO 50003:2021) detailed above are met for each site to be included in the certification and audits.

4.7.46 If an organization's sites are not ready, the locations within its scope of activity are excluded.

4.7.47 The YBM audit team will check and verify that the same EnMS governing the activities of all sites is actually applied to all sites and that all eligibility criteria for sampling are met.

4.7.48 When non-conformances are found at any individual site by the organization's internal audit or certification body, an investigation shall be conducted to determine whether other sites are affected. The organization shall be asked to review the non-conformances to determine whether corrections or corrective actions need to be applied to other sites, and records of the review and justification shall be maintained.

4.7.49 The CPA will increase sampling frequency or sample size as appropriate until it is satisfied that control has been re-established. If a major non-conformance exists at any site at the time the certification decision is made, certification will not be granted to the entire network of listed sites pending satisfactory corrective action. It is unacceptable for an organization to attempt to bypass the obstacle created by the existence of a major non-conformance at a single site by excluding the problem site from the certification process.

4.7.50 When a new site elects to join an existing approved multisite network, each new site should be considered an independent cluster for purposes of determining sample size. After the new site is included in certification, the new site should be added to the existing sites to determine sample size for future surveillance or recertification audits.

4.7.51 It will keep records of each application of multi-site sampling, justifying that it operates in accordance with the International Standard.

4.7.52 The head office will be audited as part of surveillance during each initial certification and recertification audit and at least annually. The audit at the head office will include a review of the energy performance survey from all sites included in the full certificate of incorporation.

4.7.53 Inspection period for the head office

a) The total audit duration in the audit program is the total sum of the audit duration in each field and in the head office.

b) Prepares justification for the time spent on multi-site audits in terms of the overall policy for the allocation of audit time. The number of audit days for each selected site, including the head office, will be calculated for each site using the audit tables in Annex A of ISO 50003:2021.

c) Minimum audit days for the central office and EnMS audit, YBM who evaluates the application is determined by the authorized person and the reason for the decision is recorded.

d) Based on the actual processes and information collected during initial certification or prior to surveillance or recertification, the time may be adjusted according to the sampling information. It shall provide a justification for the decision and maintain a record for the same.

Integration of Management System Audits

4.7.54 An audit of a HMS may be conducted in conjunction with audits of other management systems. A combined or integrated audit should confirm that the audit findings meet the requirements specified in ISO 20000-1 within the scope of the audit. All findings relevant to ISO 20000-1 should be readily available within the audit report.

Combining Management System Audits for ISO 20000-1 and ISO 27001

4.7.55 If an audit is combined for ISO 27001 and ISO 20000-1, the information security management process in ISO 20000-1 should be audited to ensure that:

i) Giving importance to information security policy in terms of HYS and services;

j) Identification of relevant information security policy risks and implementation of information security controls to support the HMS and services.

4.7.56 The auditor may obtain some supporting evidence from the information security management system (ISMS).

4.7.57 of the ISMS is outside the scope of the HMS, the information security management process in ISO 20000-1 should be audited as a stand-alone process without the support of the ISMS .

4.7.58 Information security policy risks and controls should be audited to ensure they are appropriate for the services within the scope of the customer's HMS .

4.8 SURVEILLANCE EXAMINATION

4.8.1 The purpose of surveillance is to confirm that the certified client maintains the relevant management system, to evaluate the consequences of changes initiated by the client organization 's changing operations and to ensure ongoing compliance with certification requirements .

4.8.2 Surveillance audits are always carried out regularly during the maximum validity period of three years of certification. Surveillance audits must be carried out at reasonable intervals. Surveillance audit programmes are organised on a 12-month basis. Details are described under heading 4.1.

4.8.3 For audits with scheduled surveillance audit dates , the Lead Auditor prepares the Audit Plan (F-028) in accordance with the customer information and standards included in the audit package . In surveillance audits, the Audit Plan is prepared in accordance with the Surveillance Audit Guide.

4.8.4 Surveillance Audit-related matters are carried out as defined under the Certification Audit heading of this procedure. Since the plan is prepared in accordance with the Surveillance Audit Guide in surveillance audits, there is no need to evaluate all the articles of the relevant standard.

4.8.5 The purpose of the surveillance audit is to verify that the approved management system is maintained, to assess the effects of changes initiated in that system as a result of changes in the client organization's operation and to confirm continuing compliance with certification requirements.

4.8.6 Surveillance audits may lead to changes in scope, reduction, suspension, withdrawal or cancellation of certification if the prescribed requirements specified in the relevant standards are not met.

4.8.7 The objectives of surveillance audit are as follows;

a. Reviewing the continuity of system protection elements such as internal audit, management review and corrective actions,
b. Review of the activities carried out regarding the nonconformities identified during the previous audit,
c. Reviewing issues related to handling complaints,
d. Examining the effectiveness of the management system in terms of achieving the objectives of the certified client and the objectives of the relevant management system(s),
e. Evaluation of the development of planned activities aimed at continuous improvement,
f. Verification that operational control is maintained,
g. Review of changes and areas subject to change,
h. Review of other references to the brand and/or certification,

4.8.8 In addition, the following issues should be evaluated in the Surveillance Audit Plan.

- Review all document revisions. Auditors must verify that changes made do not adversely affect compliance with the standard requirements.
- The effectiveness of management systems in achieving company policy goals/targets
- The effectiveness of the system for periodic evaluation and review of legal compliance should be evaluated.
- Nonconformities identified in previous audits should be reviewed and verified.
- Auditors must examine whether customers use YBM logos and certificates in accordance with (P-16).
- The customer complaints evaluation and processing system should be examined.
- Other matters included in the previous audit report should be reviewed.
- Periodic evaluation should be carried out to ensure that procedures are in place to ensure their operation and compliance with relevant information security regulations .
- Changes to established controls and the resulting changes to the Statement of Applicability should be reviewed.
- effectiveness of the implementation and controls should be checked according to the audit program.

4.8.9 the ISO 50001 EnMS surveillance audit should check the following and interview the relevant parties.

a) The effectiveness of the energy management system in achieving the organization's goals,
b) Reviewing the ability of the energy management system to meet the client's energy policy objectives.
c) Interview with managers responsible for the energy management system to assess activities undertaken in response to the requirements of ISO 50001 clause 4.2.
d) Progress of planned activities aimed at strengthening the energy management system to achieve improvements in energy conditions in accordance with the client organization's energy policy.

e) Operation of procedures for reporting any breach to management;
f) Records of objections, complaints and disputes brought to the certification/registration body and the fact that in cases where the certification/registration requirements are not fulfilled or are not fulfilled, the body investigates its own systems and procedures and takes appropriate corrective action.

4.8.10 Audit reports will include comments on the above requirements.

4.8.11 Energy performance improvement is a unique requirement for an EnMS and the YBM audit team conducting the assessment will consider energy performance improvement as part of the certification decision. During the surveillance audit, The YBM audit team will review the necessary audit evidence to determine whether continual energy performance improvement has been demonstrated. Annex C to ISO 50003:202 provides some examples of energy performance improvement that the audit team may encounter during an audit.

4.8.12 If, during the surveillance audit, the audit team concludes that some parts of the management system do not meet the requirements and the client persistently or seriously fails to meet the certification requirements for those parts of the certification scope, YBM will narrow the client's certification scope to exclude this area . Such narrowing will be consistent with the requirements of the standard used for certification.

4.8.13 If during the surveillance audit it is revealed that the energy performance of the client organisation has not improved, and there is no evidence of the client organisation's management, a non-conformance or observation is raised:

a) EnMS and its energy performance,
b) Review of the energy planning process, i.e. the suitability of the energy baseline and EnPIs ,
c) Establishing and implementing energy targets and energy management action plans,
d) Effective operation and maintenance of important energy uses,
e) Conducting internal audits and management reviews in EnPLs and making corrections as a result ,
f) Providing training and awareness to improve the knowledge and skills of employees in key positions affecting energy performance.

4.8.14 Surveillance audits may be carried out in combination with other management systems . Reporting should clearly indicate the appropriate aspects for each management system.

4.8.15 if there are any objections and complaints received before and any non-conformity or failure to meet the conditions of certification, records indicating that the client organization has investigated its own management system and procedures and implemented appropriate corrective actions are checked and recorded in the audit report and audit program .

4.8.16 , information on the elimination of previously identified nonconformities , the version of the statement of applicability and changes made since the previous audit. As a minimum, surveillance reports shall meet the requirements of 9.6.2.1.1 and 9.6.2.1.2 in their entirety .

4.8.17 Nonconformity reports from previous audits (F-024) should be kept by the Chief Auditor. Corrective actions not verified in the previous audit should be verified and the results should be recorded on the relevant form. A new (F-024) is opened for each nonconformity that is not accepted. The new nonconformity report should reference the old nonconformity. Procedure P-11 is applied for corrective actions that are not accepted.

4.8.18 If, during the surveillance audit, the audit team concludes that some parts of the management system do not meet the requirements and the client is consistently or seriously unable to meet the certification requirements for those parts of the certification scope, the audit team may recommend that the client narrow the scope of certification to exclude coverage in that area. Any such narrowing shall be consistent with the requirements of the standard used for certification.

4.8.19 Before the audit begins, the audit team should have an understanding of the client documentation.

4.9 INTEGRATED / COMBINED EXAMINATIONS

4.9.1 In organizations that implement different management systems in an integrated manner at the same point, integrated audits can be carried out at the same time according to IAF MD 11. If different management systems are integrated with each other, a reduction in audit duration can be made depending on the degree of integration.

4.9.2 As a result of the Integrated / Combined audit, both standards can be specified on the same certificate, or separate certificates can be issued for both standards . In the event that one of the standards on the same certificate loses its validity, a new certificate is issued for the current standard. In the event that integrated certificates of systems with different validity periods are issued, the earlier validity date is taken as the reference for the validity of the certificate.

4.9.3 During the Stage 1 audit, the integration rate of the systems and the appropriateness of the reduction in audit time are evaluated by the lead auditor.

4.9.4 In creating the audit program, the integration level of the management system(s) is taken into account.

4.9.5 Audit plans cover all areas and activities applicable to each management system standard included in the audit scope and are handled by authorised auditor(s).

4.9.6 The audit team as a whole must meet the competence requirements set by the CPA for each technical area in relation to each management system standard within the scope of an Integrated Management System audit.

4.9.7 The audit is led by a team leader who is competent in at least one of the standards being audited.

4.9.8 The audit plan should ensure that all areas and activities applicable to the audited field scope for each management standard are audited by a suitably qualified auditor. In addition, sufficient time should be allocated to ensure that the management systems are fully and effectively audited within the scope of certification.

4.9.9 All applicable clauses of each management system standard will be adequately assessed within the scope of the integrated audit.

4.9.10 **Standard Approach:** In calculating the audit duration, for example, in 3 different management systems (A+B+C), the required audit durations are calculated separately for each standard. The total of these is calculated as T=A+B+C, the total audit duration of the individual standards as the starting point. The starting point may be reduced or increased for integrated audits according to some factors. The results are recorded in the F-078 Integrated Audit Duration Calculation Table.

4.9.11 These factors include, but are not limited to, the following:

- Suitability and use of multidisciplinary examiners
- Scope of the organization's integrated management systems
- The availability of staff to meet more than one management system of the organization.
- Implementation of the plan for effective use of the audit time
- Complexity of an integrated system compared to a simple management system

4.9.12 The integrated inspection period is notified to the customer in light of the information provided. The calculation of the increase and decrease factors is documented in writing.

4.9.13 In non-integrated systems, there is no reduction in the examination time even if the examinations are performed at the same time.

4.9.14 Reports of integrated audits can be prepared as separate reports for each standard or they can be prepared together.

4.9.15 The nonconformities detected are published separately, but in case of common RI, reference should be made to the relevant articles of different standards. The relevant Standard and article number should be stated in each nonconformity description, whether it is separate or in a single form .

4.9.16 In integrated systems, some activities can be carried out jointly. These can be document control, record control, internal audits, corrective and preventive activities, review meetings. The main issue here is to select samples that will represent the integrated system in the samples taken during the audit. For example, when examining corrective activities in an integrated system of ISO 9001, ISO 45001 and ISO 14001, it is not sufficient to take the samples only from the Quality Management System. During the Stage 1 audit, the integration degree of the system will be evaluated by the lead auditor.

4.9.17 **Application** : Information on the integration level of the systems established by the applicant organization and the audit team's knowledge level for the relevant standards are collected.

4.9.18 **Application Review** : During the review, the suitability of the auditors and the applicable guideline and standard requirements for the relevant standards are reviewed.

4.9.19 **Certification Audit and Decision** : The review result made during the application is evaluated by the lead auditor during the Stage 1 audit visit. YBM evaluates the level of the integrated system obtained as a result of the Stage 1 field visit and, if necessary, corrections are made during the audit period.

4.9.20 The client organization may combine documentation for the ISMS and other management systems (such as quality, health and safety, environment) as long as appropriate interfaces to the ISMS and other systems are clearly identifiable .

4.9.21 ISMS audits can be combined with other management system audits . This combination is possible as long as it can be demonstrated that all the requirements for ISMS certification are met . All elements that are important for an ISMS should be clearly visible and directly identifiable in the audit reports . Audit quality should not be adversely affected by the combination of audits. Detailed information is provided above in this procedure .

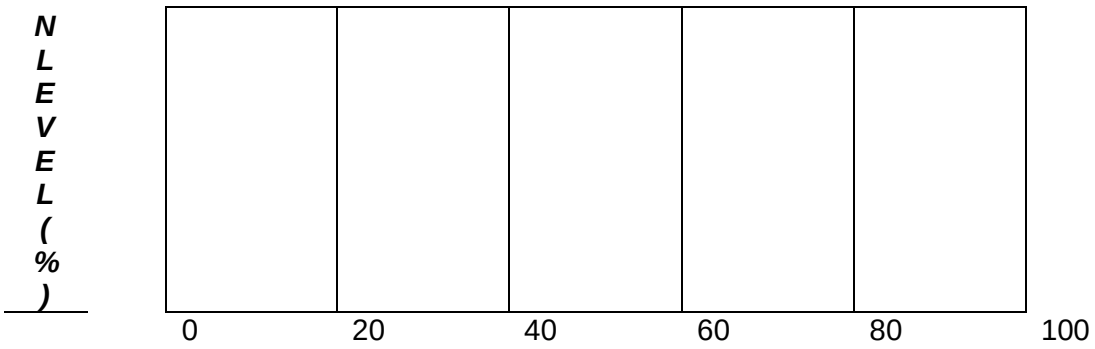
4.9.22 **Suspension, cancellation or reduction of certification scope** : If one of the integrated systems is suspended, canceled or reduced in scope, a short site visit is conducted to investigate whether other systems are affected.

4.9.23 The following points are taken into account for the level of integration:

- Management review covers all standards
- Integration approach in internal audit
- Integration approach in policies and objectives
- Integration approach in system processes
- Integrated documentation set
- Integration approach in improvement mechanisms
- Integration approach in planning (Risk management etc.)
- Integrated management support and responsibilities

4.9.24 Calculation of Time Reduction in Standard Audit Approach

INTEGRATIO					
100					
80	5	5	10	15	20
60	5	5	10	15	15
40	0	5	10	10	10
20	0	5	5	5	5
0	0	0	0	0	0



CAPABILITY TO PERFORM INTEGRATED AUDIT (%)

In the table, the vertical axis shows the level of integration and the horizontal axis shows the ability of YBM auditors to conduct integrated audits.

The reduction in audit duration is realized as a maximum of 20% according to the formula below. In the certification audit, the time reduction is applied separately for Stage I and Stage II.

- X1, 2,3.. n : Number of audit standards of the auditor who can perform integrated audit.
- Y : Number of integrated audit standards
- Z : Number of auditors

4.10 SHORT-TERM / SPECIAL EXAMINATIONS

4.10.1 If necessary, special audits can be carried out in companies outside the certification period.

4.10.2 In such cases, it may be necessary to carry out short-term / special inspections in cases such as changes in the scope of certification / management system requested by the client company, scope reduction or expansion, change of address, change in company partners, complaints from third parties about the certified customer, follow-up of the suspended document, etc.

4.10.3 If YBM notices a serious OHS-related incident, such as a serious accident or serious violation, the client may request a special investigation. In order to investigate whether the security of the management system has been compromised and whether it is operating effectively, YBM also states the result of the investigation into the incident (including evidence and investigation report) in the short-term / special investigation report. In case the scope is expanded in the ISMS Standard, the audit duration is increased by 0.5 man-days.

4.10.4 of the OHSMS as a result of a serious accident occurring at the customer, YBM may decide to suspend or withdraw the certificate. This issue is explained in the Certification Service Agreement made with the customer. (F-030)

4.10.5 If the certified client makes a major change in its ISMS or other changes occur that may affect the basis of certification, short -term/special audits are carried out to ensure that the existing certification can be maintained .

4.10.6 EnMS -related devices indicate a possible significant deficiency in the energy management system and if important security-related information is obtained.

4.10.7 In case of significant changes that are required by the regulations or are known to YBM and may affect the decision regarding the client's compliance with regulatory/legal requirements, YBM shall explain and announce to certified clients in advance the conditions under which these short-term visits will be made.

4.10.8 Special audits can be carried out in a short time and only the situation/area requiring the audit is investigated. The Certification Manager makes the decision. Short-term/special audits can be carried out together with the surveillance audit .

4.10.9 As a result of the investigation, an investigation report is prepared and the research conducted is recorded.

4.10.10 The above provisions of this procedure apply to the planning, execution and reporting of short-term audits and the conclusion of audit procedures.

4.11 PRELIMINARY ANALYSIS

4.11.1 Preliminary Audits can be carried out if requested by the customers in the application. Preliminary audits are not recommended by YBM. The Planning Manager sends information about the scheduled audits to the auditors approximately one week before the audit. If a document review is to be carried out, the audit package is sent to the auditor assigned for this purpose approximately one week before the audit. It will be carried out in accordance with the provisions of Stage 1 Audits.

4.11.2 The preliminary audit and reporting processes are carried out in the same way as the certification audit. However, customers are not required to send a response stating that they have carried out corrective action for the nonconformities detected in the preliminary audit. In this regard, the relevant section is marked as U/D on (F-024).
Note: The Corrective action date and Is follow-up required sections are filled in as U/D since they are not applied in preliminary audits.

4.12 RE-CERTIFICATION AUDIT

4.12.1 The recertification audit process has the same structure as the initial certification audit. The time period given for carrying out corrective action should be consistent with the type of nonconformity and the relevant management system risk.

4.12.2 The Application Evaluation and Planning Manager (P-17) prepares the offer in accordance with the procedure. The Application Evaluation and Planning Manager should aim to obtain new contracts 2 months before the expiration of the certificate. The renewal audit should be planned 1 month before the validity date of the certificate, taking into account the time required to close the nonconformities that may arise during the audit. The 3-year certification period starts with the date of the certification committee's certification decision as a result of the Stage 2 audit and ends 36 months later. The renewal audit should be carried out within 36 months from the certification decision date. If the planning is carried out before the certificate expires, the renewal audit may be carried out after the certificate expiration date. This period is expected to be no longer than 1 month. However, in the event of a postponement request by the customer due to force majeure, this period may be extended up to 6 months with the approval of the Certification Manager. The initial certification procedure is applied for works that cannot be planned before the certificate expires or cannot be audited within 6 months after the certificate expires.

4.12.3 Responding to upgrade requests for existing certifications, prepares offers in accordance with the procedure (P-17).

4.12.4 After the recertification audit contract is signed, the Application Evaluation and Planning Manager informs the Planning Manager to make the necessary coordination and schedule the audit. Renewal- upgrade audits are scheduled in accordance with the above provisions of this procedure. During all renewal-upgrade audits, an auditor with the rank of Lead Auditor must be included in the audit team.

4.12.5 While selecting auditors, at least one auditor (preferably the lead auditor) in the audit team is assigned in the Audit Program form (F-026) according to the EA, NACE or technical field appropriate to the product-service scope of the client company. If the client finds an auditor and/or auditor unsuitable, the Planning Manager ensures that the auditor is replaced with the knowledge of the Application Evaluation and Planning Manager.

4.12.6 Energy performance improvement is a requirement for an EnMS and the assessing YBM audit team will consider energy performance improvement as part of the certification decision. During the recertification audit, the YBM audit team reviews the necessary audit evidence to determine whether continued energy performance improvement is demonstrated before making a recertification recommendation decision. Annex C of ISO 50003:2021 provides some examples of energy performance improvement that may be encountered during an audit.

4.12.7 The recertification audit will also consider major changes to facilities, equipment, systems or processes. Confirmation of continued energy performance improvement is required for recertification to be granted.

4.12.8 Energy performance improvement may be affected by changes in facilities, equipment, systems or processes, business changes or other conditions that result in the need to change or modify the energy baseline.

4.12.9 If, during the recertification audit, the audit team concludes that some parts of the management system do not meet the requirements and the client is not consistently or seriously meeting the certification requirements for those parts of the certification scope, the audit team may recommend that the client narrow the scope of certification to exclude coverage in that area. Any such narrowing shall be consistent with the requirements of the standard used for certification.

4.12.10 During renewal/re-evaluation, the past performance of the client organization's system during the certification period will be reviewed.

4.12.11 The objectives of the recertification audit are as follows;

a. The effectiveness of the management system as a whole in light of internal and external changes and the continuing relevance and applicability of its scope of documentation.
b. Demonstrated commitment to continuing the effectiveness and improvement of the management system to enhance overall performance,
c. Commitment to fulfill the Legal Terms and related party requirements,
d. The effectiveness of the management system in terms of achieving the objectives of the certified client and the intended results of the relevant management system(s),

4.12.12 The auditor responsible for document and record review ensures the following by reviewing past audit reports going back three years:

- All elements must be inspected at least once during the three-year contract period,
- All areas that were observed to be problematic in the past have been reviewed and evaluated,
- The effectiveness of the management system in the light of internal and external issues and its suitability and applicability to the scope of certification,
- The effectiveness of management systems in achieving company policy goals/targets
- The effectiveness of the system for periodic evaluation and review of legal compliance
- Review and verification of nonconformities identified in previous audits
- Auditors must examine whether customers use YBM logos and certificates in accordance with (P-16).
- The customer complaints evaluation and processing system should be examined.

- Review of other matters included in the previous audit report

4.12.13 The client will be informed about the results obtained after this review.

4.12.14 The Planning Manager sends the documents given in the audit package checklist to the Auditors before the audit.

4.12.15 If there have been significant changes in the management system, customer, legal requirements or expectations of the parties regarding business and external issues, a Stage 1 audit may also be required during the recertification audit activities. Preliminary information for this is obtained during the 2nd Surveillance Audit. The Certification Manager decides.

4.12.16 The Lead Auditor conducts the audit in accordance with the provisions of this procedure.

4.12.17 Certification procedures are concluded in accordance with the provisions of this procedure.

4.13 DOCUMENT TRANSFER

Acceptance of a Client from Another Certification Body

4.13.1 **all** rules of IAF MD 2 apply.
Only documents belonging to certification bodies accredited by an accreditation body that has signed the MLA Mutual Recognition Agreement can be transferred. Customers with other documents are considered as new customers. Transfers can also be made from a certification body accredited by the same accreditation body in standards other than the MLA agreement. (Certification can only be made in cases where the accreditation of an IAF or Regional MLA signatory at level 3 and the valid levels 4 and 5 are suitable for transfer. Organizations with certificates not within the scope of such accreditations will be considered as new customers.) In case of document transfer from another accreditation company accredited by YBM to another accreditation company accredited by YBM , the MLA condition is not required.

4.13.2 The Client applies by filling out the Transfer Questionnaire. The Application Evaluation and Planning Manager submits an offer according to the P-17 Pricing of Services procedure.

4.13.3 The Certification Manager and/or Lead Auditor (the auditor who is assigned but not appointed) reviews the client's certification. In this review, the (Transfer Checklist: F-043) is filled in and the following points are checked: (This review is carried out by visiting the client's premises. In case a decision is made to transfer the documents without a visit; this *is justified in writing by the Certification Manager* .)

- Is the client's scope compatible with the scope of accreditation?
- Reasons for transferring?
- Does the certificate belong to the field to which it will be transferred? Validity of the certificate and the status of the detected nonconformity reports must be verified with the Certification Body.
- In all transfer transactions, at least level 1 and 2 documents are reviewed.
- Review of final recertification and subsequent surveillance audit reports and identified nonconformities and other relevant documentation.
- Review of key indicators showing the performance of the management system (Review results, internal audit reports, etc.)
- Complaints received and activities carried out.

4.13.4 The transfer is made for an existing valid accredited certificate.

4.13.5 Transfers are not made for suspended certificates. **In case of occurrence of IAF MD 2:2017 article 2.1.3 starts,** *(IAF MD 2:2017 article 2.1.3 provision: In case of certification is given by a certification body that has ceased its activities or whose accreditation has been terminated, suspended or withdrawn, the transfer shall be completed within 6 months or*

upon termination of the certification, whichever is earlier. In such cases, the accepting certification body shall inform the accreditation body under whose accreditation it intends to issue its certification before the transfer.) **Before accepting the transfer request, if YBM will publish a document under UAF accreditation, it will inform UAF in writing before the transfer.** This rule also applies to other accreditation institutions.

4.13.6 All open non-conformities must be closed before transfer, otherwise YBM is required to close the non-conformities before the certificate is issued.

4.13.7 The decision to transfer the document is taken and implemented by the YBM certification committee.

4.13.8 After the acceptance of the transfer and the issuance of the certificate, YBM arranges the dates of the ongoing surveillance audits. In all cases, the YBM Certificate is issued in accordance with the validity period specified in the certificate of the previous certification body. If the client has a recent audit plan, the transfer is carried out without printing the document. This process is carried out with the Committee Decision and the approval of the Certification Manager.

4.13.9 If doubts persist after the initial review, the CPA will treat the client as a new client or a special review focusing on the relevant areas will be conducted. The decision may be based on the nature and content of the problem or the uncertain issue and will be communicated to the client.

4.13.10 In document transfers for standards that do not have an MLA agreement, document transfers can only be made from UAF accredited companies.

4.13.11 YBM informs the applicable databases (documented customers list, UAF) about the transfer.

Transfer of a Client to Another Certification Body

4.13.12 If requested by the client or the new certification body that will undertake it, YBM provides all relevant information about the client's quality management system assessment.

4.13.13 YBM makes every effort to carry out the transfer professionally and to ensure agreement between the parties involved.

4.14 OPERATIONAL CONTROL

4.14.1 If YBM outsources the certification service to other private or legal entities that it has appointed and authorized as a result of the agreement, the process will be operated as stated below.

4.14.2 When it is planned to expand the areas where services are provided by granting representation, a Representation Agreement is signed. The basic processes and procedural processes that must be followed for representation domestically and abroad are operated in the same way for both areas. However, in international processes, the legal conditions of the relevant country are determined and applied. Risk assessment is made accordingly.

4.14.3 If the auditor will be working abroad, the auditor selection and training processes are carried out as mentioned in the P-12 Auditor and Technical Expert Selection and Training procedure.

4.14.4 The auditor working abroad is subjected to on-site field observation after 100 audits and their performance is evaluated. The method applied to the performance of other auditors during the evaluation process is the same for overseas auditors.

4.14.5 Each auditor is responsible for knowing the legal conditions and regulations of the relevant country in the overseas audit field. For this, YBM will provide the necessary documentation and ensure that training is received when necessary.

4.14.6 Operational Control will also include the control of the following processes. This control will be carried out by the Certification Manager using the F-212 (0) YBM Services Process Control Form and the results will be reported at each YGG meeting.

4.14.6.1 It will be checked whether all processes such as YGG Meetings, Internal Audit, Trainings, Exams, Auditor and Expert appointments, Audit Planning, TSK Meeting, Annual Auditor and Expert meetings, Certification Committees, Accreditation institution relations, Personnel needs, Auditor Testimonies, Personnel performances, Auditor performances, Document printing, Post-certification services (Cargo, portal uploading, etc.), Customer satisfaction surveys, etc. have been carried out.

5.0 RECORDS

5.1 Trust and Privacy Agreement (F–020)
5.2 Recommendation Report (F–023)
5.3 Audit Plan (F–028)
5.4 Non-Compliance Reports (F-024)
5.5 Inspection Reports Stage 1 (F-108)
5.6 Inspection Reports Stage 2 F-109 (QMS), F-110 (EMS), F-136 (OHSMS), F-096 (ISMS), F-117 (ITSMS), F-179 (PIMS), F-065 (FSMS), F-121 (MDQMS), F-116 (OHSMS), F-128 (ABMS), F-135 (EnMS)
5.7 Documentation Committee Decision Minute (F-051)
5.8 EMS Checklist (F-071)
5.9 ISMS Additional Company Information Forms (F-091)
5.10 Audit Scheduling Form (F-107)
5.11 Multi-Facility Information Form (F-019)
5.12 Records Regarding Past Documentation
5.13 Transfer Questionnaire (F-041)
5.14 Transfer Checklist (F-043)
5.15 Integrated Audit Duration Calculation Table (F-078)
5.16 Certification Service Agreement (F-030)
5.17 Proposal (F-042)
5.18 Audit Day Change Form (F-025)
5.19 Man Day Calculation Table (F-076)
5.20 Auditor Appointment Form (F-026)
5.21 Draft Certificate (F-017)
5.22 Certificate (F-184)

6.0 REVISIONS

Rev.1 Operations Director duties added to Article 4.7.1, reference made to F-033 form. Documents to be reviewed detailed in Article 4.7.3. Article 5.5 added.
Rev.2 F-033 was cancelled and replaced by the Belg . Kom Decision Minute. An update was made to establish the ISO/TS 22003 System.
Rev.3 An update was made to establish the ISO 14001 System.
Rev.4 Expert added to article 4.1.2. “The audit report date is the date on which the report was finalized.” added to article 4.4.4.
Rev.5 Article 4.7.5 has been changed.
Rev.6 Article 4.7.1 has been changed.
Rev.7 Updated according to ISO 17021-1:2015 standard.
Rev.8 Stage 1 Audit, Preliminary Audit, Surveillance Audit, Renewal Audit, Transfer Audit, Multi-site Audit and Integrated/Combined Audits were combined.
Rev.9 An addition was made to the Document Transfer article.
Rev.10 Article 4.3.16 specifies additional time conditions for UR closures.
Rev.11 Since the responsibilities of the Financial and Administrative Affairs Manager have been transferred to the Application Evaluation and Planning Manager, changes have been made to the relevant articles regarding the responsibilities in the content accordingly.
Rev.12 Revisions have been made based on the changes published in MD01 and MD02.

Rev.13 Article 4.6.8. was added to require that the Committee Decision regarding document printing be made unanimously. In addition, Article 4.3.7 stated that customer applications could be added to the audit file as evidence.
Rev.14 Additions were made in accordance with the 2019 revisions of the IAF MD 5 and IAF MD 22 guides and the ISO 45001 Occupational Health and Safety Management System standard was transferred into this procedure.
Rev.15 Article 4.11.1 has been added
Rev.16 Article 4.13 Added statement for closing the provision for Turkak No. 11 UR.
Rev.17 The authority to appoint ISMS auditors is specified in Article 4.1.2.
Rev.18 Merged P-18 with P-06. Articles 4.1.2, 4.1.9, 4.2.2, 4.4.4, 4.5.4, 4.6 added.
Rev.19 Revisions were made to ISO 20000-1 and ISO 27701. This procedure was merged into P-30.
Rev.20 Responsibilities in articles 3.2 and 4.1.2 have been revised.
Rev.21
Rev.22
Rev.23 Articles 3.2, 3.3, 3.4, 4.1.1 and 4.1.23 have been revised and it has been stated that the process from application evaluation to offer (inclusive) is explained in the P-17 Pricing of Services procedure.
Rev.24 This procedure has been incorporated into the P-24 ISMS.
Rev.25 This Procedure has been merged with the P-28 ISO 50001 EnMS Procedure. 50003:2021 revisions have been made.
Rev.26 Regarding Rev.21 PIMS, ISO 27006-2:2021 revision requirements have been added to articles 4.1.13, 4.1.14, 4.6.17 and 4.6.18 of the procedure.
Rev.22 Project Manager, Documentation Manager, Planning Officer changed to Planning Manager. Article 4.6.9 Certification committee review minutes titles, application evaluation and verification processes were added.
Rev.23 4.14 Operation control item has been added.
Rev.24 Türkak Audit UR.02-a (4.1.20), UR.10 (4.14.6) and UR.12-a (4.3.4) were revised due to non-conformities in articles 4.1.20, 4.3.4 and 4.14.6.
Rev.25 An article was added to article 4.2.15 for reviewing and granting conformity to the Stage I audit report for ISO 50001.
Rev.26 4.10.3 article has been added that in case the scope of ISMS is expanded, 0.5 man-days will be added to the audit duration.