



## **Trustea Verification Scheme**

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**General Regulations - Requirements for Certification Bodies**



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## **VERIFICATION SCHEME FOR TRUSTEA:** GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES

### **1 Introduction**

1. The Certification Bodies (CBs) are expected to meet the following requirements for empaneling with trustea Secretariat for carrying out Verification process as per the trustea Code.
2. trustea Secretariat does not levy any fee for empaneling the Certification Bodies for the first time. However, they need to pay a fee to be prescribed by the trustea Secretariat for renewal of the empanelment every three year.

### **2 General requirements for certification bodies**

1. The certification body shall be registered as a legal entity in India, or shall be a defined part of a legal entity, such that it can be held legally responsible for all its verification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status.
2. The certification body shall be accredited to ISO/IEC 17065. To operate under the trustea Scheme, the CBs will require an extension of scope within the accreditation for ISO/IEC 17065. The CB can also apply even if it does not have the accreditation; however, it has to clearly demonstrate that it is in the process of getting such accreditations and trustea verification audits cannot take place until after receipt of the accreditation.
3. The CB needs to provide adequate evidence of its involvement and competence in the agriculture sector along with the following documents:
  - a) Quality Manual for its Quality Management Systems
  - b) Organizational details including an organizational chart.
  - c) A list of key personnel indicating the qualification and experience; including that of the lead auditor and auditors.

### **3 Approval procedure for the trustea Certification Body**

The trustea Secretariat goes through a rigorous process of approving CBs, ensuring that an acceptable quality audit of the clients take place. Only approved CBs are allowed to conduct a trustea audit. This accreditation will be managed by trustea Secretariat. The approval process shall have an evaluation process consistent with that contained in this protocol.

#### **3.1 Application**

The CBs needs to write to the trustea Secretariat stating the wish to be empaneled to perform trustea audits. The secretariat will then forward the requisite form to be filled up by the CB and for submission along with supporting documents.



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### 3.2 Memorandum of Understanding

1. On receipt of the required documents by the Secretariat, a review of the same is undertaken. If all requirements are met a MoU is sent to the CB. Once this MoU is signed and returned to the trustea Secretariat, an approval certificate is issued. The CB will then receive access to the trustea member portal. The CB's name will also appear on the list of the approved certification bodies for trustea audits.
2. The MoU establishes the rights and obligations of the trustea Secretariat as the trustea system coordinator and of the Certification Body (CB) as the neutral organization for verification inspection, and issuing Verification Certificate to the organisations complying with the trustea Code requirements.
3. The MoU, including its updates, must be accepted and signed by the CB as part of the application procedure to become and to remain a trustea approved CB and to be listed as such on the trustea website.
4. The MoU and the General Regulations (Part 1 and Part 2) complement each other and trustea approved CBs must continuously comply with all.

### 3.3 CB Coordinator

CB must appoint a representative for coordinating with the trustea Secretariat. The primary communication with the trustea Secretariat would be for the purpose of providing all trustea verification documents to the secretariat in accordance with the trustea audit protocol and to keep all trustea-related documentation up to date. This nominated representative shall be able to address all queries from the trustea Secretariat concerning issues relating to trustea verification audits.

### 3.4 Other obligations of the Certification Body approved under the Scheme

1. It shall commit to fulfill continually the requirements for approval set by trustea, for the scopes where approval is sought or granted.
2. It shall claim approval only with respect to the scope for which it has been granted empanelment.
3. It shall not use and permit the use of the trustea Mark in such a manner as to bring trustea into disrepute.
4. It shall inform the trustea secretariat without delay, any significant changes relevant to its approval as a trustea Certification Body, in any aspect of its status or operation relating to

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- a) Its legal, commercial, ownership or organizational status
- b) Significant changes in top management and key personnel dealing with trustea audits
- c) Change of address or contact information
- d) Any changes that may affect its ability to carry out its auditing obligations in a timely manner and to the quality standards specified in the trustea General Regulations, Parts 1 and 2.

**4 Verification agreement between CB and its clients**

The Certification Body shall have a legally enforceable agreement for the provision of verification activities to its clients. Agreements for verification shall take into include, but not be limited to,

- a) The responsibilities of the parties.
- b) Description of services provided by the CB
- c) Confidentiality and protection of sensitive information
- d) Payments - The VO shall make payment of the contracted audit fees within 15 days from the date of verification audit. If the delay in settlement of audit fees exceed three months from the date of audit, the said verification audit shall become invalid and VC shall not be issued to VO.
- e) Contractual response times of both parties
- f) Termination
- g) Grievances and appeals

4.1. The CB shall in its contract with the client refer to the mutual rights and obligations under the trustea scheme as the basis of their agreement. The certification body shall ensure in their verification agreement that the client comply with the following:

- a) If the client provides copies of the verification certificate to others, the certificate shall be reproduced in its entirety
- b) In making reference to its tea produce verification in communication media such as documents, brochures or advertising, complies with the requirements for the use of the trustea word mark and logo;
- c) The client shall inform the certification body, without delay, of matters that may affect ability to conform to the verification requirements.
- d) It contains an appeals procedure for the client against CB decisions that is compliant

with section 5.5 of Part 1 of the General Regulations.



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- e) The VO shall carry out internal audit (1A) within specified due date. Failure to carry out 1A and if the delay exceeds three months from the due date the VC shall be cancelled.
- f) SAA - The VC shall be subjected to SAA any time during its validity period. Refusal on the part of VO to allow the SAA team for verification shall lead to cancellation of the VC.

**5. Responsibility for verification decisions**

- 1. The Certification Body shall be the only authority to make a verification decision apart from the trustee Secretariat
- 2. The Certification Body shall be responsible for and shall retain authority for its decisions relating to verification. This includes the granting, maintaining, re-verifying and extending of verification.

**6. Impartiality and transparency**

**6.1 Management of impartiality by the certification body:**

- 1. It shall have top management commitment to impartiality.
- 2. It shall make a publicly available statement that it understands the importance of impartiality in carrying out its verification activities, manages conflict of interests and ensures the objectivity of its verification activities.
- 3. It shall identify risks to its impartiality on an ongoing basis. This shall include those risks that arise from its activities, or from its relationships, or from the relationships of its personnel. A relationship that threatens the impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, marketing and payment of a sales commission or other inducement for the referral of new clients, etc. However, such relationships do not necessarily present a body with a risk to impartiality.
- 4. It shall be able to demonstrate how it eliminates or minimizes a risk to impartiality if identified.
- 5. When a relationship poses an unacceptable threat to impartiality (such as a wholly owned subsidiary of the certification body requesting verification from its parent or when the certification body belongs to a corporation or holding and other parts of it, that requests for verification to its related certification body), then verification shall not be provided.



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6. It shall document how it manages its verification business and any other activities so as to eliminate actual conflict of interest and minimize any identified risk to impartiality. This information shall be made available to the mechanisms specified in 2.7. The documentation shall cover all potential sources of conflict of interests that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organizations.
7. The certification body and any group within its control or personnel employed or contracted, in an organization within its control shall not offer or provide consultancy on the product that it verifies.
8. The certification body and any group within its control or personnel employed or contracted, in an organization within its control shall not offer or provide training on the aspects that it verifies.
9. The certification body is allowed to explain its findings and/or clarify the requirements of the normative documents but shall not give prescriptive advice or consultancy as part of an evaluation. This does not preclude normal exchange of information with the clients and other interested parties or the provision of different determination activities e.g. inspection, testing, audit required for specific product verification schemes which is considered acceptable.
10. The Certification Body (and any group within its control; or personnel, employed or contracted, in an organization within its control or organizational control) shall not offer or provide internal management system evaluations to the client or other legal entities involved in the verification process in those schemes that require the client or other legal entities involved in the verification process to perform internal management system evaluations. This also applies to that part of government identified as the certification body.
11. The certification body shall not verify organisations for which a client has received consultancy or internal evaluations, where the relationship between the consultancy organization and the certification body poses an unacceptable threat to the impartiality of the certification body.
12. The certification body's activities shall not be marketed or offered as linked with the activities of an organization that provides consultancy. The certification body shall take action to correct inappropriate claims by any consultancy organization stating or implying that verification would be simpler, easier, faster or less expensive if the certification body were used. A certification body shall not state or imply that verification would be simpler, easier, faster or less expensive if a specified consultancy organization were used.



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13. To ensure that there is no conflict of interests, personnel who have provided consultancy for, or been employed by a client, including those acting in a managerial capacity, shall not be used by the certification body to make a verification decision nor resolution of a complaint or appeal for that client within two years following the end of the consultancy or employment.
14. The certification body shall take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations
15. All certification body personnel, either internal or external, or committees, who could influence the verification activities, shall act impartially and shall not allow commercial, financial or other pressures to compromise impartiality.
16. The certification body shall not provide any service to the clients other than third party verification.
17. The certification body shall safeguard the impartiality of its activities and shall provide for an impartiality committee mechanism hereafter referred to as 'the mechanism' through which significantly interested parties like producer, suppliers, users, consumers and conformity assessment experts, can provide input on:
  - a) The policies and principles relating to the impartiality of its verification activities,
  - b) Counteracting any tendency on the part of a certification body to allow commercial or other considerations to prevent the consistent impartial provision of verification activities,
  - c) Matters affecting impartiality and confidence in verification, including openness and public perception
18. The terms of reference, duties, authorities and responsibilities of the mechanism shall be formally documented to ensure:
  - a) Representation of a balance of interests such that no single interest predominates (internal or external personnel of the Certification Body are considered to be a single interest, and shall not predominate),
  - b) Access to all the information necessary to enable it to fulfill all its functions
19. If impartiality is not being achieved by the certification body, the mechanism will be authorized to take appropriate action e.g. informing authorities, accreditation bodies, and stakeholders. In taking appropriate action, the confidentiality requirements of 2.18 relating to the client and certification body shall be respected.
20. Although every interest cannot be represented in the mechanism, a certification body shall identify and invite key interests.

## 6.2 Publicly accessible information

1. The certification body shall make publicly available accurate information describing its verification processes and the geographical areas in which it operates. The information shall include:
  - a) Reference to the latest Verification Criteria, as set by trustea,
  - b) Procedure for obtaining Verification,
  - c) An Application form,
  - d) List of documents required to be submitted along with the application,
  - e) Information on fees for application, initial verification and continuing verification,
  - f) Documents describing the rights and duties of verified clients, and
  - g) Information on procedures for handling complaints and appeals.
2. Information provided by the certification body to any client or to the market place, including advertising, shall be accurate and not misleading.
3. On request from any interested party, the certification body shall confirm the trustea verification status of any of its clients, including a copy of any current verification certificate..

## 7 Information exchange between certification body and its clients

1. The certification body shall provide timely information to its clients on the following:
  - a) Detailed description of verification activities, including next steps and outstanding actions by the client
  - b) The client's payment status
  - c) All necessary arrangements for the conduct of the on-site audits, including access to all processes and areas, records and personnel for the purposes of trustea verification
2. The client informs the certification body, without delay, of any changes that may affect its capability to fulfill the trustea requirements. These include, for example, changes relating to
  - a) The legal, commercial, organizational status or ownership,
  - b) Organization and management (e.g. key managerial, decision-making or technical staff),
  - c) Production sites,
  - d) Scope of operations under verification, and

- e) Major changes to the production unit and processes.



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#### **8. Confidentiality**

1. The certification body shall, through legally enforceable agreements, have a policy and arrangements to safeguard the confidentiality of the information obtained or created during the performance of verification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf.
2. The certification body shall inform the client, in advance, of the information it intends to share with trustea secretariat especially the verification related data and also place in the public domain. All other information, except for information that is made publicly accessible by the client, shall be considered confidential.
3. In the event of a transfer of certificate, the accepting certification body shall seek and as deemed necessary verify information about the verified client and status of non-conformities, evaluation reports, complaints if any etc., and the previous certification body shall provide the same, under intimation to the verified client.
4. Except as required in this document, information about a particular client or individual shall not be disclosed to a third party without the written consent of the client or individual concerned. Where the certification body is required by law to release confidential information to a third party, the client or individual concerned shall, unless regulated by law, be notified in advance of the information provided.
5. Information about the client from sources other than the client (e.g. complainant, regulators) shall be treated as confidential, consistent with the certification body's policy.
6. Personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body's behalf, shall keep confidential all information obtained or created during the performance of the certification body's activities.
7. The Certification Body shall have available and use equipment and facilities that ensure the secure handling of confidential information (e.g. documents, records).
8. When confidential information is made available to other bodies (e.g. accreditation body, agreement group of a peer assessment scheme), the certification body shall inform its client of this action.

#### **9. Liability and financing**

1. The certification body shall evaluate the risks arising from its verification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities

arising from its operations.



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2. The certification body shall together with its senior executive and staff, be free from any commercial, financial and other pressures which might influence the results of the verification process
3. The certification body shall have the financial stability and resources required for the operation of the verification system.

10. Resource requirements

10.1 Competence of management and personnel

1. The certification body shall have processes to ensure that personnel have appropriate knowledge of tea production, product verification, product standards, related normative references and relevant regulations for the produce for which verification is being offered.
2. It shall determine the competence required for each technical area and for each function in the verification activity.
3. It shall determine the means for the demonstration of competence prior to carrying out specific functions.
4. In determining the competence requirements for its personnel performing verification, the certification body shall address the functions undertaken by management and administrative personnel in addition to those directly performing evaluations, and verification activities.
5. The certification body shall have access to the necessary technical expertise for advice on matters directly relating to verification for technical areas in which the certification body operates. Such advice may be provided externally or by certification body personnel.

10.2 Personnel involved in the verification activities

1. The certification body shall have, as part of its own organization, personnel having sufficient competence for managing the agricultural/tea produce verification scheme.
2. The certification body shall employ, or have access to, a sufficient number of evaluator /inspectors and technical experts to cover all of its activities and to handle the volume of tea produce verification/evaluations performed.
3. The certification body shall make clear to each person concerned their duties, responsibilities and authorities.



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4. The certification body shall have defined processes for selecting, training, formally authorizing evaluators and for selecting technical experts used in the verification activity. The initial competence evaluation of an evaluator shall include a demonstration of applicable personal attributes and the ability to apply required knowledge and skills during evaluations, as determined by a competent evaluator or observing the evaluator conducting an evaluation. (See 10.2.1 and 10.2.2 for competence requirements of auditors)
5. The certification body shall have a process to achieve and demonstrate effective evaluation.
6. The certification body shall ensure that evaluators (and, where needed, technical experts) are knowledgeable of its evaluation processes, verification requirements and other relevant requirements. The certification body shall give evaluators and technical experts access to an up-to-date set of documented procedures giving instructions and all relevant information on the verification activities.
7. The certification body shall identify training needs and shall offer or provide access to specific training to ensure its evaluator, technical experts and other personnel involved in verification activities are competent for the functions they perform.
8. The group or individual that takes the decision on granting verification shall understand the applicable standard and verification requirements, and shall have demonstrated competence to evaluate the processes and related recommendations of the evaluation team.
9. The certification body shall ensure the satisfactory performance of all personnel involved in the evaluation and verification activities. There shall be documented procedures and criteria for monitoring and measurement of the performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities. In particular, the certification body shall review the competence of its personnel in the light of their performance in order to identify training needs.
10. The documented monitoring procedures for evaluators shall include a combination of on-site observation, review of evaluation reports and feedback from clients or from the market and shall be defined in documented requirements drawn up in accordance with the relevant guidance provided in ISO 19011. This monitoring shall be designed in such a way as to minimize disturbance to the normal processes of verification, especially from the client's viewpoint.
11. The certification body shall periodically observe the performance of each evaluator on-

site. The frequency of on-site observations shall be based on need determined from all monitoring information available.



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12. The personnel performing the application review shall be qualified for their understanding of the verification criteria, regulatory requirements, evaluation methods and the verification scheme.
13. The personnel performing the verification decision shall be qualified for their understanding of the verification criteria, verification scheme and their ability to correctly grant or expand the scope of verification (if a scope of verification is used) on the basis that the evaluation activities, information and results are a demonstration of fulfillment of requirements of the verification criteria in accordance with the verification scheme.
14. Competence of auditors - Every person undertaking trustea verification audits must have the appropriate qualification, training, experience and skills to perform an audit against the relevant criteria for verification.
15. The certification bodies shall develop and share a plan to encourage and include lady auditors as part of the trustea audit team. This shall be done in a phased and gradual manner over the next three years.

“trustea seeks mandatory involvement of a female (auditor / interviewer/ interpreter) during the trustea audits when a female respondent is to be interviewed /questioned. The criteria of a female auditor from the certifying/auditing body might be relaxed in case of exigencies that threatens the security of a female auditor. However, attempt shall always be made to involve female interpreter / interviewer from the surrounding localities whenever a female respondent is to participate in the audit.”

**10.2.1 Lead Auditor(LA)**

1. Education and Work Experience: The CB shall ensure that Lead Auditor shall be graduates and should have at least five (5) years of full time post qualification industrial experience including at least two (2) years of work experience in manufacturing process or inspection / testing or auditing or equivalent. Experience in tea sector or agriculture sector is desirable.
2. The LA should also have participated in training on the trustea Code and clearance of the trustea exam with at least 80% marks.

3. Auditor training: The certification body shall ensure that auditors have undergone training in auditing techniques based on ISO 19011 such as a successful completion of a Lead Auditor course in at least one of the below groupings –

a. Any one of the following- ISO 9001/ ISO 22000 /Organic Farming (NPOP, NOP).

AND

b. Any one of the following- ISO 14001 / ISO 45001 / SA8000 . Prior experience in conducting audits for RA-Utz, Trustea, organic private labels (biosuisse, Naturland, Demeter, Hand in hand) , RHP and RA assessment, espresso is preferred.

The LA shall have the ability to draft a good audit report in English.

#### 10.2.2 Auditor

1. Auditor Education :The CB shall ensure that Auditors shall be graduates and should have at least three (3) years years of full time post qualification industrial experience including at least two (1) years of work experience in manufacturing process or inspection / testing or auditing or equivalent. Experience in tea sector or agriculture sector is desirable.

Audit experience of Auditor: The auditor is expected to have an experience of participating as an observer in a minimum of 5 audits on three different trustea verified organisations under a qualified lead auditor.

Auditors training is as per the LA training requirements

#### 10.3. Selection of the Audit team

1. The certification body shall ensure the competence of the evaluation team. The evaluation team shall have appropriate knowledge of the field, the applicable regulatory requirements, the process and the good agricultural practices adopted and practiced in cultivation and management of tea gardens. The evaluation team shall comprise of duly qualified evaluators supplemented by technical experts, if need be, meeting the competence requirements prescribed above. All such evaluators shall also be employed or contracted full time with the CB.
2. The certification body shall identify and provide the competence needed to perform the initial evaluation of the applicant on site considering the processes employed in trustea Code verification.

Language skills: Auditors shall have language competency appropriate to the assignment. In case local language skills are not available in the audit team, an interpreter shall accompany the team.

3. Each audit team shall consist of at least one lead auditor and at least one member in the audit team should have attended a 40 hours training on occupational health and safety and at least one member should have completed successfully a HACCP training or ISO 22000 course.
4. A technical expert may be a part of every audit team for ensuring the competence of the audit team to fulfill the above requirements. The technical experts may be external resource.

#### 10.4 Conduct of auditors during audits

The Certification Body shall ensure that auditors

1. Dress and act appropriately for the environment they operate in
2. Do not reveal possible non-conformances to anyone else than the appointed person in the client organization during the course of an audit
3. Do not engage in consultancy, workers' rights education or similar activities that go beyond auditing.

#### 10.5 Use of individual external evaluators and external technical experts

The certification body if it requires external technical experts, needs have a written agreement by which such experts commit themselves to comply with applicable policies and procedures as defined by the certification body. In exceptional cases, it may with justification use external evaluators. However, it may use external technical experts who shall have the same education and work experience as the evaluator but may not have audit/evaluation training or experience. The agreement shall address aspects relating to confidentiality and to independence from commercial and other interests, and shall require the external evaluators and external technical experts to notify the certification body of any existing or prior association with any organization they may be assigned to audit.

#### 10.6 Outsourcing

1. The CB shall not outsource any activity other than testing
2. When the certification body outsources testing, the body doing the outsourced work shall meet the applicable requirements of ISO/IEC 17025 and shall be NABL accredited.

### 11. Audits

#### 11.1 Audit process

Audits shall be conducted in line with section 3 of Part 1 of the General Regulations.

## 11.2 Sample size

1. In case of group verification the CB must conduct audits on a random sample of the group members. The minimum number of group members to be inspected is the square root of the number of members belonging to the group, but not be less than 5. All members in the sample will be inspected against all the applicable control points of the trustea Code.

The random sample must be drawn as a blind sample by the CB, based on an anonymous member list (e.g. member numbers) that is accurate, complete and current. A copy of the list and drawn sample shall be included in the audit report but must not be disclosed to the organisation before the audit.

If there are geographical, varietal or other significant differences within the total population, a stratified sample should be drawn, i.e. subdividing the total population into clusters with homogenous attributes; and the square root sample divided across these clusters proportionately (but at least one audit per cluster).

2. Farms are not allowed to refuse to be audited whether audits are announced or unannounced audits.
3. The selection of farms for auditing must never be based on
  - Proximity to processing facilities, roads or accommodation for auditors
  - Level of involvement in the trustea process
  - Membership of ownership or management in local or national government organizations or NGOs.

## 12. Transfer of Verification

1. Certificates granted by an NABAB accredited CB are eligible for transfer to another NABAB accredited CB.
2. Transfers should normally only be of a current valid accredited certificate but, in the case of a certificate issued by a certification body that has ceased trading, or that has had its accreditation withdrawn, the accepting certification body may, at its discretion, consider such a certificate for transfer on the basis described in this guidance.
3. The accepting certification body shall ascertain the reasons for seeking a transfer, establish that the client's verified activities fall within the accredited scope of the accepting Certification Body.

4. The accepting certification body shall verify the validity of verification, status of outstanding nonconformities with the issuing certification body unless it has ceased trading. Outstanding nonconformities should be closed out, if practical, with the issuing verification/registration body, before transfer. Otherwise they should be closed out by the accepting verification/registration body.
5. Certificates which are known to have been cancelled or to be under threat of cancellation shall not be accepted for transfer.
6. The accepting Certification Body shall issue a certificate, dated from the date of completion of the review, following the normal decision making process.

13. Fees

1. Fees charged by the CB for various activities of the scheme, shall be the same without any discrimination between units, geographical location, size of the unit.
2. The CBs fee structure shall be publicly accessible and also be provided on request.
3. The CB shall notify and obtain consent to its fee structure from the organizations prior to engaging in verification activities. As and when the fee undergoes a change, the same shall be communicated to all including applicants and the manufacturing units verified under this scheme of verification for their acceptance.

14. Sanction against CBs

trustea approval of a certification body can be withdrawn under the following conditions:

- a) Annual reports from CB not reaching the trustea Secretariat within a window period of one month from completion of each year.
- b) Failure to declare major conflict of interest by the CB or fraudulent behavior reported against any member of the audit team.

In such cases the verification status of those verified organisations whose audits may have been affected by the conflict of interest or fraud is put on 'Verification pending' and the trustea Secretariat issues instruction to the organisation to get re-audited by another CB. The re-audit must take place within 6 weeks the notification of change in status. .

The original CB is liable to reimburse the organisation for the fees of the new CB charged for re-auditing.

- c) Violation of audit rules for trustea by CB
- d) Voluntary withdrawal by CB.

## GRIEVANCE PROCEDURE

The purpose of a grievance procedure is to ensure that all stakeholders of the trustea programme have a platform to resolve grievances as quickly and fairly as possible.

The stakeholders have right to appeal against a certification decisions made by the certification body or the decisions made by the trustea secretariat in relation to trustea Code and audit protocol within a controlled and fair framework by making use of the grievance procedure outlined in this document. The grievance procedure is specific to issues of certification, and not applicable for any general grievances to do with contract disputes between stakeholders or other unrelated disputes, or personal grievances.

Before a formal grievance procedure is filed, stakeholders must first attempt to settle disputes informally, preferably at the lowest level. Both parties should aim to resolve this dispute in an amicable and professional manner. If it is not possible to resolve grievances at an informal level, a formal grievance may be filed.

Formal disputes subject to *trustea's* grievance procedure shall be submitted in writing, and include: the complainant's name and contact details, the description/objective of the dispute, and details of evidence for the dispute. Details of the dispute shall

be included as requested in the *trustea* grievance form available online or may be requested by emailing [[support@trustea.org](mailto:support@trustea.org)]. All requests for appeals and reviews must clearly state the reason(s) for disagreement with the decision of the certification body (CB) or the trustea secretariat and need to be supported by information and evidence.

The complainant has a maximum of 10 calendar days from notification of a decision to submit a grievance. If the grievance is not submitted within that time, the decision will be viewed as final.

*trustea* secretariat will conduct an initial internal review of the grievance, to determine the validity of the complaint. The complainant will be notified within 10 calendar days, in writing, if their submission contains an actionable grievance.

Reasons for an actionable grievance may include, but are not limited to:

- Decisions based on irrelevant information, or information for which there is no credible basis. In general, hearsay is treated as information for which there is no credible basis;
- Failure to present, relevant information for consideration in reaching a decision;
- Reasonable perception of bias against the appellant;
- Unreasonable delay in the decision making process;

- Prejudicial procedural irregularities in reaching the decision;
- Disputes about facts relevant to the decision;
- Disputes about interpretations relevant to the decision.

If the initial review determines that the grievance raised by the complainant requires further investigation, a further review of the evidence may be conducted by a party external to *trustea*. A final decision on the grievance will be determined within 90 calendar days of the initial grievance submission if further investigation is required.

## GRIEVANCE PROCEDURE

During grievance proceedings, only information which existed and was presented at the time the decision was made will be considered. Additional credible information presented and accepted during an appeal, which was not present at the time the original decision was taken, will not be used in the grievance process but passed on to the relevant staff to take this information into account in further *trustea* processes, following the appeal.

While the grievance procedure is ongoing, the original decision will remain effective. Any restrictions placed on the stakeholder as a result of an auditing decision, for example in the case of suspension, will remain in effect unless the appeal is successful and the original decision is overturned.

Throughout the grievance procedure, all parties involved will be treated with procedural fairness. This includes:

- a person or organization, which is the subject of a grievance, is given adequate notice about the proceedings;
- a person making a decision should declare any personal interest he or she may have in the proceedings, should be unbiased and acting in good faith;
- each party to a proceeding is entitled to ask questions and contradict the evidence of the other party; and
- a decision-maker takes into account relevant considerations and mitigating circumstances, and ignores irrelevant considerations.

*trustea* secretariat will keep record of the written communication and of the conversations, including date, time and a summary of issues discussed. Parties involved will be able to follow or track the grievances until the grievance is satisfactorily dealt with. Parties involved are requested to refrain from commenting publicly on the complaint until a decision is made and all parties have been informed accordingly.

By submitting a formal grievance, the complainant agrees to accept the final decision of the grievance proceedings.



## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM

#### Introduction

This document is intended for formal, documented complaints and grievances, for which a formal evaluation and response is deemed necessary. The *trustea* grievance procedure states that informal attempts to resolve such grievances should precede the use of this formal process.

This form should be filled out in accordance with the *trustea* grievance procedure policy, available on the *trustea* website or by request at [support@trustea.org](mailto:support@trustea.org). This procedure also details the next steps in the process of submitting a grievance.

**Confidentiality:** Information identifying the complainant will only be available where necessary to address the complaint, and knowledge on the identity of the complainant will strictly be available to those for whom such information is necessary.

Please complete this form electronically, or print and complete, before emailing to [support@trustea.org](mailto:support@trustea.org)

Or write to <https://grievance.trusteadbms.org/> for all feedback and comment.

If there are any questions regarding the submission of this form, please contact [the Director, Trustea Secretariat, [bhuyan@trustea.org](mailto:bhuyan@trustea.org)].

Please include any evidence relevant to your grievance within this form. Please feel free to retain any copies of this evidence for your own records, as well as a copy of this completed form. Copies of all documents used in the grievance procedure will be retained by *trustea*.

**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

<b>1. Submission of Grievance (to be filled out by complainant)</b>	
<b>a. Details of Complainant</b>	
Name	
Organisation	
Date of Submission	
Do you wish all identifying details to remain confidential?	Yes / No
Position / title	
Email contact	
Phone contact	
Mailing Address	
<b>b. Details of grievance</b>	
Name of Organisation against which grievance is held	
Name of individual against which grievance is held (if relevant)	
Please describe the details of your grievance below:	



**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

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## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM \_\_\_\_\_

What solution to this grievance would you recommend?

What documents or evidence have you attached in support of your grievance? Please list all documents below.

Which informal processes did you initially use in an attempt to solve your grievance?

What response did you receive from these processes?

Do you have any further comments on this grievance?



## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM

2. Grievance Procedure acceptance and further action (to be completed by Trustea)	
Date grievance received by <i>Trustea</i> :	
<i>Trustea</i> representative responsible for coordinating grievance proceedings	
Date acknowledgement of grievance sent to complainant	
Date response from initial review is required	
Course of action	
Other Parties to be notified of grievance	



**APPENDIX 2**

GRIEVANCE AND DISPUTE RESOLUTION FORM \_\_\_\_\_





## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM

#### 3. Grievance resolution action (to be completed by Trustea)

Description of methodology used to evaluate dispute:

Description of resolution:

Follow up actions:

List of Attached documents relevant to the grievance proceedings:

If dispute is grievance is considered invalid, provide reasoning:





**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

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