



Valsts aģentūra „Latvijas Nacionālais akreditācijas birojs”

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Accreditation Procedures

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1. GENERAL PROVISIONS

1. These provisions establish the procedures and criteria for the assessment, accreditation, and surveillance of conformity assessment bodies (hereinafter – the Bodies), and they shall be binding on the national accreditation body – the State Agency “Latvian National Accreditation Bureau” (hereinafter – LATAK), its accredited Bodies, and the Bodies seeking LATAK accreditation.

2. LATAK shall assess, accredit, and monitor the Bodies operating in the fields referred to in [Cabinet Regulation No. 754 of 19 December 2023, Regulations Regarding the Assessment, Accreditation, and Surveillance of Conformity Assessment Bodies](#).

3. LATAK shall carry out the activities referred to in Paragraph 2 of these provisions in accordance with the regulatory enactments of the Republic of Latvia and the European Union, the national, European, and international standards, the requirements laid down in mutual recognition agreements with international accreditation organizations (the European co-operation for Accreditation, the International Accreditation Forum, and the International Laboratory Accreditation Cooperation) and binding documents issued on their basis, and [LATAK’s Policy on Inviolability, Objectivity, and Confidentiality, Conflict of Interest Prevention, and Anti-Corruption](#). In the event of a discrepancy between the applicable national legal provisions and the ISO/IEC 17011 standard, the ISO/IEC 17011 standard shall prevail.

4. The purpose of accreditation is to obtain a reliable and independent third-party confirmation at the national level that a specific Body is capable of demonstrating its competence and ability to carry out specific conformity assessment activities.

5. LATAK develops specific methodology and procedures for the assessment process and surveillance of the accredited Bodies related to accreditation, including specific accreditation schemes published by LATAK on its website www.latak.gov.lv.

6. The binding documents of the European co-operation for Accreditation, the International Accreditation Forum, and the International Laboratory Accreditation Cooperation are available on the European co-operation for Accreditation website <https://european-accreditation.org/>, the International Accreditation Forum website <https://www.iaf.nu/>, and the International Laboratory Accreditation Cooperation website <https://ilac.org/>.

7. The original language of these provisions is Latvian. In the event of any discrepancies between the original text of these provisions in Latvian and the translated text in a foreign language, the Latvian wording shall prevail. These provisions may be republished subject to LATAK’s written approval.

8. LATAK shall publish the current version of these provisions on its website www.latak.gov.lv.

2. TERMS USED IN THE PROVISIONS AND ACCREDITATION CRITERIA

9. The terms specified in the Law on Conformity Assessment, the standard LVS EN ISO/IEC 17000: Conformity assessment – Vocabulary and general principles, and the standard LVS EN ISO/IEC 17011: Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies shall be used in these provisions, unless a different use of terms is explicitly specified herein.

10. **Accreditation criterion** – a Body’s compliance with the requirements set out in the regulatory enactments, national, European, and international standards, mutual recognition agreements with international accreditation organizations (the European co-operation for Accreditation, the International Accreditation Forum, and the International Laboratory Accreditation Cooperation), and binding documents issued on their basis (documents developed by the European co-operation for Accreditation, documents approved by the European co-operation for Accreditation from international accreditation organizations, and mandatory documents of the International Accreditation Forum and the International Laboratory Accreditation Cooperation).

11. **Accreditation scheme** – a set of rules and procedures binding on the Bodies to obtain accreditation. It may be established in a regulatory enactment, a national, European, or international standard, or binding documents issued by international accreditation organizations (the European co-operation for Accreditation, the International Accreditation Forum, and the International Laboratory Accreditation Cooperation).

12. **Scope of accreditation** – specific conformity assessment activities related to accreditation.

13. **Flexible scope of accreditation** – scope of accreditation expressed to allow the Bodies to make changes in methodology and other parameters which fall within the competence of the Body and the ability to carry out specific activities as confirmed by LATAK.

3. INITIATION OF THE ACCREDITATION PROCESS

3.1. Accreditation process

14. Types of accreditation procedures:

14.1. **initial assessment** – first assessment conducted after concluding the accreditation agreement, aimed at verifying the Body’s competence and ability to carry out specific conformity assessment activities in accordance with the accreditation criteria;

14.2. **reassessment** – an assessment conducted at the end of each accreditation cycle within a single accreditation agreement, with the purpose of verifying the continuous compliance of the Body’s management system with the accreditation criteria, the efficiency of the Body, and the continuous relevance of the scope of accreditation;

14.3. **extension of the scope of accreditation** – an assessment aimed at verifying the Body’s competence and ability to carry out specific conformity assessment activities in accordance with the accreditation criteria within the additionally requested scope of accreditation;

14.4. **surveillance procedure** – a set of activities carried out by LATAK during the validity period of an existing accreditation to verify whether the management system of a Body accredited by LATAK is maintained and continues to comply with the accreditation criteria, including whether it is able to carry out specific conformity assessment activities within the scope of accreditation.

3.2. Submission and review of the application for accreditation

15. The initial assessment, reassessment, and scope extension assessment procedures shall be initiated based on the Body’s application (hereinafter – the Application for Accreditation).

16. The Application for Accreditation shall include the information referred to in Annex 1 – Application for Accreditation – to these provisions and all documents required for the assessment in accordance with the specific accreditation scheme for the relevant field. At the

same time, the Body shall specify in the Application for Accreditation, which information is considered a trade secret and is not to be disclosed to third parties.

17. If the Application for Accreditation does not contain all the information and documents required for the assessment, LATAK shall request the Body to submit the missing information and documents within a specific deadline.

18. If the Body fails to submit the information requested by LATAK within that deadline, LATAK shall not initiate the procedure for the assessment of the Body and shall inform the Body thereof in writing.

19. If the Body submits the Application for Accreditation in a field where LATAK has not accredited any Body before, LATAK shall inform the Body in writing about the need to determine a new accreditation field, specifying a deadline within which the process for the accreditation of the Body may be initiated.

20. In cases where the Application for Accreditation and the accompanying documents are submitted to LATAK in paper form, the Body shall be required to provide them additionally on an electronic data carrier.

21. The scope of accreditation specified in the Application for Accreditation, which is subject to mandatory conformity assessment of products, processes, or services as required by regulatory enactments, must align with the terminology used in the relevant regulatory enactment and include a reference to the respective regulatory enactment.

22. The Body shall have the right to make technical adjustments to the scope of accreditation until the assessment visit, except in cases where substantive changes are required, such as the inclusion of a new field. In such cases, the Body shall submit a new Application for Accreditation.

23. If the Body seeks to reduce, suspend, or withdraw the scope of accreditation, it shall submit an application specifying the exact nature of the changes.

3.3. Agreement on the Body's accreditation process and agreement on the costs of the accreditation process

24. If the initial Application for Accreditation contains all documents required for the assessment, allowing to initiate the assessment, LATAK and the Body shall enter into an agreement on the Body's accreditation process (hereinafter – the Accreditation Agreement).

25. Prior to initiating any accreditation procedure specified in Sub-chapter 3.1 of these provisions, except in the cases specified in Sub-paragraphs 53.1 and 53.5 of these provisions, a written agreement on the costs of the accreditation process shall be concluded between LATAK and the Body in accordance with the terms of the Accreditation Agreement.

26. Upon receipt of the payment specified in the agreement on the costs of the accreditation process, LATAK shall initiate the procedure for the assessment of the Body. In cases referred to in Sub-paragraphs 53.1 and 53.5 of these provisions, the assessment procedure may be initiated prior to receiving the payment for the accreditation process.

4. BODY'S ASSESSMENT PROCESS

4.1. Prerequisites for initiating the assessment and the assessment team

27. The assessment of the Body shall be carried out by an assessment team established by LATAK which comprises LATAK lead assessors, technical experts, and technical assessors with appropriate expertise in the relevant field, provided that participation in the Body's assessment

process does not create a conflict of interest, including in cases where a member of the assessment team:

27.1. has not provided the Body with consultation services, which may influence the accreditation process and the objectivity of the assessment;

27.2. does not have a spouse or a relative (father, mother, grandmother, grandfather, child (including adopted), grandchild, brother, sister, half-brother, half-sister) who is a participant, shareholder, or a member of the Body or a member of the supervisory, control, or executive entity of the Body;

27.3. has not been in an employment relationship with the Body to be assessed within the last two years prior to the planned assessment date;

27.4. does not have a personal or financial interest in the outcome of the accreditation process and there are no other circumstances that create reasonable doubts about the objectivity of that member.

28. LATAK shall, no later than within 7 (seven) working days prior to the planned visit for the assessment of the Body, electronically send the assessment plan to the Body and shall inform it about the composition of the assessment team. The Body may reject the composition of the assessment team within 3 (three) working days, submitting a reasoned application to LATAK outlining the reasons for rejecting each member. LATAK shall review the information provided by the Body and, if necessary, approve a different composition of the assessment team and agree on a new date for the assessment visit.

4.2. Assessment of the Body

29. The assessment team shall conduct the assessment of the Body in accordance with the procedures outlined in the assessment plan. The assessment visit shall involve the opening meeting, the assessment of the Body's competence and compliance with the established accreditation criteria, the closing meeting, and the on-site or remote observation of the Body carrying out the conformity assessment activity (or activities) within its scope of accreditation (hereinafter – the witnessing).

30. The assessment visit and witnessing may be conducted remotely using information technologies, provided that the Body submits all assessment-related documents in a timely manner and ensures that remote assessment can be conducted at the same level as if the assessment visit and witnessing were conducted on-site at the Body's premises and LATAK considers that this approach would allow for an objective assessment of the Body's compliance with the accreditation criteria. The Body shall determine a secure and reliable audiovisual communication channel to be used for remote assessment, considering the information security requirements established by the Body and the technological capabilities of LATAK.

31. The sequence of the items on the agenda specified in the assessment plan may be modified, without fundamentally altering the assessment plan, provided that it is mutually agreed upon during the opening meeting with the Body's management and members of the assessment team.

32. The assessment of the Body's competence shall involve the evaluation of its documents and records, the assessment of personnel competence, the witnessing of the Body carrying out its activities, and the evaluation of the adequacy of the necessary resources. The lead assessor of the assessment team shall determine the activity to be demonstrated and the individual who shall demonstrate it. As a result of the competence assessment, LATAK obtains evidence of the Body's compliance with the accreditation criteria.

33. During the initial assessment:

33.1. the practical activity of the Body shall be assessed in accordance with the requirements outlined in the accreditation scheme;

33.2. the conformity of the Body shall be assessed at its premises and locations where conformity assessment activities are carried out.

34. The Body shall have the obligation to provide the LATAK assessment team with the possibility to participate in the conformity assessment process, witnessing its practical activity, including at the site of a Body's client.

35. If a certification, inspection, and verification body cannot engage a client prior to obtaining accreditation and is therefore unable to demonstrate its practical activity, LATAK may conduct the competence assessment based on the submitted documents (including by simulating practical scenarios). In the case specified in this paragraph, the practical activity shall be assessed when the Body performs its first conformity assessment procedure after obtaining accreditation.

36. The assessment visit shall conclude with a closing meeting, during which the assessment team provides the Body with an oral report and explanation of the assessment results and renders a written report on the identified non-conformities which, inter alia, invites the Body to submit the analysis of the causes of those non-conformities within a specific deadline, a description of their extent, the planned corrective actions and corrections, and evidence of the corrective actions/corrections taken to resolve the identified non-conformities.

37. If it is impossible to render a written report on the identified non-conformities during the closing meeting, the lead assessor of the assessment team shall prepare and send it to the Body no later than within 5 (five) working days after the closing meeting.

4.3. Classification of findings and deadlines for their resolution

38. **Observation** – a minor non-conformity that does not significantly impact the compliance with the accreditation criteria.

39. **Non-conformity** – a finding related to the Body's inability to meet the accreditation criteria, including cases where:

39.1. the documents of the Body do not meet the accreditation criteria;

39.2. the personnel of the Body fails to adhere to the requirements outlined in the documents of the Body;

39.3. the justification of the documents developed by the Body has been found to be insufficient to ensure compliance with the accreditation criteria and carry out conformity assessment activities;

39.4. the Body fails to comply with the accreditation scheme developed by LATAK or the requirements outlined in the Accreditation Agreement;

39.5. the Body's management system does not contain the necessary information for the efficient fulfilment of the accreditation criteria;

39.6. multiple observations are identified for a single standard requirement.

40. **Major non-conformity** – non-conformity related to ineffective process control or non-compliance of the result with the specified accreditation criteria, including non-conformities exhibiting one of the following characteristics, such as:

40.1. the Body has no access to competent personnel or technical resources;

40.2. the Body has rendered results outside the scope of accreditation while referring to accreditation;

40.3. the conformity assessment results rendered by the Body are invalid.

41. Deadlines for resolving the findings:

41.1. In case of the initial assessment, the total deadline for submitting evidence of corrective actions taken shall not exceed 6 (six) months from the date of receiving the report on non-conformities, while in other cases, that deadline shall be determined based on the severity of the finding.

41.2. **Observation** – shall be resolved by the next surveillance visit, during which the effectiveness of the corrective actions taken shall be assessed.

41.3. **Non-conformity** – the deadline for resolving the non-conformity and submitting evidence of the corrective actions taken shall be 1 (one) month from the date of receiving the report on non-conformities.

41.4. **Major non-conformity** – corrective actions for resolving the non-conformity shall be taken immediately, while evidence of the corrective actions taken shall be submitted within 7 (seven) working days from the date of receiving the report on non-conformities.

4.4. Submission of evidence of the corrective actions taken and its assessment

42. The Body shall, within the deadlines specified in Paragraph 41 of these provisions (within one month for observations), submit to LATAK the root cause analysis, the analysis of the extent of the non-conformities, and a description of the corrections made and/or the planned corrective actions regarding the non-conformities and/or observations identified during the assessment, and also shall, within the deadlines specified in Paragraph 41 of these provisions, resolve the non-conformities and/or observations identified during the assessment by providing LATAK with objective evidence of the corrections made and corrective actions taken.

43. The assessment team shall, within 15 (fifteen) working days from the date of receiving the information referred to in Paragraph 42 of these provisions, evaluate the adequacy of the root cause analysis, the analysis of the extent of the non-conformities, the corrections made/corrective actions taken by the Body, and their compliance with the accreditation criteria. The Body shall have the right, after the assessment of the corrective actions conducted by the assessment team within the deadline set by LATAK and once only, to submit clarifications regarding the information and evidence specified in Paragraph 42 of these provisions. The deadline for resolving major non-conformities shall not be extended.

44. If the information and evidence are not provided within the deadline and in the amount specified in Paragraph 42 of these provisions or the provided information and evidence are insufficient to confirm that the non-conformities have been resolved, LATAK shall decide on the refusal, suspension, or withdrawal of accreditation within the entire scope of accreditation or part thereof, in accordance with these provisions and the applicable regulatory enactments.

45. To verify the efficiency of the corrective actions outlined in Paragraph 42 of these provisions in resolving the non-conformities and obtain the relevant evidence, LATAK shall have the right to conduct an additional Body's assessment visit or witnessing.

46. The visit referred to in Paragraph 45 of these provisions shall take place after LATAK and the Body have entered into an agreement on the costs of the additional visit and the Body has paid for the said additional assessment.

47. If the visit referred to in Paragraph 45 of these provisions is not required, but it is necessary to monitor the implementation of the corrective actions specified in Paragraph 42 of these provisions, their implementation may be verified during the next visit.

4.5. Accreditation cycle and surveillance

48. The accreditation cycle is a period of 5 (five) years starting from granting the initial accreditation or re-accreditation.

49. After granting the accreditation, LATAK shall develop the Body's assessment programme for the entire accreditation cycle. LATAK shall monitor the Body in accordance with that assessment programme, thereby ensuring continuous surveillance of the Body.

50. When developing the Body's assessment programme, the following shall be taken into account:

50.1. the information obtained by LATAK regarding the Body's management system and activities, including its performance;

50.2. each scope/field of activities shall be assessed at least once within a single accreditation cycle, taking into account the previous assessment experience, the risks associated with the Body's activities, sites of operation, and its personnel, and the requirements outlined in the accreditation scheme;

50.3. during the accreditation cycle, LATAK shall, whenever possible, plan the assessment of all of the Body's locations (including those where it does not perform its principal activity), based on the risk assessment;

50.4. when opting for witnessing the Body carrying out its practical activity, LATAK shall follow the principle that the witnessing shall be ensured for all accredited scopes of activities at all principal sites of operation of the Body within a single accreditation cycle. Specific requirements are outlined in the descriptions of the relevant accreditation schemes.

51. Surveillance visits shall take place in accordance with the assessment programme and plan at least once per year, which shall involve the surveillance of the Body at its locations, including its practical activity.

52. Surveillance visits shall be organised based on the following principles:

52.1. the Body and its management system are assessed for compliance with the accreditation criteria;

52.2. the assessment of the Body's management system is planned in such a way that all elements of the management system are assessed at least once during the accreditation cycle;

52.3. additionally, each surveillance includes an assessment of the efficiency of the corrective actions taken in response to findings from the previous assessment.

53. LATAK shall have the right to conduct the surveillance of the Body, including a visit, outside the assessment programme and plan in the following cases:

53.1. LATAK has received a written complaint or information raising doubts as to whether the Body is competent to carry out any conformity assessment activities. In this case, the visit does not need to be pre-arranged with the Body, and LATAK may, if necessary, invite a representative of the market surveillance authority to participate;

53.2. the Body has requested changes to its scope of accreditation, including for the purpose of restoring its accreditation status in cases where it has been suspended;

53.3. the Body has reported changes in its activities which may have an impact on its compliance with the accreditation criteria, and the impact on its accreditation status cannot be assessed without a visit to the Body, i.e., document review alone does not provide sufficient assurance of its compliance with the accreditation criteria;

53.4. the Body has informed LATAK of changes in the methods or procedures included in its scope of accreditation;

53.5. it is necessary to visit the Body to gain assurance of its compliance with the established accreditation criteria.

54. The surveillance visits may include requesting information, the Body's documents and records, reviewing the updates of the Body's documents, conducting visits, witnessing the Body carrying out its practical activity, evaluating the technical resources and the implemented management system, and other activities that enable LATAK to fully assess the Body for its compliance with the accreditation criteria.

55. LATAK shall have the right not to visit the Body at its sites of operation if the changes to the scope of accreditation do not affect the Body's ability to carry out conformity assessment activities.

4.6. Reassessment

56. Reassessment shall be conducted in accordance with the requirements outlined in Sub-chapter 4.1 of these provisions.

57. If the Body seeks to maintain the accreditation, it shall, at least within 4 (four) months prior to the accreditation expiry date, submit the necessary documents for reassessment in accordance with the requirements outlined in Sub-chapter 3.2 of these provisions. LATAK shall, no later than 4 (four) months prior to the accreditation expiry date, send the Body a reminder regarding the accreditation term.

58. Reassessment shall include all initial assessment activities to provide assurance of the Body's competence, and it shall be conducted in accordance with the following principles:

58.1. previous assessment experience is taken into account;

58.2. the Body is assessed for its compliance with all accreditation criteria;

58.3. the implementation of the Body's assessment programme is evaluated, and the Body's practical activity is assessed within a representative portion of the entire field of activities of the Body which is subject to accreditation;

58.4. the Body's management system is assessed.

4.7. Extension of the scope of accreditation

59. The process of extending the scope of accreditation shall include all activities required for the initial assessment and follow the initial assessment procedures outlined in these provisions.

60. In order to extend the scope of accreditation, the Body shall submit the Application for Accreditation and documents referred to in Sub-chapter 3.2 of these provisions.

61. LATAK shall prepare a plan for assessing the extension of the scope of accreditation and establish appropriate assessment methods with due regard to the risks associated with the activities or sites of operation related to the extension of the scope of accreditation. If the extension of the scope of accreditation is requested for conformity assessment activities similar to those already accredited and the additional requested scope must meet identical requirements for the necessary technical resources and competence, LATAK shall have the right to assess the Body's competence and ability to carry out specific conformity assessment activities by reviewing the evidence and documents submitted by the Body.

62. If the extension of the scope of accreditation coincides with the surveillance visit period, LATAK shall have the right to conduct the process of extending the scope of accreditation in parallel with the surveillance visit, notifying the Body thereof in writing.

4.8. Assessment of a Body seeking to obtain the status of a Notified Body

63. A Body seeking to obtain the status of a notified body (hereinafter – the Notified Body) in accordance with the requirements outlined in the applicable regulatory enactments shall specify in the Application for Accreditation, in addition to the information specified in Paragraph 16 of these provisions, the conformity assessment modules and products for which it declares its competence, as well as the relevant applicable regulatory enactments.

64. Specific requirements for a Notified Body are outlined in the European co-operation for Accreditation document EA-2/17 M – EA Document on Accreditation for Notification Purposes.

65. The accreditation process for a Notified Body follows the accreditation procedures and decision-making process established in these provisions, while taking into account the requirements set out in this chapter and placing particular emphasis on the Body's ability to meet the requirements specified in the applicable regulatory enactments.

5. ACCREDITATION DECISIONS

66. For the purpose of making accreditation decisions, LATAK shall establish an Accreditation Committee. The Accreditation Committee shall take a decision for each individual accreditation process. The Accreditation Committee shall be comprised of a chairperson with expertise in the field subject to the assessment and at least one LATAK lead assessor who has not participated in the Body's assessment process.

67. The Accreditation Committee may invite technical experts and technical assessors involved in the assessment process of the Body whose assessment results are under decision, as well as independent experts who participate in the Committee's work in an advisory capacity. Prior to participating in the Accreditation Committee's meeting, the invited technical assessors and technical experts shall sign a statement ensuring that they will not disclose the information obtained during the decision-making process to third parties.

68. LATAK shall have the right to request the participants of the Accreditation Committee's meeting to present their personal identity documents, including requiring the Body's representative to present authorization documents. If a participant of the Accreditation Committee's meeting is unable to present a personal identity document or the individual intending to represent the Body cannot provide authorization documents upon the LATAK's request to do so, LATAK shall have the right to deny their participation in the Accreditation Committee's meeting.

69. Accreditation Committee's meetings are closed to the public. The lead assessor of the assessment team in charge of the respective accreditation process shall participate in the Accreditation Committee's meeting without voting rights and present the assessment visit plan, the information obtained during the visit, the assessment results, the process of resolving non-conformities, and the fulfilment of the accreditation criteria and the requirements outlined in the accreditation scheme.

70. If the information provided by the lead assessor of the assessment team is insufficient to take an accreditation decision, the Accreditation Committee shall have the right to request additional necessary information from the Body. In the case referred to in this paragraph, the Accreditation Committee's meeting shall be suspended, with a corresponding record being made

in the meeting minutes, and it shall be resumed no later than five (5) working days after receiving the requested information.

71. Based on the assessment results, the Accreditation Committee may take the following decisions:

71.1. **grant accreditation** – if the Body has fulfilled the requirements of regulatory enactments/accreditation requirements and thus meets the accreditation criteria;

71.2. **refuse accreditation** – if the Body has not fulfilled the requirements outlined in the applicable regulatory enactments/accreditation requirements and thus does not meet the accreditation criteria. The decision shall apply to the entire scope of activities subject to accreditation. The accreditation process shall be terminated if LATAK possesses verifiable evidence of fraudulent activities by the Body, the provision of false information, or the concealment of information related to the accreditation status;

71.3. **maintain accreditation** – if, as a result of the surveillance process or assessment of the Body after the end of the accreditation suspension period, it is found that the Body has fulfilled the requirements of regulatory enactments/accreditation requirements and thus meets the accreditation criteria;

71.4. **extend the scope of accreditation** – if the assessment leads to the conclusion that the Body has fulfilled the requirements of regulatory enactments/accreditation requirements within the additionally requested scope and thus meets the accreditation criteria;

71.5. **reduce the scope of accreditation** – if the Body has requested so or has not fulfilled the requirements of regulatory enactments/accreditation requirements in part of the scope of accreditation and thus does not meet the accreditation criteria in that part, including if the accreditation was previously suspended and the Body failed to resolve the identified non-conformities within the specified deadline;

71.6. **suspend accreditation** within the entire scope of accreditation or part thereof – if the accredited Body has requested so in writing or it has been found during the assessment that the Body has not met the accreditation criteria, but they are not significant enough to withdraw accreditation. The accreditation suspension period shall not exceed 6 (six) months;

71.7. **withdraw accreditation** – if the Body has requested so in writing or it has been found during the assessment that the accredited Body has not met the accreditation criteria, including, for instance, failing to resolve the identified non-conformities within the deadline specified by LATAK, engaging in fraudulent activities, providing false (misleading) information, or concealing information related to the accreditation status.

72. If, based on the non-conformities identified during the assessment, the Accreditation Committee is preliminarily inclined to adopt the decision referred to in Sub-paragraph 71.7 of these provisions, LATAK shall inform the Body thereof before the Accreditation Committee's meeting, inviting the Body to provide additional information and explanations during the meeting. In case of major non-conformities, the Accreditation Committee may adopt the decision referred to in Sub-paragraph 71.7 of these provisions, without prior notice to the Body.

73. If the Body's accreditation has been withdrawn for its entire scope or reduced in part thereof, the Body shall cease using references to its accreditation for the entire scope or part thereof. The Certification Body (for products, systems, and persons) shall withdraw the issued valid certificates containing a reference to accreditation (the accreditation mark) and shall, no later than within 5 (five) working days, submit the relevant evidence of compliance with the aforementioned requirements to LATAK, unless different procedures are established by applicable regulatory enactments.

74. LATAK shall, within 7 (seven) working days following the adoption of the accreditation decision referred to in Paragraph 71 of these provisions, send it electronically to the Body.

75. LATAK shall, within 10 (ten) working days following the adoption of the decision referred to in Sub-paragraphs 71.1, 71.4, and 71.5 of these provisions, prepare the accreditation certificate along with its annex.

76. If, during the initial accreditation assessment process, the Body has failed to submit the documents required for its assessment or comply with the requirements outlined in the accreditation scheme, thereby preventing LATAK from assessing the Body and adopting a decision on the accreditation status of the Body, LATAK shall decide to **terminate the accreditation process**.

6. INFORMATION REQUIREMENTS

6.1. Confidentiality

77. The members of the assessment team shall not disclose to third parties any information obtained or generated during the implementation of the accreditation procedures regarding the Body, while ensuring that the information obtained or generated during the fulfilment of their duties, which pertains to the Body, is not directly or indirectly accessible to third parties without the Body's written consent, except in cases specified by regulatory enactments.

6.2. Accreditation certificate and reference to accreditation

78. The Body shall refer to accreditation and use the accreditation mark in accordance with the Regulations on the Use of the Accreditation Mark for Accredited Bodies developed by LATAK, as well as Cabinet Regulation governing the assessment, accreditation, and surveillance of conformity assessment bodies.

79. An electronically prepared accreditation certificate shall be sent to the Body's e-mail or electronic mail address.

80. Upon the Body's request, the accreditation certificate may be issued in paper format. The Body may collect the paper-based accreditation certificate along with its annex in person at the LATAK office.

81. A paper-based accreditation certificate shall be issued personally to the Body's authorized representative who confirms the receipt of the certificate with their personal signature. LATAK shall have the right to request the authorized representative to present authorization and a personal identity document.

82. Accreditation certificates shall be issued in A4 format (Annex 2) along with their annex(es) which form an integral part of the accreditation certificate. The accreditation certificate along with its annex shall define the specific accredited scope of activities of the Body.

83. The Body shall have the right to receive the accreditation certificate along with its annex in a foreign language, subject to prior written agreement with LATAK and a payment made in accordance with the LATAK's list of fee-based services specified in the applicable regulatory enactments.

84. If the Body has been accredited in the field of testing and calibration, two separate certificates along with their respective annexes shall be issued (for the testing and calibration scopes, respectively).

85. In case of changes to the name, address, or accredited scope of activities of the legal entity or the Body, LATAK shall issue a new accreditation certificate along with its annex.

86. The Body shall:

86.1. ensure that the accreditation certificate, its annex, or any reference to accreditation is not used in a misleading manner;

86.2. ensure that, when referencing to accreditation in informative materials, mass media, various documents, and other publications, accreditation does not refer to a non-accredited scope of activities and that the conditions and procedures outlined in the LATAK's Regulations on the Use of the Accreditation Mark for Accredited Bodies are observed;

86.3. cease using documents or informative materials, or any other references to its accreditation if the Body's accreditation has been suspended or withdrawn by LATAK's decision.

7. COMPLAINTS AND APPEALS

7.1. Procedures for submitting complaints and appeals

87. LATAK shall accept, review, and respond to applications in accordance with the procedures outlined in the applicable regulatory enactments.

88. Upon receiving an application containing a complaint regarding the activities of LATAK or an accredited Body that requires a substantive response (hereinafter – **the complaint**), the LATAK Director shall evaluate the content of the complaint and delegate the task of reviewing it and preparing a response to the responsible LATAK official or, by order, establish a Complaint Review Committee.

89. The decisions of the Accreditation Committee may be challenged in accordance with the procedures outlined in the Administrative Procedure Law by submitting a corresponding application to LATAK (hereinafter – **the appeal**).

90. Appeals shall be reviewed by an Appeals Committee established by the LATAK Director.

91. The decisions of the Appeals Committee are subject to appeal in accordance with the procedures outlined in the Administrative Procedure Law.

92. Written applications shall be submitted to the LATAK office or sent by post. Electronically prepared applications shall be sent to the LATAK's electronic mail address or e-mail: pasts@latak.gov.lv.

7.2. Procedures for handling complaints and appeals

93. Upon receiving a complaint or an appeal, LATAK shall evaluate whether it has been drawn up in accordance with the requirements outlined in the applicable regulatory enactments and these provisions, and whether it falls within the scope of its competence.

94. If the complaint or appeal is not signed, has been submitted without complying with the requirements of the Official Language Law, or lacks the necessary authorization documents, the complaint or appeal shall be left without consideration, and LATAK shall inform the submitter, setting a deadline for rectifying those deficiencies. If the deficiencies have not been rectified within the deadline set by LATAK, the complaint or appeal shall be deemed not to have been submitted.

95. If the complaint or appeal has been drawn up in accordance with the requirements of the applicable regulatory enactments and falls within the scope of LATAK's competence, it shall be reviewed no later than within 1 (one) month from the date of its receipt. If, for objective reasons, it is not possible to comply with the one (1) month deadline, the submitter shall be notified accordingly.

96. A LATAK employee, official, or invited expert whose objectivity regarding the specific complaint or appeal may be reasonably questioned shall not participate in its review.

97. If the circumstances outlined in the complaint are of an informative nature and the complaint does not require a substantive response or active action by LATAK, the complaint shall be acknowledged for informational purposes and used in LATAK's work according to its content.

98. Members of the Body's assessment team shall not be included in the composition of the Appeals Committee. If necessary, in order to ensure an objective and competent review of the appeal, LATAK shall have the right to invite an independent expert to provide an opinion on the circumstances outlined in the appeal. Additionally, LATAK shall have the right to invite representatives from the Latvian National Accreditation Council or relevant governmental institutions competent in the respective fields to participate in the Appeals Committee's work. The requirements outlined in Paragraphs 27 and 67 of these provisions shall apply to those invited persons.

99. LATAK shall inform the members of the Appeals Committee and the invited persons about the time and place of the Appeals Committee's meeting.

100. The Appeals Committee shall review the appeal in accordance with its regulations.

101. The Appeals Committee's meeting shall consist of an open and closed session. LATAK shall invite the appellant to participate in the open session of the Appeals Committee's meeting, while the members of the Appeals Committee, the invited persons, and the appellant or their authorised representative shall participate in the closed session of the Appeals Committee's meeting. In the open session of the meeting, the Appeals Committee shall evaluate the circumstances outlined in the appeal along with the submitted request, clarify the opinions and arguments of the involved parties, and carry out other activities necessary for the objective resolution of the case. In the closed session of the Appeals Committee's meeting, the Appeals Committee shall adopt a decision on the appeal.

102. Prior to participating in the Appeals Committee's meeting, LATAK shall verify whether the appellant or their representative is authorised to represent the Body. The representation of a legal entity shall be formalized with a written power of attorney or confirmed by documents that establish the right of an official to represent the legal entity without a special authorization. The representation of a natural person shall be formalized with a notarized power of attorney.

103. If an individual seeking to represent the appellant is unable to provide authorization documents and/or present a personal identity document, LATAK shall have the right to deny their participation in the Appeals Committee's meeting.

104. The absence of the appellant from the Appeals Committee's meeting shall not preclude the review of the appeal.

105. The Appeals Committee’s meetings shall be recorded, and LATAK shall send an electronically prepared meeting minutes to the participants of the Appeals Committee’s meeting within 7 (seven) working days after that meeting. If any member of the Appeals Committee expresses a dissenting opinion from the Committee’s collective position, a corresponding record shall be made in the meeting minutes. The Appeals Committee shall carry out its activities and adopt decisions in accordance with the Appeals Committee’s regulations.

106. LATAK shall draft the Appeals Committee’s decision on the validity of the appeal and send it to the appellant within 7 (seven) working days after the day the Appeals Committee has adopted the decision.

8. TRANSITIONAL PROVISIONS

107. The provisions shall apply from 1 September 2021.

108. The provisions shall replace the following LATAK documents:

108.1. LATAK-D.008-14/06.2015 “Accreditation Procedures”;

108.2. LATAK-D.009-08/07.2013 “Surveillance and Reassessment of Accredited Bodies”;

108.3. LATAK-D.014-08/06.2014 “Procedures for Handling Complaints, Proposals, and Appeals”;

108.4. LATAK-D.016-09/07.2013 “Accreditation Decisions”;

108.5. LATAK-D.021-06/12.2013 “Regulations on Using Accreditation Certificates Issued by the Latvian National Accreditation Bureau”;

108.6. LATAK-D.030-14/06.2015 “LATAK Accreditation Criteria and List of Applicable Documents”;

108.7. LATAK-D.032-04/09.2013 “Rights and Obligations of Accredited Conformity Assessment Bodies”;

108.8. LATAK-D.045-02/06.2015 “Accreditation of Conformity Assessment Bodies for Notification Purposes”.

109. Annex 2 referred to in Paragraph 82 of these provisions shall be implemented gradually by 31 July 2023.

Annexes:

Annex 1 – Application for Accreditation

Annex 2 – Sample Accreditation Certificate

9. REGISTER OF CHANGES

Version	Content of changes	Date
01	Initial approval of the document.	18/05/2021
02	Editorial corrections were made.	30/08/2021
	Information on the date of application of the provisions was	

	included in Paragraph 107.	
03	Sub-paragraph 41.2 was reworded to specify information on resolving the observations identified during the assessment.	14/03/2022
	Chapter 4.4 was updated to clarify information on resolving the observations identified during the assessment and submitting the plan for corrective actions.	
04	Cabinet Regulation referred to in Paragraph 2 has been updated.	10/05/2024