FAQ 9101:2014 / 9101E

Rev. 3.0 20150610

Note 1: This FAQ is corresponding to 9101:2014 (9101E).
Note 2: The item number corresponds with the order of submittal of the questions. This will support traceability. The questions and answers are located in this document in order of the chapters of the 9101 standard, in order to facilitate searching. New questions since the previous issue are indicated in red.
Note 3: This is a 'living' document that will be updated regularly and published on the IAQG website.

#	FAQ# Rev.D	Clause	Question	Answer
1	1	General	Why are there no recommended practices included in the standard?	Recommended practices are, generally speaking, not included in standards developed by IAQG. When needed, IAQG will publish recommended practices and guidance material as separate documents.
2	5	General	Is the verification complying with the fulfillment of the requirements of airworthiness regulations of the regulatory authorities, e.g., FAA, EASA, for an approvable QM-system addressed in the standard?	The 9100-series standards are covering various airworthiness regulation issues in the requirements, e.g. the requirements as in 21G.139b. Also the 9100-series standards makes a statement in 4.1 on fulfilling the applicable statutory and regulatory quality management system requirements . The auditors have to audit these requirement, where applicable. Also there is no change to the approach as in the old 9101
3	9	General	Why there is no definition of "Top Management" in 9101?	Top Management" is defined in ISO 9000 §3.2.7
4	11	General	Where can I find the allowed time period for distribution of the audit report?	See 9104-1 8.5 a.
5	22	General	Can all the 9101 required forms be completed within the audit days as required by IAF MD 5 EMS and QMS audit duration?	No. (see 9104-1 FAQ #47)
6	124	1.2	Can an organization that does not have ASD business be registered to 9100?? This question arose during a discussion about companies that want to get ASD business but can't because they are nor registered to 9100.	Yes , this is possible: see 'IAQG ICOP and OASIS resolutions log' under Help/guidance on the OASIS website: www.iaqg.org/oasis, resolution # 29..
7	24	3	Why there is no definition of 'Opportunities for Improvement'?	It is commonly used, see a.o. § 3.2.13 in ISO9000, not appropriate to define in 9101, as it is also used in ISO standards. It should be in 9000.
8	26	3	Where is the definition for "nonconformity" located?	The definition for Nonconformity is in ISO 9000:2005. 9101 does NOT include definitions that are covered in other reference documents.
9	98	3.3	Can you give an example of a major NC that it is judged to be detrimental to the integrity of the product?	Example : NC in special process control that result in reduction of reliability of the product e.g. missed heat treating operation.

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10	99	3.3	Can you give an example of major NC that could resulting in failure or reduce the usability of the product or service?	Example : a) NC in design verification process that result in non fulfillment of a product performance requirement b) not completing a rework/repair prior to shipment without customer awareness.
11	100	3.3	Can you give an example of major NC that resulting of total breakdown of a system to meet 9100 requirement?	Example: No internal audit performed during the last year and no planning for the next year.
12	27	3.4	Can you give examples of 'similar nonconformities associated to different sites or different departments/functions/processes within a single site'?	Multiple site examples: Document control issues such as documents not readily available all sites; nonconformities issued at one site not evaluated as closed at all sites; internal audits not performed in accordance with audit plan at all sites. Single site examples: : Measuring equipment found out of calibration in various departments, internal audits not performed in accordance with the internal audit plan at different sites, performance information not up to date in various processes, customer complaints not addressed in relevant functions. Major Nonconformities are defined in 3.3. Classification of NCs will be based on auditor judgment; observed conditions shall take into consideration if the issue is an isolated incident or is a systemic issue.
13	115	4.1.1.1	The standard clause 4.1.1.1 states "the CB shall require the organization to provide information if any activities, programs, specifications and/or areas are not accessible because of restrictive or confidential natures" and "the scope of certification shall not include processes that were not audited to sufficient depth to verify the organization's conformity, including the determination of effectiveness". However they may be included if the processes can be proven to be similar to processes that were assessed and the same QMS procedures and controls are invoked." The main question is "how can I determine effectiveness and that they are truly using the same procedures, etc. if I do not have access to see them or the records"?	If access is not permissible, it will be up to the auditor to determine similarity by interviewing personnel, available records, and or procedures to draw this conclusion. If the auditor cannot make such a conclusion coordinate with the CB not to include the program or processes in the scope of the audit. Note: Audit planning may include access permission or security clearances arranged prior to Stage two or any onsite audit. Proprietary Information Agreement (PIA's) may also be included between the CB and the client
14	32	4.1.2	Is there a direct relationship between the major and minor nonconformity definitions and the effectiveness measurements defined in the document?	No. See 4.2.2.5.3 for evaluation of effectiveness.

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15	33	4.1.2	Why 'Configurations audits' are not one of the approaches as defined in section 4.1.2?	9101 standard is the requirements for auditing, regardless of the audit scope. Configuration audit is a specific audit scope undertaken by the organization per 9100 standard.
16	34	4.1.2	Why there is no verbiage or defined approaches associated with the 'Risk Approach to Auditing' in section 4.1.2	Risk is just one element of the auditing approach. The approach to risk is covered throughout the 9101 standard with particular emphasis on audit planning and audit execution.
17	35	4.1.2	Do all 6 different audit approaches have to be used during each audit phase?	No, audit approaches are to be used as appropriate to conduct each on-site audit. These approaches are foundational to the objectives of transforming the 9101 from a checklist to a process based auditing requirements document.
18	36	4.1.2.1	How shall the audit team document whether customer satisfaction is adequately evaluated and appropriate actions are taken by the organization	Document the objective evidence on Form 3 (PEAR) or in Form 2 (QMS Process Matrix Report). Any findings that are classified as nonconformity shall be documented on the Form 4 (NCR) and followed up as appropriate.
19	125	4.1.2.1 and others	Can an auditor access performance data for an organization in OASIS?? This question came up during a discussion of what they should be reviewing in preparation for an audit.	No. OASIS does not contain performance data. Performance data would have to be obtained from the organization during Stage 1 or surveillance/recertification audit planning and/or on-site audit phases.
20	38	4.1.2.3	Is the verification of customer specific targets the task of a CB audit, as this is not a defined requirements in 9100-series standards?	The auditor should be inquiring with the organization if a customer has imposed specific performance targets and if "yes", review performance against those targets in order to determine if there is conformance with the following requirements of 9100-series standards : a. monitoring and control of processes is effective (4.1), b. there is a focus on the customer (5.2), c. monitoring of customer satisfaction (8.2.1), and d. continually improve the effectiveness of the quality management system (4.1, 8.4).
21	40	4.1.2.4 & 4.2.1	How shall an audit address 'customer concerns'?	Audit planning should include evaluating actions taken to address 'customer concerns' such as customer complaints and OASIS feedback. These are inputs that can influence the audit plan. These can be audited at a (next) surveillance/recertification audit or by a special audit (see 9101 4.3.6)

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22	56	4.1.2.5	Where are the special processes as operated by an organization recorded?	Special processes shall be identified during the stage 1 and recorded on the Stage 1 audit report. See Form 1 of the new 9101 standard and for surveillance and recertification audits, audit planning activities (see 4.2.1) require that any change in processes shall be identified and recorded on the Audit Report (ref. Form 5). Audited special processes have to be recorded in Form 3 (PEAR).
23	41	4.2.1	Why customer specific QMS requirements shall be audited?	9100-series standards (4.1) states 'The organization's quality management system shall also address customer and applicable statutory and regulatory quality management system requirements. The aim is that the QMS requirements of customers are included in the audit, to reduce the need for additional QMS audits by the customers.
24	42	4.2.1	Can you give examples of customer specific requirements?	Requirements related to: the use of 9102, traceability, NC management, role MRB, use of customer approved suppliers, record retention, requirements flow down to suppliers, etc.
25	43	4.2.1	How has an auditor access to customer specific requirements?	Pre-audit information, contract files and/or purchase order notes all provide insight into customer specific requirements The audit team has the right of access to files related to contracts.
26	44	4.2.1	Shall the audit team check the customer related percentage of the companies' activities?	No, the audit team shall use the customer related amount of work/activities to prioritize the audit activities 'pro rata'.
27	45	4.2.1	Shall requirements from the authorities be audited?	The applicable statutory and regulatory quality management system requirements shall be addressed (See 9100-series standards 4.1). If audit trails lead the audit down that path, the results of "authorities" audits can be used to evaluate other parts of the QMS such as corrective action, Internal audits and management review. If a company is approved by an aviation authority, the CB audit shall not duplicate the authorities audit.
28	143	4.2.1	Does the (lead) auditor need all information as indicated before each surveillance audit?	No. The information listed in the 9101 standard is referred as "should" (recommendation), not "shall" (requirement). The (lead) auditor can also use the previous information.
29	127	4.2.2.1	4.2.2.1 h) 9101 Does this mean each special process has to be audited annually?	No. Only those special processes as identified in the audit plan.
30	144	4.2.2.2	Opening meeting by team leader (TL)? What to do with an opening meeting on a site when the site is not visited by the TL but by an AEA only?	In most cases, TL would expect AEA at each site to conduct a site specific opening meeting. Site specific personnel need to be informed of the important issues covered by 4.2.2.2. Audit team still need to ascertain important site specific information about the site. E.g. Health & Safety issues etc.

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31	145	4.2.2.4	Where and how various auditing approaches should be defined in the audit plan? Can you give examples?	The audit shall be conducted in accordance to the audit plan, but there is no requirement to define the audit approaches in the audit plan, Use appropriate audit approaches (see clause 4.1.2.1 through 4.1.2.6 for examples).
32	52	4.2.2.5	What is the level of detail for processes to be recorded on the PEAR form?	It should be the processes determined by the organization and covered within the audit plan. On all organization processes sampling is allowed: not to deep level, not to high level; examples: purchasing, production planning, design, assembly of a specific product line, etc.
33	53	4.2.2.5	Why also record objective evidence for conforming situations, and not only for nonconforming situations?	For 2 reasons: 1. To have objective evidence that the situation was audited, 2. To fulfill the requirements of 17021, a.o. 9.2.3.1 and 2, in a standardized way.
34	101	4.2.2.5	When recurrence of NC during consecutive audit should lead to major NC?	When the same or similar NC is identified at the same location during one audit and the following audit. Repeat of issue demonstrating the corrective action and/or continual improvement processes are not effective.
35	102	4.2.2.5	There is no direction provided in the standard to issue NCRs for the effectiveness level “2” rated as per Process Evaluation Matrix.	NCRs are the results of nonconformities identified during the audit in relation to process realization and/or process results (see 9101 standard clause 4.2.2.5.1 and 4.2.2.5.2). NCRs are not the result of the process effectiveness level.
85	-	4.2.2.5	Please provide guidance for the Process Realization descriptions contained within the Process Evaluation Matrix.	For the description ‘the process is not defined, implemented and planned activities not realized’, it means the auditor found processes and procedures that were not defined and/or not implemented resulting in a significant lapse in conformity identified during the audit of the process. For the description ‘the process is defined, implemented and planned activities not fully realized’, it means the auditor found processes and procedures that were defined and implemented, however some lapses in conformity were identified during the audit of process. For the description ‘the process is defined, implemented and planned activities fully realized’, it means the auditor found processes and procedures that were defined and implemented, and full conformity was identified during the audit of process.

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36	141	4.2.2.5	Do I have to raise a major NCR against clause 4.1.c and/or 4.1.f when the effectiveness level of the process is rated a "1"?	When a process is rated level 1 [as recorded on the Process Evaluation Matrix], sufficient evidence would have been collected during the audit of the process to support an NCR against 9100-series standards 4.1.c and /or 4.1.f. The intent of the standard is to remind the auditor that a major NCR against 9100-series standards 4.1.c and/or 4.1.f should have been written.
37	116	4.2.2.5	If a regulatory audit (or customer audit or others) has taken place and NCR's have been written, we go out to audit and discover the same issue - should a NCR be written by us as the certification body auditors (if the corrective action has not taken place)?	Yes, the CB auditor shall write NCR's if the corrective action has not taken place as scheduled.
38	129	4.2.2.5	PEAR is to be completed and entered into OASIS in what language? English?	In the national language, as used with the other forms
39	57	4.2.2.8	Can existing special processes being excluded from the audit?	Yes - Special processes (7.5.2) is an excludable clause (ref. ISO9001 and 9100 1.2 "exclusions are limited to requirements within Clause 7"). Naturally, the exclusion shall not be accepted by the CB as justifiable for production organizations that operate special processes needed to fulfill aerospace customer contracts.
40	58	4.2.2.8	Do for each special process, the validation records have to be verified, especially in cases where organizations run many special processes, this can not be fulfilled within the timeframe of the audit plan?	The extent of coverage of special processes will be taken into account during the audit planning process. Sampling is allowed.
41	120	4.2.3	Where are the "rules" for the OASIS database? Is there somewhere that gives good clear directions for the Certification Body Administrative folks about OASIS?	The 'rules' for OASIS uploads are in 9104-1. OASIS itself provides Help files and guidance. Also there is a detailed training package for data entry personnel available. This is posted under Help/Guidance.
42	64	4.2.4	Do I have to be onsite to verify the corrective action has to be verified for its effectiveness?	Not always needed, e.g. in case of a document change that can be done off site. See also see 17021 9.1.12 & 13 and 9.3.2.1 b).
43	65	4.2.4	Is there a difference of Nonconformity Management between "Major nonconformity" and "Minor nonconformity"?	No, Major and minor Nonconformities are managed the same. Classification of NC's assists the organization to prioritize issues to be addressed.
44	66	4.2.4	Clarify the impact of "Major nonconformity" to the assessed organization.	The impact should be mainly on the containment action, as the definition of a major NC indicates 'to result in the failure of the quality management system or reduce its ability to assure controlled processes or compliant products . This possible impact should be mitigated as soon as possible by the containment action. It is the audit team leader's responsibility to determine the possible consequences of the NC's, e.g. on certification status, see 4.3.4.

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45	67	4.2.4	Why there is no indication as to the amount of days that the corrective action needs to be available to the Lead Auditor when there is no containment actions required?	See 4.2.4 b) "The organization is required for correction, corrective action(s), and corrective action plans within a maximum of 30 calendar days from the end of the on-site audit." See FAQ #67
46	68	4.2.4	Why non conformities have to be corrected within 30 days from the end of the on-site audit while systemic issues typically take longer than 30 day?	Systemic issues don't have to be corrected within 30 days. Only the **corrective action(s) and corrective action plans** have to be agreed between CB and organization. In some cases implementation can take longer.
47	69	4.2.4	Why the "Evaluation and closing of the corrective action plan and associated corrective actions relating to a nonconformity shall not be performed during the audit in which the nonconformity was issued."	The time needed for **root** cause analysis etc. normally takes a thorough analysis by the audited organization and implementation time. Also, review by the auditor of corrective action, root cause an implementation would take away time from the audit itself.
48	132	4.2.4	4.2.4 c) If agreement is not reached within 30 days from the end of the on-site audit although the organization is adequately reacting, can the CB allow the organization for some extra time?	Agreement within 30 days is a "requirement", but the CB may allow the organization some extra time in exceptional circumstances providing the agreement is being actively managed.
49	126	4.2.4	If agreement is not reached (within 30 day per 4.2.4c) will the CB be noncompliant?	If the organization is not or not adequately reacting and the CB is actively pursuing agreement with the organization, the CB would be considered in conformance.
50	147	4.2.4	See Note: why also the 'correction' on a nonconformity may be reviewed during the audit? This should be removed.	This NOTE (Information marked "NOTE" is for guidance in understanding or clarifying the associated requirement) is not a requirement. Verification of containment or correction is at the discretion of the audit team. It is an opportunity for the audit team to observe how quickly the organization reacts should immediate containment or correction be necessary.
51	103	4.3.1	Pre audit clarification: what pre-audit activities can be done on-site during the stage 1?	Pre-audit activities as defined in 9101, Figure 1 and ISO 17021, are performed prior to Stage 1 audit, otherwise the Stage 1 audit cannot be adequately prepared and conducted.
52	72	4.3.1 & 4.3.2	Who is paying for the CB pre-audit activities and stage 1 activities?	This is normally the client, as negotiated between CB and client. Stage 1 is an integral part of the certification activities as described in 17021 and therefore not specific for 9101.
53	73	4.3.1.1	What is the purpose to record revenue as a proportion of total revenue-for what purpose?	The information is used to formulate the percentage of business as an input to the time spent by the audit team in proportion to the level of business. See linkage to 4.2.1 Audit Planning.

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54	74	4.3.2	Does the verification of the readiness of the system for certification include the review of the organizational structure and the responsibilities/accountabilities?	Yes, see also 4.3.2.2 on collection of sufficient information.
55	134	4.3.2	Is there a limit to the number of Stage 1 audits that could be conducted? We thought, "No" as each Stage 1 audit is a beginning to the process of certification and each is a start from the beginning.	There is no limit to the number of Stage 1 audits, however one Stage 1 audit should be sufficient. If during the (scheduled) audit days for the stage 1 audit, time is not sufficient, additional days should be used. Postponement of the Stage 1 audit by the organization or CB (for whatever reason) may also result in a completely new Stage 1 audit.
56	75	4.3.2.2	Should there be evidence of internal audits of all procedures, including all internal and external QMS requirements as the internal audits are normally based on status and importance of the company's processes?	No, only the "processes"(e.g. 4.1 a). and 'procedures' as meant in 9100:2009. There should be evidence of the internal audit program and fulfillment of these planned activities to satisfy this aspect of Stage 1 planning.
57	76	4.3.2.2	Why the requirement "evidence that the requirements of the applicable 9100-series standards are addressed by the organization's documented procedures established for the quality management system (e.g., by referencing them in the quality manual or by using a cross reference) is now in 9101 since it was removed from 9100:2009? Unless they mean only those sections that require a procedure.	It is removed from the 9100:2009 but it is now in 9101:2009, as an 'e.g.' to facilitate the work of the audit team. 9101 writing team's opinion is that it would take too much time for the audit team to find this out (time to be paid by the client).
58	77	4.3.2.3	Why 'export limitations/controls [e.g., International Traffic in Arms Regulations (ITAR), Export Administration Regulation (EAR)]' have to be reviewed by the audit team?	These don't have to be reviewed but only addressed, in how far they would limit access by the audit team to certain areas, processes or documents.
59	135	4.3.2.3	A lot of discussion continues to be generated on "Design Responsible," vs. "Not Design Responsible." Largest concerns centered on the situation where the customer is design responsible however the organization has some design processes that feed information to the customer. In that case can the organization exclude design even though they have process performing design tasks?	No, the exclusion shall not be accepted by the CB as justifiable for organizations that perform design tasks needed to fulfill aviation, space and defense customer contracts.
60	151	4.3.2.3	What is the difference between 'direct ship' and 'direct delivery'?	It depends on the Airworthiness Authorities (FAA/EASA). See ARP/EN/SJAC 9107 and 9114.
61	152	4.3.2.4	Must there be a formal statement recorded on the readiness of the organization, after the organization has addressed all areas of concerns from the stage 1?	No, the 9101 standard doesn't require a formal statement to be recorded however the auditor needs to confirm and document if the organization is ready to proceed to Stage 2 by responding (Yes/No) in Form 1 – Audit Report (Stage 1).

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62	153	4.3.2.4	Why the CB has to determine preparedness for the stage 2 and not the lead-auditor? It is after all his responsibility, or not?	The audit team leader has the responsibility to recommend the readiness for the stage 2 audit. The CB determines preparedness for the stage 2 audit based on the recommendation by the audit team leader as stated on Form 1 – Audit Report (Stage 1).
63	78	4.3.3	Why the stage 1 and stage 2 audit shall not be performed on the same day or consecutive days?	The reason is that it cannot be foreseen before the stage 1 audit that the organization is ready for the stage 2 audit, i.e. there might be areas of concern. So, the stage 2 visit can only be scheduled after the stage 1 in order to ensure that there is sufficient time for the organization to take appropriate action to eliminate possible areas of concern.
64	130	4.3.3	What if it is not possible for the same lead auditor to do the stage 2 audit (e.g. sickness, travel day and cost- Europe back to Asia for instance) - can it be done by another Lead Auditor?	The standard does not state that the stage 2 Lead auditor should be the same as the stage 1. See 9104-1 clause 8.3.2 "… The individual fulfilling the team leader role may change during the certification cycle."
65	79	4.3.3, 4.3.4 & 4.3.5	“Should all elements of the quality management system and all organization’s processes that are needed for the quality management system shall be audited for conformity (see Form 2), including determination of effectiveness.”? This is impossible to do for large organizations	There should be a sufficient sample of processes/procedures be audited covering all requirements of the QM standard to assess sufficient objective evidence upon which to base a certification/approval decision. See also 17021.
66	80	4.3.4	Why this clause does not include a requirement on the time period that the Lead Auditor will make the Audit Plan available to the audited organization, e.g. no later than 30 calendar days before the audit start date?	The timeframe is to be agreed between client and CB. 9101 should not to be too detailed, therefore the standard only indicates that the audit plan should be there before the audit starts.
67	81	4.3.4 & 4.3.5	What is the indication as to the timeframe to respond and implement corrective actions for NCR closure.	This is addressed in some detail in 4.2.4
68	107	4.3.5	If it is necessary to do a stage 1 on a recertification, i.e. with a new audit team, are these days included in 9104-1 tables for 9101 4.3.5 note 2?	Appointment of a new audit team could be a justification for a full or partial Stage 1 audit, including an on-site visit by the audit team. Reference 9101 4.3.5 If a Stage 1 audit is determined to be necessary during recertification, additional audit days shall be added to the required audit duration defined in Table 2. Reference 9104-1 8.2.2 h.
69	82	4.3.6	What is the meaning of the word “Customer” : a certified organization or a customer of the organization?	‘Customer' means here 'customer of the certified organization'.
70	83	4.3.6	Who pays for the additional special audit days to have the CB come in?	Should be part of the contract between CB and client, client should pay. There is an example of an OEM that has made it a contractual requirement with their suppliers that in the event the approval status has been downgraded from approved, the supplier is to make arrangements with their CB for a special audit.

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71	84	4.3.6	Why "objective evidence" here, as there may be situations the case for CB to conduct special audits to investigate complaints, etc. without firm objective evidence?	Certification Bodies should have some form of objective evidence such as factual data to justify the visit.
72	85	All Forms	Are the electronic forms available on a website?	Yes, they are available as editable forms in Microsoft Word format on the IAQG website. Translated report formats will become available on national level, e.g., the websites of the national ASD Trade Associations In Europe an SJAC in Japan.
73	110	All Forms	For an initial audit, the organization does not have a OIN, what should be done?	OASIS generates an OIN when the client starts entering his supplier data in OASIS. This can start before the stage 2, after the CB starts entering audit data, e.g. the stage 1 report. So, the OIN can be available before the stage 2 audit starts. Note that the stage 1 report does not ask for an OIN. But if not available when completing the forms, leave blank, until the Stage 2 report is uploaded to OASIS. The CB can add the missing OIN at that moment.
74	94	Form 1	What is the reason for the detailed information on "Aviation, Space and Defense" and "other" as well as the separate call out of workforce?	Information is needed for audit planning (including calculation of audit duration). Stakeholders and IAQG member companies have declared interest to have this information.
75	95	Form 1	Do I have to give all audit results to my customers/potential customers? That should be handled by customer - supplier agreements and discussions.	No, this should only be done 'upon mutual agreement'? It should be handled by customer - supplier agreements and discussions.
76	96	Form 1	Why OTD, quality performance metrics, latest management review …requirements of 4.3.2.1 - 4.3.2.3 are not listed on the Form 1 list?	They are addressed in boxes 22 and 24 of Form 1.
77	137	Form 2	Form 2 (QMS process matrix report) instruction box 9 refers to design, manufacturing, purchasing and internal audit processes. Is it a requirement that a PEAR is raised at this level of detail?	The use of the PEAR is linked to those product realization process determined by the organization and covered within the audit plan and hence may be at any level (see also FAQ #32).
78	-	Form 2	The audited organization is certified only for 9100 standard. Is it acceptable to leave "Blank" for the box 12 of "(9110 only), or do we need to fill in each box of them?	No, in this case, use "N/A" to indicate "Not Applicable".

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79	136	Form 3 & 4.2.2.5	In completing the PEAR is it required to do a PEAR for each site of a multi site?	There is no requirement for a PEAR to be raised at each site. Process effectiveness may be documented on a single PEAR that covers more than one site where the processes are substantially the same and/or sequentially linked within the overall product realization process.
80	156	Form 3	Is it required for an organization to assist in the completion of the PEAR(s)?	Under 9101 Section 1.2 "Application", the 9101 standard shall be used by the CB for certification audits of 9100-series standards. There is no requirement in 9101 for an organization to assist in the completion of the PEAR(s) Throughout the audit process the CB auditor will engage with the organization to facilitate the collection of information in order to complete the audit reports. The CB auditor is ultimately responsible for completing audit evidentiary records, and whilst there is no requirement placed upon an organization to provide recording assistance, the auditor may request such support.
81	90	Form 4	Why the Nonconformity Report Form 4 item 13 “Due Dates” does not give any instruction related to the amount of days (Form Instruction)?	Clause 4.2.4 Nonconformity Management provides instruction regarding due dates for containment and corrective action due dates requirements.
82	122	Form 4	Note in box 14 &15: if the CB just types the person's name in (that is what they are doing now - because the Corrective Action information is sent from the client organization to them) - is that acceptable?	There are various ways to do this, e.g. by putting statements such as ‘original signature on file’ when typing in names, or scanning signed documents. Finally, the method should be verified during an office assessment by the NAB/industry assessor.
83	131	Form 4	There are 2 #15's - one towards the top and one towards the bottom of the form. Could this be different persons although it didn't appear that way in the instructions?	Yes, It could be different persons.
84	154	Form 4	Does section 2 of the NCR in Form 4 need to be completed by the auditee in full or can they refer to and attach another document?	It is not permissible to simply say "see attached". Containment, root cause and corrective action should be described in section 2 on the form in full, (expanding the form as required). It is however permissible to describe the containment, root cause and corrective action in summary format provided that the full detail is annotated to the NCR via an attachment, that is also subsequently uploaded to OASIS together with the associated NCR.