INFORMATIVE CIRCULAR

Ref. DC2026SPM111 **Milan**, 07/08/2026

To all accredited and accreditation-in-progress Certification Inspection Bodies
To the Associations of Conformity Assessment Bodies
To all DCI Assessors/Experts
Their office

SUBJECT: Informative Circular DC No. 17/2026 - Summary of the main changes Introduced in the 2026 Revisions of The Accreditation Regulations of the Certification and Inspection Department

The following is a summary of the main changes introduced to the regulations following the extensive revisions carried out in spring 2022. The changes result from improvement inputs identified during assessment activities, consultations with Associations of accredited Bodies and other interested parties, as well as elements arising from EA evaluations, discussions with colleagues from other accreditation bodies within various international committee forums, the transposition of guidance issued by relevant Authorities, and updates to standards and international provisions (e.g. EA resolutions).

- **RG-01 GENERAL PART**

- **§ 0.3:** the application of DTs/RTs/Technical Circulars has been extended to all countries of operation of the accredited Body. A transitional period of three years will be provided for the adaptation of issued certificates; therefore, by the time of renewal, all previously issued certificates shall comply with any applicable requirements (e.g. RT-09);
- **§ 0.4**: the definition of “relevant site” has been amended; the types of Inspection Bodies have been removed, as they will no longer be provided for in ISO/IEC 17020:2026 upon publication; and the operating modalities of the technical expert, where present in ACCREDIA assessment teams, have been detailed;
- **§ 1.1.1:** it has been clarified that the preliminary assessment may be requested only in the case of initial accreditation for a Level 3 standard (i.e. a new accreditation standard);
- **§ 1.1.3:** additional requirements have been introduced for a Body to be accredited (e.g. that it has at least one physical site coordinating conformity assessment activities, etc.), and it has been clarified that the initial conditions must continue to be met in order to maintain accreditation once granted;

- **§ 1.1.4:** the possibility of applying territorial limitations to the accreditation has been added;
- **§ 1.2.1:** it has been required that the applicant Body for accreditation has at its disposal, on a stable and continuous basis, sufficient resources (both financial and operational) to demonstrate its ability to effectively oversee and manage the areas for which accreditation is requested;
- **§ 1.2.2:** it has been clarified that where the technical and financial quotation is not returned as accepted after two reminders, the accreditation application shall lapse;
- **§ 1.3.1.2:** interruption of the accreditation application following three document reviews with a negative outcome;
- **§ 1.3.2.1:** the administrative/accounting documents to which ACCREDIA assessors may have access during assessments at the Body's premises have been explicitly defined;

- **§ 1.3.2.2:** it has been clarified that, in PRD, PRS and ISP schemes, the witness assessment may be carried out jointly with the office assessment where this does not affect its effectiveness (the same principle also applies to activities for accreditation extension or maintenance);
- **§ 1.3.2.4:** it has been required that the Body include in its contracts with client organisations the possibility to suspend or withdraw certification where an organisation does not accept the execution of the assessment in the presence of ACCREDIA;
- **§ 1.3.2.5:** the possibility of interrupting the accreditation process has been introduced where more than two supplementary office assessments have resulted in a negative outcome;
- **§ 1.4.2:** the effective date of accreditation validity has been clarified;
- **§ 1.4.3:** it has been provided that, where the Body has issued certificates outside accreditation, once accreditation is obtained within the relevant field, prior to issuing them under accreditation with the ACCREDIA mark, a review shall be carried out to verify their compliance with accreditation requirements; the review and re-issuance process shall in any case be completed within a maximum of one year from the decision; it has also been clarified that no copies of accreditation certificates shall be issued in languages other than the current ones (Italian–English);
- **§.1.4.4:** it has been clarified that failure to sign the accreditation agreement shall result in the adoption of sanctioning measures;
- **§ 1.4.7:** the possibility has been introduced to interrupt an ongoing application process in the event of complaints/reports of significant severity, with the process to be resumed within 12 months, failing which the application shall lapse (the same principle also applies in the case of extension);

- **§ 1.5.1.1:** the current operational approach to accreditation surveillance has been aligned with the issuance of maintenance programmes, and the cases in which these may be reissued due to changes in the overall situation of the Body have been clarified;
- **§ 1.5.1.2:** at the request of EA, it has been provided that the annual risk analysis of Bodies shall also take into account the number of complaints/reports received, the number of pending assessments, and whether the Body operates in non-accredited areas that may have an impact on accredited areas (e.g. voluntary certificates in notified fields); it has also been clarified that, where requested prior to the execution of office assessments, the Body shall arrange a meeting between ACCREDIA assessors and an agreed sample of its auditors/assessors;
- **§ 1.5.1.3:** it has been clarified that unscheduled accreditation surveillance activities may also be initiated at the request of public Authorities or supervisory bodies to carry out appropriate investigations and/or in response to indications of critical or potentially critical situations;
- **§ 1.5.1.3.1:** the requirements for the execution of unannounced assessments have been detailed, incorporating the guidance developed by the Steering and Guarantee Committee;
- **§ 1.5.1.3.2:** the requirements for the execution of mystery audits have been detailed, incorporating the guidance developed by the Steering and Guarantee Committee;
- **§ 1.5.1.4:** the possibility has been introduced to intensify in-person or blended assessments based on the outcome of the risk analysis; it has also been clarified that, in order to fully implement the indications of the ACCREDIA CIG, where such modality is applied, also the Body's personnel holding "key" functions shall be physically present;
- **§ 1.5.1.6.2:** it has been clarified that inadequate management of the flexible scope may lead to the adoption of sanctioning measures;
- **§ 1.5.1.7:** the process for transfer of accreditation between ABs has been fully revised and, in particular, it shall in no case be carried out solely through document review alone;
- **§ 1.5.1.8:** the concept of "changes in the organisational structure" has been introduced, and the management modalities have been detailed for cases involving trust companies, holding companies and investment funds;
- **§ 1.5.2.2:** the cases in which accreditation prolongation may be applied have been detailed, together with its maximum duration, and it has been clarified that, in any case, the renewal assessment shall have been carried out prior to the original certificate expiry date;
- **§ 1.8:** provisions on cross-frontier accreditations and multiple accreditations have been included in a dedicated section, with the clarification that the Body may not object to subcontracting within the EA Region nor contest the fees applied by other accreditation bodies; the management of potential breaches of legal requirements and the handling of ACCREDIA findings have also been described (previously included in the definitions section); in this regard, the purpose of analysing the extent of

the deficiency has been further specified, and it has been clarified that root cause analyses shall be structured and shall effectively identify the root cause of the issue detected;

- **§ 1.9.1:** the application of minor sanctioning measures has been introduced, including the strengthening of surveillance activities, and it has also been provided that such measures may apply where the Body has failed to make itself available to carry out scheduled surveillance activities within the required timeframe;
- **§ 1.9.2.1:** the cases in which major sanctioning measures may be applied have been supplemented (e.g. misuse of the NO number, failure to resolve a minor sanctioning measure, rejection of a findings management plan for at least three consecutive times, issuance of attestations in activities subject to accreditation, etc.); it has also been clarified that immediate scope reduction or withdrawal shall apply in the event of serious ethical or professional misconduct situations;
- **§ 1.9.2.3:** in the event of suspension, the permitted management of already issued and still valid certificates has been clarified; it has also been established that participation in public tenders / funded projects involving the performance of accredited conformity assessment activities shall be prohibited for the duration of the suspension period;
- **§ 1.9.2.6:** the cases in which scope reduction or withdrawal is applied in first instance have been detailed (e.g. unlawful conduct reported by competent Authorities, etc.); in cases of withdrawal due to fraudulent behaviour, new applications submitted within four years from the same subject or from any other entity sharing the same ownership/governance structure shall not be accepted;
- **§ 1.9.2.7:** the modalities for the transfer of MS/PRD certificates following major sanctioning measures have been detailed;
- **§ 1.9.3:** the maximum duration of self-suspension has been reduced from 12 to 6 months, and it has been provided that, where requested following critical situations identified by ACCREDIA, it may be converted by the relevant CSA into a major sanctioning measure of a different duration;
- **§ 1.10.1:** a maximum duration of 12 months for the management of complaints/reports has been introduced, in alignment with the current procedure of the Body;
- **§ 1.10.2:** it has been clarified that reservations may not be submitted after confirmation of the assessment outcome i.e. together with the findings management plan, and that they shall be clear and substantiated in order to be assessed;
- **§.1.11:** the obligations of the Body have been further supplemented (e.g. introduction of the concept of strict liability of the Body, obligation to notify cases of cyber-attacks, obligation to inform in case of use of AI systems, prohibition of including claims related to other certifications within scopes pertaining to different schemes, etc.);
- **§.1.12:** the obligations of ACCREDIA have been further supplemented (e.g. prohibition of granting accreditation in countries subject to sanctions recognised or adopted by the Italian Government,

possibility to discontinue accreditation services where they are deemed not accreditable at international level, prohibition of granting accreditation against standards in DIS or FDIS status, etc.).

- **RG-01-01 MANAGEMENT SYSTEM CERTIFICATION**

- **§ 1.3.2:** in accreditation and extension processes, it has been provided that the office assessment shall be carried out when the Body has at least one active case for each scheme covered by the application; otherwise, the process shall first include the execution of a witness assessment; this requirement incorporates provisions from IAF MD 16 for the FSM scheme; it has also been extended to all MS schemes where the witness assessment is not performed prior to the accreditation decision, establishing an obligation to carry it out within 18 months;
- **§ 1.4:** the Technical Areas for which accreditation is granted under the EnMS scheme have been detailed;
- **§ 1.5.1.2:** the extent of assessments to be carried out under the various schemes and the factors that may lead to an increase (including with respect to the timelines defined in specific Circulars) have been detailed;
- **§ 1.11**: the information/documents that the Body shall submit to ACCREDIA in the event of incidents occurring at certified organisations have been supplemented and clarified;
- **§ 2.2.3**: in cases of major sanctioning measures, it has been required that the incoming Body shall carry out Stage 2 at the organisation for which the certification is intended to be transferred;

- **CERTIFICATION OF PERSONS RG-01-02**

- **§ 1.2:** it has been clarified that additional requirements to a certification standard constitute a proprietary scheme, to which the provisions of procedure PG-13-01 apply (submission for approval to the CdA/CD);
- **§ 1.3.2:** the duration of the witness assessment is determined by the number of candidates, the composition of the examination committee and the profiles subject to examination;
- **§ 2.1:** the requirements to be fulfilled in order to demonstrate the separation between certification activities and training activities have been detailed;
- **§ 2.1.1:** the requirements to be included in the contract between the Body and the examination centre have been detailed (e.g. monitoring audits, control of marketing activities, etc.);
- **§ 2.1.2:** the requirements to be fulfilled by the certification scheme have been detailed (e.g. maximum duration of each examination, methods for managing any pass thresholds, characteristics of examination materials, etc.);
- **§ 2.1.2.1:** requirements for the execution of remote examinations have been introduced (e.g. use of examination platforms equipped with proctors validated for the specific use, integrated with anti-cheating modules to prevent the use of agentic AI, in compliance with data protection legislation, etc.);

- **§ 2.1.5:** a dedicated section on European and international references for proprietary certification schemes has been introduced.

○ PRODUCT CERTIFICATION RG-01-03

- **§ 2.1.1.3:** EA TMB Resolution 2026 (25) 02 has been incorporated, establishing that a claim relating to a Protected Designation of Origin (PDO) and/or Protected Geographical Indication (IGP) may not be included within the scope of a process certificate relating to food safety;
- **§ 3.1:** the requirements of ISO/IEC 17067 that the Body shall demonstrate to apply in defining a certification scheme have been detailed; it has also been clarified that first- or second-party assessment of a non-accredited laboratory for the purpose of verifying conformity with ISO/IEC 17025 shall not replace accreditation activities, and therefore no specific attestation in this regard may be issued;
- **§ 3.1.1:** requirements for the execution of remote audits have been introduced, establishing that audits shall be carried out on-site except where otherwise permitted by ACCREDIA Circulars or proprietary schemes.

○ INSPECTION RG-01-04

- **§ 1.2:** it has been clarified that, at the accreditation application stage, the Body shall propose the formulation of the accreditation scope for the inspection activities for which accreditation is requested, taking into account the guidance set out in ILAC G28; it has also been clarified that “stand-alone” sampling activities are subject to accreditation as a testing laboratory and not as an inspection body;
- **§ 1.3.2:** it has been clarified that, within the accreditation process, one witness assessment shall be carried out for each inspection activity included in the requested accreditation scope (the same principle also applies to maintenance activities);
- **§ 1.6.2:** it has been required that the application for extension be completed with due care, clarity and completeness;
- **§ 2.2.5:** it has been required that the Body define the competence criteria of inspection personnel in relation to its areas of inspection activity, taking into account specificities related to fields, ranges and requirements;
- **§ 2.7**: it has been clarified that the inspection report shall be reviewed and approved by the Technical Manager also in the case of prolonged inspection activities carried out over time and involving multiple inspectors;
- **§ 2.10**: it has been prohibited for an Inspection Body to be certified according to ISO 9001;
- **§ 2.11**: requirements for the execution of remote inspection activities have been introduced, establishing that they shall be carried out on-site except where otherwise permitted by ACCREDIA Circulars or proprietary schemes.

Specific requirements have been removed as, for the relevant operational areas, they are contained in the applicable circulars referenced within the document (ref. LS-12 and LS-14).

It is further considered necessary to clarify that, as of the date of submission of these revisions, the codification of Global documents is not yet available and therefore the revisions of the regulations will continue to reference the current IAF and ILAC designations, with the following note included in RG-01 General Part:

"**Wherever this document and the specific scheme regulations refer to a document issued by IAF and/or ILAC, this shall be understood as also including any subsequent version issued by Global**".

ENTRY INTO FORCE OF THE NEW REVISIONS:

- for new legal entities submitting an application for accreditation, including any transfer of accreditation ownership: 1 May 2026;
- for all legal entities accredited as of 30 April 2026: a six-month transition period, with effective application from 1 November 2026.

The above information, together with this summary, shall be communicated to the Bodies in a dedicated Circular, along with the versions of the Regulations, whose amendments will be highlighted, as usual in the final versions, by sidebars.

Best Regards.

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Deputy Director Department

Certification and Inspection

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