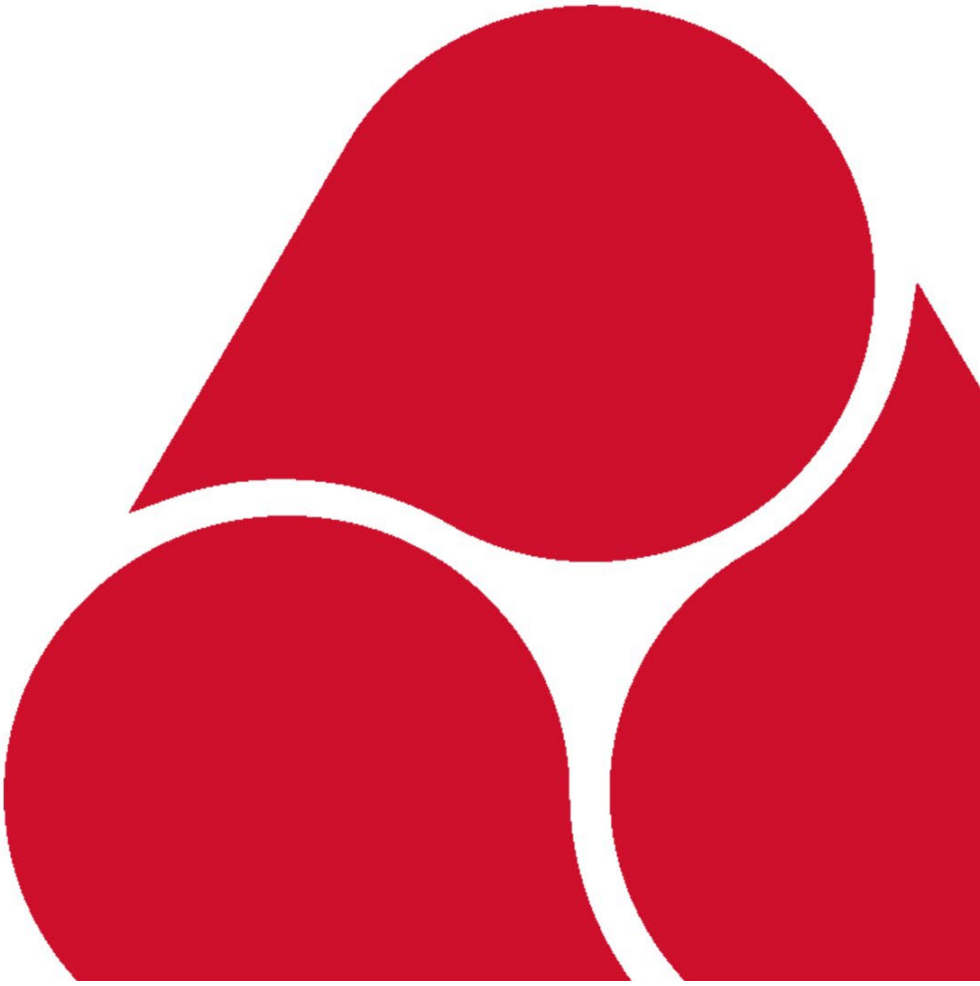
Office for Product Safety & Standards

Protocol for Peer Auditing of Local Authority Approved Bodies

Weights and Measures

December 2024



Introduction

This protocol lays down a framework through which Local Authorities (LA) can operate as Approved Bodies for Module F conformity assessment under the Non-Automatic Weighing Instrument Regulations 2016 or Measuring Instruments Regulations 2016. A Local Authority approved body holding a designation issued prior to January 2021 that included Measuring Instruments Regulations 2016 Module A2, may also use this protocol to complete their independent audit.

'Local Authorities' means a weights and measures authority as defined in section 69 Weights and Measures Act 1985, however the authorities can be organised as a single Approved Body in several ways, such as:

- A single local authority with their own competent staff
- A group of local authorities under a single lead authority using competent staff from each member authority
- A group of local authorities operating through a separate legal entity using competent staff from each owner authority

The local authority or group will need to develop and maintain a quality management system with document control to deliver the approved body verification activities as expected of a conformity assessment approved body in accordance with the principles set out in BS EN ISO/IEC 17020:2012.

This protocol requires the applicant to undergo an initial peer assessment of the full quality system using the checklist in Annex 1. Once complete the assessment and findings of the peer auditor are submitted to the Secretary of state for consideration. If acceptable the applicant shall be issued with a designation letter that will list the scope of approval and contain all terms and conditions in relation to the appointment.

A re-assessment of the entire quality system is required to be completed every four years, interspersed with annual surveillance audits focusing on three random aspects from the checklist each time, with all aspects covered over the three years that surveillance audits are carried out.

Audits

The four yearly re-assessment will consist of a complete audit of the entire quality system based on all seven points in the checklist, and the results will be formally submitted to OPSS by the auditor. The re-assessment audits are to be a comprehensive check of the Approved Body with the auditor recommending if the audited Authority is still suitable to maintain their status.

OPSS shall review the peer audit and recommendation. If satisfied an administration charge will be made at a cost of £225 to the Approved Body. A purchase order shall need to be raised and sent to OPSS accordingly. Once payment has been received a confirmation letter will be issued to the Approved Body confirming their status has renewed for a further four years, subject to terms and conditions in the most recent designation letter.

The annual surveillance audit will consist of a check of three out of the seven points in the audit checklist (Annex 1). A copy of the audit and findings should be sent to OPSS for review. All seven aspects must be covered at least once in any of the three surveillance visits in any four yearly re-assessment cycle.

OPSS will review and if satisfactory send a confirmation email to the Approved Body confirming they can continue to operate as an Approved Body. No charge will be made for this process.

Audit Process

Auditors will conduct the audits on a similar basis to an ISO 9001 audit. The full audit must include the points within the checklist in Annex 1. Each auditor should be familiar with the two relevant standards:

- BS EN ISO/IEC 17020:2012 – Conformity assessment. Requirements for the operation of various types of bodies performing inspection
- BS EN ISO/IEC 17025:2017 – General requirements for the competence of testing and calibration laboratories

Auditors for initial assessment or re-assessments shall be competent lead auditors and will have attended and passed a recognised lead auditor course, have experience of internal and external assessments, have experience in management of teams for internal or external assessment activities and understand legal metrology. They will not be required to be on the IRCA Register (International Register of Certificated Auditors).

Auditors carrying out surveillance audits shall be studying towards auditing qualifications, possess experience of internal auditing and understand legal metrology.

Local authorities must notify OPSS of the selected auditor in advance of the full re-assessment audit taking place.

An auditor assessing a LA Approved Body containing more than one local authority shall consider the most appropriate method for carrying out the audit which ensures the adequacy of the strategic and operational levels. This will require an auditing plan to ensure all elements of the documented quality system and competence of staff in each authority are covered over successive audits.

Staff named within the quality system identified as competent to carry out verification activities shall demonstrate competence in verification testing. They will need to be able to satisfy the auditor that they can competently carry out verification and testing as required by the product regulations. This may be done by way of a simulated demonstration if necessary.

Non Conformities

The auditor shall record any non-fulfilment of a requirement or breakdown in the quality system which requires a written corrective action. The auditor shall also record satisfactory action taken, then verified, for the non-conformity to be closed

- A Minor non conformity shall be recorded where there is a lapse in the organisation’s quality system potentially impacting on the quality of the product delivered to the customer.

- A Major non conformity shall be:
  - The absence of, or the failure to implement and maintain all aspects of one or more requirements for certification/registration.
  - A number of minor non-conformities against one or more requirements, which when combined, can represent a breakdown of the organisation's systems; or
  - A minor non-conformity that was previously issued and not addressed effectively

There may also be opportunities for improvement highlighted. These are documented statements that may identify areas for potential improvement in the organisation's system but shall not include specific recommendations nor require action by the organisation.

Examples of Major non-conformities include:

- Verification Activity
  - Instrument has not been correctly verified
  - Test result sheet not correctly completed
  - Incorrect markings affixed to instrument
- Certificates of conformity
  - No requirement within procedure to issue certificate
  - No certificates issued for verifications carried out
  - Missing certificate for individual verification
- Training Records
  - No training record in place for a member of staff performing verifications
  - Training activities missing throughout records
- Competence
  - Staff unable to competently demonstrate verification testing
- Internal Audit
  - No procedure or audit programme in place
  - No programmed audits conducted
- Organisational Structure
  - Out of date or not accurate
- Joint Arrangements
  - Individual local authorities within a group not working under a common quality system

Examples of Minor non-conformities include:

- Training
  - Training activity completed by staff member not entered onto training record
- Appeals
  - No procedure to cover appeals in relation to verification activity
  - Submitted refused verification not made aware of right to appeal

Report

The auditor will be required to produce a report in the form of Annex 2 of the findings, cross-referenced to the non-conformities found and proposed corrective action. This report must record all areas audited, not just those areas where non-conformities were found

The auditor can request OPSS to suspend the designation of the approved body if any major non-conformities are identified. The auditor may make an exception to this, or require only a partial suspension, if there are exceptional extenuating circumstances. Any corrective actions must be completed within eight weeks of the audit having taken place, with proof that the actions have been addressed sent to the auditor. Failure to complete corrective actions within eight weeks, may result in designation being withdrawn.

The report and corrective actions shall be signed off by both the auditor and the local authority representative.

The auditor is required to submit the report in writing when the auditing is complete, and any outstanding corrective actions have been implemented. The auditor must advise OPSS whether the approved body should maintain their status. This decision together with copies of the completed audit report should be submitted to OPSS in a suitable format (pdf).

Where an approved body is unable or unwilling to correct non-conformities and the advice is to suspend status, OPSS will consult with the local authority to achieve a satisfactory outcome, and where this is not possible the designation will be terminated.

On satisfactory completion of the audit process, the next audit should take place annually according to the schedule.

Administration

The local authority should ensure that they arrange for suitable peer audits in good time each financial year. Where audits become overdue, OPSS reserves the right to arrange the audit using an accredited certification body, at the local authorities cost.

OPSS reserves the right to withdraw designation where audits are not carried out as required under this protocol.

Whilst this protocol facilitates a mechanism for inter-authority auditing to take place between approved bodies. It is not recommended that reciprocal auditing arrangements take place on more than 2 occasions for the 4 yearly full re-assessment audits.

OPSS reserve the right to witness any peer audit being carried out. The local authority shall be notified if they have been selected for an observation.

OPSS shall draw up and publish a schedule of audits for local authorities approved bodies.

OPSS shall draw up and publish a list of peer auditors.

Any approved body that has their designation withdrawn under this protocol may appeal in writing to the Secretary of State, who will consider the appeal and provide their final decision within 10 working days.

Correspondence

Email subject headers should be marked ‘Local Authority Approved Body Scheme’ and sent to the OPSS email address – opss.enquiries@businessandtrade.gov.uk

Annex 1 – Audit Checklist

Re-Assessment (All sections)		**Surveillance** (Minimum of three sections)	

1) Designation letter (review conditions)

Designated name
Local Authority/group of Local Authorities
Personnel operating under designation
Scope of designation
Review scope and class of instruments
Conformity assessment tasks
Types of instrument / sub categories of instrument

2) Essential Requirements
Sub-contracting arrangements
Testing by others
Calibration by others

Independence and Insurance

3) Quality system
Manual
Procedures
Plans
Where an Approved Body is formed of a group of Local Authorities, are they operating to a common quality system?

4) Standards
Local standards, working standards, test weights, EEC Directive weights
Calibration, EEC verification of weights and other standards
Standards maintained in-house, hired-in, other arrangements
Range of standards available

5) Verification
TEC and TC where appropriate
Assessment of conformity to type
Declaration of Conformity
Certificate of 1st stage verification (if applicable)
Verification tests
Recording of the results (It is especially important that test sheets are correctly completed).

6) Application of the marks
Manufacturer i.e. UKCA or CE/UKNI marking and M mark
Approved Body Number
Certificate of Conformity

7) Competence
Evidence of staff training and knowledge
Assessment of competence to undertake initial verification

Annex 2 – Audit Report

AUDIT REPORT			
Cover sheet (only one cover sheet is needed per audit)			
LA Approved Body audited			
Auditor Name		LA Approved Body No.	
Telephone number		Date audited	
Supporting Audit Report(s) e.g. ISO 9000 or UKAS Certificate (where applicable)			
Title			
Number			
Auditor			
Print name		Signature	
Date			
Authority Representative			
Print name		Signature	
Date			
Agreement to carry out corrective action(s) by authority representative			
Print name		Signature	
Job Title			
Auditor satisfied corrective actions have been signed off and supplied with evidence corrective actions have been completed			
Print name		Signature	
Date			

Detail of activities		
Please use the audit checklist when conducting the audit ensuring all points are covered e.g. quality manual, procedures, plans or other documents		
Item Reference	**Notes**	**NCs**
1) Designation Letter		
Designated name		
Scope of designation		
2) Essential Requirements		
Subcontracting arrangements – Testing / Calibration		
Independence and insurance		
3) Quality System		
Manuals		
Procedures		
Plans		
Groups of LANB all operate from same QS		

4) Standards		
Local and working standards		
Calibration		
Maintenance		
Standards maintained in house, hired in or other arrangements		
Range of standards available		
5) Verification		
TEC and TC		
Assessment of conformity to type		
Declaration of conformity		
Certificate of 1st stage verification		

Verification tests		
Recording of results		
6) Application of marks		
Manufacturer		
Approved body number		
Certificate of conformity		
7) Competence		
Evidence of staff training and knowledge		
Assessment of competence undertaken		
Witness verification		

Opportunities for improvement (Observations**)**

Details of non-conformities				Page		of	
Item reference from activity sheet	Level of non-conformity	Description of non-conformity	Proposed corrective action			Date completed	

Contact us if you have any enquiries about this publication, including requests for alternative formats, at: OPSS.enquiries@businessandtrade.gov.uk

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https://www.gov.uk/government/organisations/office-for-product-safety-and-standards