



GSTC Accreditation Procedure

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GSTC Accreditation Procedure v.2.0

Document History

Version	Date of Approval	Description of Amendment	Affected Section/Page
1.0	1 October 2023	New Document.	N/A
1.1	29 October 2023	Document format changed. Added GSTC accreditation for destination certification. Added further descriptions to processes and procedures. Corrected grammatical errors.	Entire document
1.2	11 December 2023	Focused on correction of grammatical errors through the document. Improved clarity of expressions.	Entire document
2.0	16 February 2024	Changed the order of sections to align with ISO/IEC 17011:2017. Terminology updated ("Witness Assessment" to "Witnessing"). Combined procedural provisions regarding the Destination Certification. Elaborated clauses regarding the cooperation of the endorsed National Accreditation Body. Added new sanctions item on Table 8. Corrected minor grammatical errors and changed some expressions.	Entire Document

Document Control

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PART 1: ACCREDITATION PROCEDURE INTRODUCTION

1. Introduction

- 1.1. GSTC Accreditation Procedure is for the Certification Body (CB) that aims to apply for and maintain its accreditation status. This document addresses accreditation application, maintaining accreditation, changes in accreditation, complaints and appeals, reporting requirements, and sanctions.
- 1.2. Accreditation by the GSTC Endorsed National Accreditation Body follows the procedure set by the GSTC Endorsed National Accreditation Body, and GSTC conducts oversight activities.
- 1.3. Other applicable operational activities and responsibilities of GSTC and the CB are described in GSTC Accreditation Manual for Accommodation/Hotel & Tour Operator v.3.1.
- 1.4. As per the GSTC Accreditation Procedure, both accredited and applicant CBs are required to pay fees based on the GSTC Accreditation Fee Schedule for different occasions of the assessment.

Note: The procedure of the Accreditation for Destination Certification in this document shall be applied after publication of the Destination Accreditation Manual v.2.0

2. Responsibility for This Procedure

- 2.1. GSTC is responsible for controlling documents that relate to this procedure.
- 2.2. GSTC will continuously review, update and approve documents related to its accreditation activities as necessary.
- 2.3. Information about updates and/or changes in accreditation procedure shall be available to the CBs.

- 2.4. If those changes impact the CB's accredited conformity assessment or GSTC's accreditation service, GSTC will set an adequate transitional period and effective date of changes.

3. Key Policies for Accreditation Service Provision

- 3.1. **Service Language:** The language used for the GSTC accreditation service is English. If a CB wishes to receive accreditation services in a language other than English, the CB must provide interpretation and translation services, and the CB must ensure that the services are fair and impartial. It is the responsibility of the CB to cover the expenses of translation and interpretation services.
- 3.2. **GSTC Accreditation for Scheme Owners.** Accreditation is conducted in accordance with the Certification Body-Certification Scheme Framework of GSTC. See Annex A of the GSTC Accreditation Manual for Certification of Hotel/Accommodation & Tour Operator v.3.1 and the GSTC Accreditation Manual for Certification of Destination v.1.2.
- 3.3. **Conducting assessments and measures for incomplete assessments.** The accreditation assessment follows specific procedures in line with the CB's application or the annual assessment plan established by GSTC. If the assessment is not completed within the accreditation's validity period or is delayed beyond the periodic surveillance period determined by GSTC, GSTC will initiate the procedure to impose sanctions such as suspension or withdrawal. Refer to Section 23 for detailed criteria and procedures for sanctions.
- 3.4. **Planning and adjusting individual assessment plans.** GSTC shall appoint an assessment team consisting of a team leader and where required, assessors, trainees, or technical experts, and translators if needed. Observers may participate in an assessment if previously agreed upon by the CB, but they are not considered part of the assessment.

- 3.4.1. GSTC shall inform the CB of the composition of the assessment team and any observers, if applicable.
- 3.4.2. The CB may submit an objection against team member(s) or observers with supporting justification within 5 calendar days of receiving notification from GSTC about the assessment team.
- 3.4.3. GSTC shall review any objection(s) and may alter the team composition if it is deemed justifiable in order to mitigate or eliminate any existing or perceived COI.
- 3.4.4. Due to time constraints, CB objections against assessment teams used on Short Notice and Unannounced assessments may not be feasible. The CB shall notify GSTC promptly of CB audit dates for the assessment team composition.
- 3.4.5. GSTC shall develop an assessment plan and budget (when applicable) to cover assessment (activities, locations, personnel, techniques). Assessment plan shall be provided to the CB at least 7 calendar days before any assessment, except for Short Notice or Unannounced assessments.
- 3.4.6. In the case of the witnessing, the CB shall notify GSTC of its audit dates and audit team members at least 30 calendar days before the assessment and provide its audit plan at least 14 calendar days before the audit.
- 3.5. **Assessment Report.** A written assessment report shall be provided to the CB describing the outcome of the assessment. The report shall contain comments of competence and identify nonconformities.
- 3.6. **Classification of assessment findings and corrective actions.** Assessment findings are classified as nonconformity (NC) or recommendation (OFI). Table 1 below describes the responses of the CB to resolve nonconformities. If there is no justification for the NC, GSTC will take an action as follows:

- For an assessment based on the application for accreditation (e.g., initial, renewal, scope extension), the application will be rejected.
 - For surveillance, GSTC will initiate the procedure of suspension or withdrawal of accreditation.
- 3.7. The CB shall comply with the current GSTC Accreditation requirements at all times, including new requirements or changes to them, within the deadlines stipulated by GSTC.
- 3.7.1. GSTC shall timely inform the CB of any changes to its requirements and the transition period and effective date of the changes.
- 3.7.2. GSTC shall verify that the CBs conforms to the changed requirements prior to the effective date.
- 3.7.3. In any case, CBs shall be in conformance with the new or revised Accreditation Manual or Procedure once it becomes effective.
- 3.7.4. Once the transition to the new/revised Manual has been successfully evaluated and major NCs are closed, the Certificate will be amended with reference to the new/revised Manual.
- 3.8. **Appeals.** If the applicant CB or the accredited CB disagrees with the GSTC NCs or decision at any point in this Accreditation Procedure, they may submit an appeal, in accordance with the GSTC's Grievance Procedure for Accreditation.
- 3.9. GSTC maintains the list of applicant CBs and accredited CBs in its internal database. The list includes information such as:
- CB name;
 - Address;
 - Accreditation status;
 - Technical/Geographical scope;

- Date of the Initial accreditation assessments and Assessment report and a history of suspension, as well as contact data as specified by the CB (main contact name, address, email address, phone number, and website).

3.9.1. GSTC may publish Assessment Reports to the extent permitted by the GSTC Service Agreement.

Table 1. Classification of assessment findings and CB's actions required

Classification of Findings		Required Action by the CB
Finding	Criteria for Issuance	
Nonconformity	<p>Nonconforming accreditation requirements, including:</p> <ul style="list-style-type: none"> • the CB's conformity assessment system: <ul style="list-style-type: none"> ◦ does not address the entirety or any part of the accreditation requirements. ◦ has a process contradicting accreditation requirements. ◦ is not specific enough to address accreditation requirements. or ◦ does not ensure a stable quality system. • (if applicable) the effectiveness of the following assessment is not guaranteed. • Nonconformity can be classified as major or minor according to accreditation manual 	<p>For Desk Assessment: submit Root Cause Analysis and corrective action(s) to GSTC (assessment team) no later than 3 days before the planned office assessment date.</p> <p>For other assessments:</p> <ul style="list-style-type: none"> • documentation for corrective action(s) no later than 30 days from the date of issuance; or • submit Root Cause Analysis and Corrective Action Plan(s) no later than 30 days from the date of issuance, and documentation for corrective actions) no later than 90 days from the date of issuance.
Recommendation	<p>Opportunity for Improvement (OFI) recommended for a more effective and efficient conformity assessment system operation, which does not fall into the classification of nonconformity.</p>	No action required.

NOTE: Deviations from this rule outlined in Table 1 may be approved by GSTC, subject to clear justification. For instance, major NCs may be closed at the HO or during the witnessing if onsite verification is feasible. Additionally, a CB's request to conduct the witnessing immediately after the HO Assessment may be approved. However, in such cases, the CB must acknowledge that a second witnessing may be necessary if the findings raised at the HO need to be verified.

4. Accreditation Scope

- 4.1. The procedure covers the accreditation scope described in the GSTC Accreditation Manual for Certification of Hotel/Accommodation & Tour Operator v.3.1 and the GSTC Accreditation Manual for Certification of Destination v.1.2.

5. Outline of GSTC Accreditation Process

- 5.1. Table 2 outlines the GSTC Accreditation process and lists specific procedures for each step of the process.
- 5.2. The CB is required to facilitate and collaborate in all GSTC assessments to create a positive and professional assessment environment.
 - 5.2.1. The CB must provide unrestricted access to personnel, facilities, and documents related to the certification process, their operations, and the Scope of Accreditation.
 - 5.2.2. If necessary, access to facilities and documents shall be extended to GSTC, including the Affiliate Offices (AOs).
 - 5.2.3. The CB is obligated to establish binding agreements with their clients to ensure GSTC's access to observe the CB's audit activities or to conduct an on-site compliance assessment, and to guarantee GSTC's access to pertinent documents.
- 5.3. All HO, AO, Witnessing, and Compliance Assessments shall commence with an opening meeting whether performed on-site or remotely. In the case of a desk



review, the CB shall have the opportunity to request an opening meeting. For more information, please refer to the Opening and Closing Meeting Procedure.

5.4. All Assessments, including Desk Assessment, shall conclude with a closing meeting. CB shall then be provided with opportunity to seek clarification on findings including nonconformities. Any disagreements shall be discussed and, if possible,, resolved during the closing meeting. If not resolved, the disagreement shall be documented in the Summary of Findings (SOF) and the final Assessment Report. The CB is encouraged to include their senior management in opening and closing meetings, when possible.

5.5. Opening and closing meetings may be conducted remotely, if necessary with prior agreement from both parties.

Table 2. Specific procedures for each accreditation step

	Initial accreditation	Accreditation renewal	Scope extension	Surveillance
Inquiry for Accreditation (Section 6)				
Accreditation Application (Section 7)				
Preliminary Visit (Section 9)				
Desk Assessment (Section 10)				
Office Assessment (Section 11)				
Witnessing (Section 12)				
Reporting Assessment result				

(Section 14)				
Accreditation Decision-making (Section 15)	●	●	●	●
Notice of Accreditation Decision (Section 16)	●	●	●	○
 Required or mandatory  Optional or required on condition				

5.6. GSTC provides accreditation activities either in House or in cooperation with National Accreditation Bodies.

5.6.1. Accreditation cooperation with the national accreditation body (NAB) shall take place according to the country where the accreditation applicant is based in or another country according to EU Regulation 765/2008.

5.6.2. If cooperating with the NAB, the GSTC Accreditation Procedure will be aligned with NAB's procedures, as shown in Table 3 below, and GSTC will be in charge of review of applications and oversight of NAB's assessment activities.

Table 3. Accreditation Cooperation with the Endorsed National Accreditation Body

Activity	The CB based in Europe*	All other locations
Application for Accreditation	GSTC and the Endorsed NAB (GSTC will pre-review the application and pass it to the NAB when the application has all the required documents.)	GSTC
Desk Assessment	NAB	GSTC
Witnessing	NAB	GSTC
Office Assessment	NAB	GSTC

Accreditation Decision	NAB	GSTC
Oversight Activity	GSTC	GSTC

Note: Currently, GSTC cooperates with NABs only for the applicant CB based in Europe, but this may change in the future.

6. Inquiry for Accreditation

- 6.1. GSTC will provide detailed responses to inquiries for the accreditation procedures, fees, labor day(s), etc. GSTC shall also respond to questions about the contents of the GSTC Accreditation Manual. GSTC Accreditation information is publicly available on the GSTC website and can also be requested through accreditation@gstcouncil.org.

PART 2: APPLICATION FOR ACCREDITATION

7. Application for Accreditation

7.1. An authorized representative of the applicant CB shall submit a formal application using the GSTC Accreditation Application Form and send it to GSTC at accreditation@gstcouncil.org for initial accreditation.

7.1.1. **Application conditions for all applicants.** GSTC requires all applicants to ensure all conditions are met, or the application will be rejected. Applicant CB shall:

- a. be a legal entity that can be legally responsible for its conformity assessment activities;
- b. provide relevant information for GSTC conformity assessment system according to the GSTC accreditation requirements;
- c. have access to a sufficient number of competent personnel for managing and supporting the GSTC conformity assessment activities per scope of accreditation;
- d. ensure its impartiality risks are identified and controlled in order to minimize them.

7.1.2. **Additional application conditions for initial accreditation.** An applicant for initial GSTC Accreditation shall comply with the following additional conditions:

- a. applicant shall have experience in the operation of its conformity assessment system, including at least one internal audit and management review conducted and at least one conformity assessment activity completed (including simulated conformity assessment)

Note: Simulated conformity assessment means that a conformity assessment activity has been completed following the CB's service procedures from the beginning (e.g. submission of certification application) to the end (e.g. issuance of certificate), based on a virtual scenario for conformity assessment.

- b. at least two auditors (or a person who conducts conformity assessment and a person who reviews the audit result) is available for every accreditation scope applied, regardless of his/her type of contract.

7.2. Other Application Inquiries

7.2.1. Reaccreditation. An applicant for renewal of existing GSTC Accreditation shall comply with the following additional conditions:

- a. Application shall be submitted well in advance of the expiration date for timely reassessment; and
- b. GSTC has confirmed the completion of all surveillance activities as planned and the CB's corrective actions, if any, have been implemented effectively.

Note: CBs seeking Industry or Destination Certification should submit their application approximately 9 months before the end of the accreditation cycle.

7.2.2. Extension or reduction of accreditation scope. A CB can apply for extension or reduction of Accreditation Scope at any time during the Accreditation Cycle.

7.3. All information GSTC requests, including the application and supporting documentation (application package), shall be submitted in English.

7.4. Within a period of 10 calendar days from receiving the application and supporting documentation, GSTC will confirm receipt and perform a screening.

- 7.4.1. Additional information and/or clarification may be requested from the applicant CB.
- 7.4.2. The applicant shall pay the application fee invoiced with the application. If the fee is not paid, the reception of the application can be denied. Payment is required within 30 days of the issue date of the invoice.
- 7.5. At any point in the application and initial assessment process GSTC shall reject or terminate the assessment process in case of evident fraudulent behavior or lack of compliance with regulations.

8. Review of Documented Information

- 8.1. GSTC receives and reviews the application documents to ensure that all the necessary information has been provided.
- 8.2. GSTC considers the application process finalized after the CB has submitted application or other additional information and made full payment of the application fee. GSTC shall initiate the application review process within 60 calendar days after finalizing application.
- 8.3. Rejection of Application
 - 8.3.1. GSTC shall reject the application if any of the following cases apply:
 - a. Legal compliance issues are identified
 - b. the CB intentionally provides false information;
 - c. the CB conceals information;
 - d. regulatory and safety restrictions could hinder GSTC's implementation of its oversight, accreditation, or services;
 - e. risk associated with the business relationship with the applicant is unacceptably high.

- 8.3.2. GSTC shall provide justification to the CB for the reasons of rejection of application.
- 8.3.3. Should the CB decide to reapply for accreditation following a rejection the application process is re-implemented (see 7.1). GSTC reserves the right to enforce an interval period up to 2 years before reviewing a new application from a previously rejected entity.
- 8.4. Upon application acceptance, the CB shall sign the GSTC Service Agreement.
- 8.5. If, during the application process, the CB wishes to withdraw for any reason whatsoever, that CB shall notify the GSTC in writing.
- 8.6. Changes to the existing or applied Accreditation Scope are only possible if the CB submits a formal scope extension/reduction application, as detailed in Section 21 for Scope Extension and Section 22 for Scope Reduction.
- 8.7. GSTC may propose a reduction in the Scope of Accreditation based on the results of a relevant assessment as detailed in Section 22.
- 8.8. If there are significant changes in any aspect of the applicant's status or operations during the application process, GSTC reserves the right to mandate the submission of a new application, along with the payment of a new application fee. Significant changes include but are not limited to alterations to the CB's structure or procedures, which may require new documentation and processes, thereby extending the time needed for the GSTC Accreditation assessments.
- 8.9. **GSTC resource review.** GSTC reviews its resources to determine whether appropriate assessments and accreditation decision activity can be conducted at the proposed time or within the proposed deadline, considering the resources of GSTC. GSTC will consult with the CB to make appropriate adjustments in assessment or accreditation decision making date.

PART 3: ASSESSMENTS

9. Preliminary Visit

- 9.1. Upon applicant request, GSTC can plan and conduct a one-day preliminary visit in consultation with the applicant and at their expense.
- 9.2. A preliminary visit may also be decided by GSTC in the following situations:
 - a. During the application process, the applicant CB has not conducted any tangible Conformity Assessment activities or services.
 - b. GSTC deems it necessary after identifying issues or significant deficiencies in the provided information that raise concerns about the CB's capability to meet the Accreditation requirements.
- 9.3. The purposes of a preliminary visit are to:
 - a. evaluate the suitability of the applicant's Quality Management System (QMS).
 - b. confirm the Scope of Accreditation.
 - c. assess the readiness of the CB for the accreditation process.
 - d. verify the submitted documentation.
 - e. provide the applicant with a better understanding of the GSTC Accreditation process.
- 9.4. An official report will not be issued to the CB, but brief results in free form can be made and delivered to the CB upon request.
- 9.5. Throughout this process, GSTC shall exercise due care to avoid consultancy.
- 9.6. As long as no conditions for rejection of application (see Clause 8.3.) apply during the preliminary visit, the result of the preliminary visit will not have any impact on consecutive official accreditation assessment processes.

- 9.7. Upon completion of the preliminary visit, the applicant may request a change in the desired assessment dates.

10. Desk Assessment

- 10.1. Upon accepting the application, GSTC shall provide an Accreditation Application Checklist to the CB. The CB shall return it with the required supporting documents to demonstrate compliance.
- 10.2. After reviewing the Accreditation Application along with the checklist and required documents, GSTC shall carry out three types of assessments in the specified sequence: Desk Assessment, Office Assessment, and the Witnessing.
- 10.3. **Desk assessment objectives.** Desk Assessment is an evaluation of the documented management system of the CB in order to review the following and determine that the CB is ready for office assessment:
- a. Review the CB's management system documented information;
 - b. Evaluate the CB's office conditions and undertake discussions with the CB's personnel to determine the preparedness for office assessment;
 - c. Review the CB's status and understanding of accreditation requirements;
 - d. Obtain necessary information regarding the applied accreditation scope, including the CB's offices, personnel, and levels of controls;
 - e. Review the office assessment team allocation;
 - f. Provide a focus for office assessment and determine affiliate offices assessment if applicable; and
 - g. Evaluate if the internal audits and management reviews are being planned and performed

- 10.4. The desk assessment should be scheduled to occur within 30 calendar days of receiving the outlined documents.
- 10.5. **Reporting desk assessment result.** After document review, the assessment team shall write a report with preliminary findings and deliver it to the CB.
- 10.6. **Desk assessment result.** If an NC is identified during a document review, the CB shall describe corrective actions and submit the evidence to GSTC within 90 days from the notification date, up until 3 days before the planned office assessment day. Otherwise, the application for accreditation will be rejected, and application and assessment fees will not be refunded.

Assessment team reviews the responses of the CB for NCs to determine whether they are sufficient or not. If the corrective actions submitted are insufficient or unsatisfactory, further information shall be requested from the CB. Should the second round of corrective actions also be deemed insufficient or unsatisfactory, the assessor shall impose sanctions along with the appropriate justification.

11. Office Assessment

- 11.1. **Office Assessment objectives.** The office assessment is intended to verify the competence of the CB in conducting the conformity assessment activity for GSTC in compliance with all accreditation requirements.
- 11.2. The timing of the office assessment is determined in consultation with the CB, taking into account the CB's availability, the GSTC annual assessment plan (Clause 3.4.6), and where applicable, the successful completion of a desk assessment. In the case of surveillances and renewals, the office assessment shall be planned and performed before the end of the accreditation cycle.
- 11.3. It is recommended that CBs take the following actions in preparation for the GSTC Office Assessment:
 - a. review and acknowledge the office assessment plan;

- b. prepare top management interview;
 - c. allocate responsible person(s) per assessor;
 - d. confirm availability of all documents and records required for the accreditation requirements; and
 - e. prepare office equipment required.
- 11.4. An office assessment shall be conducted at all offices, such as Head Office (HO) and Affiliate Office (AO) that perform the key functions of conformity assessment activities, including the head office of the CB. Other offices must also have an office assessment within the accreditation cycle.
- 11.4.1. The frequency of office assessments for each type of CB office are listed in Table 4.
- 11.5. No later than 30 days prior to the assessment, the following documents are submitted by the CB:
- a. documentation for assignment of organizational roles, responsibilities and authorities within the CB,
 - b. auditors or personnel involved in the GSTC Certification program,
 - c. competence requirements and documentation of their qualifications,
 - d. quality management manual or procedures following the requirements set out on the GSTC Accreditation Manual,
 - e. list of certificates issued and documentation of relevant audits, and
 - f. other information requested by the GSTC.
- 11.6. **Performance of office assessment.** Office assessments shall include official opening and closing meetings under the responsibility of the assessment team leader.
- 11.6.1. Throughout the office assessment, various activities according to the assessment plan will take place. These activities include the opening

meeting, top management interview, requirements review, assessment team meeting, wrap-up meetings, and closing meeting.

11.6.2. The top management of the CB is expected to engage with the assessment process.

11.7. **Reporting office assessment result.** At the end of the office assessment, the assessment team shall present a summary of their findings during a closing meeting. These findings shall be discussed and agreed upon with authorised personnel. Any findings not agreed upon will be documented in the summary report.

11.8. **Actions to be taken for nonconformities.** The classification of possible office assessment findings and the corrective actions to be taken by the CB are shown in Table 1.

11.8.1. For any nonconformity, the assessment team shall establish a deadline for submitting the corrective action and/or corrective action plan. Before proceeding with the witnessing, all Major NCs identified shall be closed and an action plan including Root Cause Analysis, time-framed Correction and Corrective Actions for Minor NCs shall be submitted.

11.9. **Impact of office assessment results.** If the NC(s) found by the office assessment is deemed to be a serious imperfection for the CB's conformity assessment activities, then GSTC can take actions such as reassessment, follow-up assessment, additional witnessing activities, rejection of accreditation application, suspension or withdrawal of accreditation if determined necessary.

11.9.1. The CB shall complete the corrective action and submit the results to GSTC within the time limit agreed upon with the evaluation team as provided in Table 1.

11.9.2. If the assessment team finds that the corrective action submitted by the CB is not satisfactory, it will require submission of additional corrective action or taking corrective action with one more chance within a 30-day

deadline. If the result of the additional corrective action is not submitted within the specified period, or if the additional corrective action is not satisfactory, GSTC can discontinue the accreditation process and take measures such as rejecting the accreditation application or implementing sanctions.

Table 4. Office assessment frequency for each type of CB office

Type of CB's office	Assessment Frequency
Head office	Initial accreditation Every surveillance Accreditation renewal assessment
Affiliate office*	Initial accreditation Once per accreditation cycle per affiliate office
<p>* The affiliate office is responsible for performing crucial functions, overseeing personnel engaged in key functions, and/or maintaining records related to those key functions.</p> <p><i>Note: Key functions are specified in IAF/ILAC A5, clause 7.5.</i></p>	

12. Witnessing

- 12.1. GSTC shall conduct Witnessing assessments defined in the assessment plan, according to GSTC Surveillance and Sampling Procedure.
- 12.2. Witnessing carried out by GSTC are in accordance with ISO/IEC 17011:2017, 7.4.7 to achieve the following objectives:
 - a. onsite verification of effective implementation of the CB's conformity assessment and determination of certification scope assignment by the CB;
 - b. Evaluation of CB's audit team and their conformance with CB's procedures and GSTC requirements; and

- c. obtaining a representative sample of the competence of the CB across the accreditation scope
- 12.3. The types, purposes, and timings of the witnessing of GSTC are listed in Table 5.
 - 12.3.1. GSTC reserves the right to conduct the additional witnessing or alter the sequence of the witnessing. In such cases, a justification shall be provided.
- 12.4. The CB shall provide GSTC with the information on the conformity assessment activity that has been finalized or planned at least 14 days prior to the commencement of the activity so that the assigned assessment team can establish a witnessing plan.
 - 12.4.1. The CB shall bear the cost of utilizing technical expert(s) if GSTC brings technical expert(s) for an effective witnessing.
- 12.5. It is the duty of the CB to inform its client, to explain the witnessing procedure, and to obtain the documented client's agreement to the procedure. The CB is not expected to change its audit team, plan, or duration due to the witnessing. If such changes occur, the CB shall provide appropriate justification to the GSTC.
 - 12.5.1. It is the responsibility of the CB's client to inform the audit team and the GSTC assessors of all the applicable safety and security requirements in advance.
- 12.6. No later than 14 days prior to the assessment the CB shall provide to the GSTC:
 - a. audit plan with reference to audit objectives, audit team, locations, dates and expected duration of audit activities to be conducted,
 - b. audit report from previous audit (if applicable), and
 - c. relevant with the audit complaints file (if applicable).
- 12.7. Audit planning should be sufficiently flexible to permit any changes that arise as the audit activities progress.

- 12.8. Additional documents may be required individually depending on the specific case.
- 12.9. During the witnessing, the GSTC assessor(s)' activities are restricted to those of an observer, without influencing the conduct of the conformity assessments by the CB's audit team. The assessor(s) will not directly ask CB's client questions, nor provide any opinions to the audit team or client at any time. However, access to the client's documentation reviewed by the audit team shall be promptly provided to the GSTC's assessor(s) upon request.
- 12.10. Witnessing results will be delivered to the CB's audit team during the official closing meeting between the GSTC and the CB including findings (if applicable).
- NOTES: Closing meeting will not include the CB's client*
- 12.10.1. The GSTC assessment team may request and review the completed audit report and then confirm the results of the witnessing.
- 12.11. Certain types of CB audits may not be suitable for an Initial witnessing, and GSTC may reject upon justification.
- 12.12. If the required witnessing does not proceed by the due date, GSTC may dismiss the application or initiate an accreditation scope reduction or withdrawal process. However, the CB can officially submit a reason for postponing the witnessing to GSTC, and the due date may be extended for an additional 3 months or longer only if the reason is proven valid.
- 12.13. The classification of the possible witnessing findings and the corrective measures to be taken by the CB are listed in Table 1. For NCs, the assessment team shall establish a deadline for submitting corrective actions and/or corrective action plans by agreeing with either of the two options until the witnessing is completed.
- 12.13.1. To proceed to the next assessment in the sequence, all major NCs from the preceding assessment shall be closed. Minor NCs are not required to be closed in order to proceed but CBs shall have a plan approved by

GSTC, including an Action Plan or RCA and an indication of how and when these will be addressed.

12.13.2. The CB shall respond to any requests for clarification, additional documents, and/or information related to any NCs within the deadlines indicated by GSTC.

12.14. **Impact of witnessing results.** If the NC found by the witnessing is deemed to be a significant deficiency for the CB's conformity assessment activities, then GSTC can take actions such as reassessment, follow-up assessment, additional witnessing activities, rejection of accreditation application, suspension or withdrawal of accreditation as determined necessary.

12.14.1. The CB shall complete the corrective action and submit the results to GSTC within the time limit agreed upon with the evaluation team as provided in Table 1.

12.14.2. If the assessment team finds that the corrective action submitted by the CB is not satisfactory, it will require submission of additional corrective action or taking corrective action with one more chance within a 30-day deadline. If the result of the additional corrective action is not submitted within the specified period, or if the additional corrective action is not satisfactory, GSTC can discontinue the accreditation process and take measures such as rejecting the accreditation application or sanctions.

12.14.3. In case that the assessment team cannot reach a conclusion on a finding, the team shall seek for clarification to the accreditation body.

Table 5. Purpose and timing per type of the witnessing

Type	Purpose	Timing
Initial Witnessing	Initial accreditation	Typically within 3 months from the end date of office assessment for initial accreditation, but the assessment schedule will be agreed upon between GSTC and the

		CB.
	Accreditation scope extension	Typically within 3 months from the end date of office assessment for accreditation scope extension, but the assessment schedule will be agreed upon between GSTC and the CB.
Regular Witnessing	Periodic surveillance	Until the end of the due date of the surveillance cycle.
	Accreditation renewal	Until 1 month before the expiration date of the recognition validity period.
Occasional Witnessing	To confirm CB's overall competence for its accreditation scope	Anytime when applied by CB, within a valid period of accreditation.
Additional Witnessing	If the result of witnessing does not confirm adequate competence	Additionally conducted once after the previous witnessing.

13. Reassessment and Follow-up Assessment

13.1. Reassessment

13.1.1. If an assessment team comes across a critical NC during their assessment, which makes it impossible for them to continue, they will immediately inform the CB and discontinue the assessment. In such a case, GSTC will arrange for a partial or full reassessment, per the guidelines given in Table 6.

The fees charged for the accreditation processes prior to the discontinuance shall be paid by the CB.

13.1.2. If the reassessment is not made within the time limit, even though the assessment has been discontinued due to the conditions listed in Table 6, the accreditation application may be rejected, or existing accreditation may be suspended or withdrawn.

13.2. Follow-up assessment

13.2.1. Follow-up assessment is performed to confirm additional information that couldn't be confirmed or confirmed by regular assessments. This evaluation will follow the objectives and methods listed in Table 7 below.

13.2.2. If the CB provided the cause for a follow-up assessment, the fee is covered by the CB.

Table 6. Classification, conditions, and methods of reassessment

Classification	Conditions	Reassessment timing and methods
Partial reassessment	For a specific accreditation standard or scope that affects a part of the system of the CB: <ul style="list-style-type: none">- these requirements are not fully addressed; and- the part of the conformity assessment system concerned can not be validated.	Reassess the requirements or scope of the nonconforming part after one month from the assessment discontinuance and within three months thereafter.
Full reassessment	For a specific accreditation standard or scope that affects a part of the system of the CB: <ul style="list-style-type: none">- these requirements are not addressed at all; and- the part of the conformity assessment system concerned can not be validated.	Reevaluate the assessment stage corresponding to the discontinued evaluation stage (document review, office assessment, witnessing, etc.) after three months from the date of discontinuation and within three months thereafter.

Note: The reassessment schedule may be determined by agreement between GSTC and the CB.

Table 7. Objective, method, and duration/frequency of follow-up assessments

Objective	Method	Duration/Frequency
To confirm the validity of the	Desk assessment at the GSTC office	N/A

results of the corrective action submitted by CB for any nonconformities found during the assessment process	Office assessment at the CB	0.5 ~ 1.0 LD* (determined by GSTC)
	Witnessing the CB client	Depending on CB's audit plan
To review the potential impact of CB's reported changes	Desk assessment at the GSTC office	N/A
	First visit to the CB	0.5 LD
	Additional visit to the CB	1.0 ~ 2.0 LD (determined by the first visit)
Responding to the decision of the GSTC Assurance Panel	Office assessment at the CB	1.0 ~ 2.0 LD
	Witnessing the CB's client	At least once (depending on the CB's audit plan)
To confirm validity of the results of the corrective action against sanctions imposed	Office assessment at the CB	0.5 ~ 1.0 LD (determined by GSTC)
	Witnessing the CB's client	Depending on CB's audit plan

Note: No charge of assessment fees for the desk assessment at the GSTC office.

** LD(Labor Day) is the time spent per the GSTC Assessor on the assessment task.*

14. Reporting Assessment Result

- 14.1. For all types of assessments, the SOF shall be submitted to the CB no later than two weeks after the closing meeting. The report shall contain comments on conformity and identified nonconformities.
- 14.2. The CB shall have one week to file EOF to the GSTC.
- 14.3. Each report undergoes a Technical Review (TR) that might result in modification of the grading and/or wording of SOF. Any changes shall be indicated in the final Assessment Report. This process might last up to three additional weeks.

- 14.4. GSTC shall provide the final Assessment Report to the CB within 42 calendar days of each assessment's closing meeting.
- 14.5. The CB shall return the Assessment Report to the GSTC after having filled out adequately with Root Cause Analysis, Corrections and Corrective Actions. Additional information can be found in the GSTC Findings Procedures.

PART 4: ACCREDITATION DECISION-MAKING

15. Accreditation Decision-Making

- 15.1. GSTC makes accreditation decisions for initial accreditation, extension/reduction of accreditation scope, and suspension/withdrawal of accreditation based on the result of accreditation assessments and review of other related information.
- 15.2. GSTC operates the Assurance Panel (AP) consisting of external professionals in order to maximize our objectivity and impartiality in the accreditation decision-making process.
- 15.3. The AP is responsible for the following decisions:
 - a. initial accreditation;
 - b. accreditation renewal (reaccreditation);
 - c. extending/reducing technical scope; and
 - d. sanctions, including withdrawal and suspension.
- 15.3.1. When rendering the accreditation decision, the AP serves as a representative of GSTC, and the decision is thereby ascribed to GSTC. No legal or contractual relationship is established between the AP and the CB.
- 15.3.2. The AP is granted access to all assessment reports and nonconformities (NCs) issued, including those from both GSTC and the CB's responses to the NCs.
- 15.3.3. An accreditation decision made by the AP is grounded in the findings presented in the Accreditation Report, prepared by the GSTC assessment team. While the Accreditation Report may provide recommendations on how to proceed, it is essential to underscore that any such

recommendations are advisory in nature and do not impose binding obligations on the AP.

- 15.4. Other accreditation decisions, which do not require an Accreditation Report, are delegated as follows;
 - 15.4.1. Decisions for maintaining accreditation are delegated to the Assurance Director (AD).
 - 15.4.2. Decisions for extending or reducing geographical scope are delegated to the AD.
 - 15.4.3. Decisions for Extending or Reducing technical sub-scope are delegated to the AD.
 - 15.4.4. Decisions where the CB voluntarily requests a reduction of scope, suspension, or withdrawal of accreditation are delegated to the AD.
 - 15.4.5. Other decisions, such as pausing or stopping the accreditation process, can occur during the application stage and can be made by the AD.
- 15.5. If a major NC emerges during the accreditation assessment or is subject to investigation during a renewal process, the AP review will be delayed until the investigation concludes. The CB's accreditation will remain in effect throughout this period.
- 15.6. The AP shall convey its decision to the GSTC assessment team within 30 calendar days of receiving the Accreditation Report. GSTC shall inform the CB of this decision in writing within 5 calendar days of the AP decision, providing a copy of the final Accreditation Report.
- 15.7. For all accreditation decisions, GSTC reserves the right to stipulate additional requirements and conditions for the CB to address and mitigate ongoing risks to the integrity of their accreditation.
- 15.8. The CB may appeal the accreditation decision in accordance with the GSTC Grievance Procedure for Accreditation.

- 15.9. In the event that GSTC fails to adhere to a procedural provision, it does not invalidate an accreditation decision. The validity of the decision remains intact despite any procedural shortcomings.
- 15.10. If the accreditation cycle expires before the decision-making process can be completed due to the CB's failure to demonstrate conformance, the CB shall be suspended. GSTC may lift the suspension without the AP's involvement once the CB complies with the NCs, allowing the reaccreditation process to continue.
- 15.11. If the accreditation cycle expires before the decision-making process can be completed for reasons beyond the CB's control, the CB's accreditation will remain valid.

16. Accreditation Information

- 16.1. Accreditation is granted in the form of an Accreditation Certificate, signed by the GSTC CEO, with general requirements.
 - 16.1.1. The AP's accreditation decision will be publicly posted on the GSTC website.
 - 16.1.2. All accreditation decisions take effect on the date of notification. However, in the case of an accreditation decision involving a registration fee request, such as an initial or renewal accreditation, an accreditation certificate will be issued after the required fee is paid in full.
- 16.2. Requirements for the Certificate of Accreditation:
 - 16.2.1. The certificate includes the GSTC logo, Name and address of the CB, unique identification number, Scope of Accreditation granted, Standard used for the Certification, and Accreditation Period.

- 16.2.2. The certificate belongs to GSTC. A digital copy of the certificate is distributed to the Accredited CB through email and is made publicly accessible on the GSTC website.
- 16.2.3. The CB shall ensure that all claims related to accreditation fall within the scope of the GSTC Accreditation Certificate.
- 16.3. The CB shall only use the GSTC logo and the GSTC Accreditation Symbol as outlined in the policy of the GSTC Certification Body Licensing Agreement.
- 16.4. Once the certificate is issued, GSTC will retain the database for market access, and clients will be permitted to use the logos on their website and in their organizational operations in accordance with the Logo Usage Procedure.
- 16.5. Renewal of accreditation per scope
 - 16.5.1. Accreditation for the CBs certifying hotel/accommodation and tour operator is renewed every 5 years following a reaccreditation assessment and accreditation certification decision, which must occur before the current cycle expires.
 - 16.5.2. Accreditation for the CBs certifying tourism destinations is renewed every 2 years following a reaccreditation assessment and accreditation certification decision, which shall occur before the current cycle expires.
- 16.6. A new certificate is only issued if there is a change in the CB name or address. Regarding geographical or technical scope changes, only the certificate will be updated accordingly.
- 16.7. If the applicant CB cannot achieve the accreditation within 2 years of GSTC receiving the application, GSTC shall halt and cancel the accreditation process. A complete reapplication may be necessary in such cases.

PART 5: ACCREDITATION CYCLE

17. Periodic Surveillance Assessments

- 17.1. Periodic surveillance is conducted according to the prescribed timing and frequency by combining desk assessment, office assessment, and the witnessing, as shown in Table 5.
- 17.2. Each desk assessment, office assessment, and the witnessing follow Sections 10-12 in this document.
- 17.3. Desk assessment may be conducted only when there are significant changes that affect CB's conformity assessment system.
- 17.4. The first HO Surveillance Assessment should be carried out within 6 months after the Initial accreditation.
- 17.5. For every surveillance assessment, GSTC shall include a conclusion in the final Assessment Report indicating whether the evidence supports the continuation, suspension, or reduction of accreditation.
- 17.6. Annual Surveillance Assessment includes;
 - a. Assessment of HO and a sample of AOs;
 - b. Witnessing and/or compliance assessment(s); and
 - c. Any other assessment such as a desk assessment, incident follow-up, and NC verification as considered necessary by GSTC to confirm that the CB is operating in accordance with the Accreditation Procedure and GSTC Accreditation Manual.
- 17.7. Upon achieving accreditation or at the initiation of a new accreditation cycle, the CB will be provided with a provisional surveillance program for the accreditation cycle. This program will outline the anticipated total duration for

office assessments and the expected number of the witnessing or compliance assessments for each program. These estimates do not cover expenses, travel time, or Assessors' days.

- 17.8. Each year, GSTC shall provide the accredited CB with a revised 12-month Assessment Plan for either HO, AO, the Witnessing, or Compliance Assessments for the upcoming surveillance year. This plan may be modified according to the GSTC Surveillance and Sampling Procedure.
- 17.9. GSTC will publish announcements of surveillance assessments for accredited CBs via email and conduct Stakeholder Consultations for certain assessment types. If stakeholder comments are received, GSTC considers them during the assessment and provides responses in the Assessment Report, ensuring the confidentiality of stakeholders.
- 17.10. GSTC may conduct an additional assessment, beyond the regular GSTC Surveillance Assessment program, to investigate incidents and/or complaints, review the outcomes of consecutive assessments, or address other circumstances deemed necessary by GSTC.
- 17.11. GSTC may conduct unannounced assessments outside of its Surveillance Assessment program in order to address heightened risk or allegations of serious violations or negligence of GSTC Accreditation requirements.
- 17.12. The CB shall ensure that GSTC can carry out the witnessing and compliance assessments on a sample of the CB's clients as selected by GSTC. Additional information about the selection criteria and scope can be referenced in the GSTC Witnessing and Compliance Assessment Procedure.
- 17.13. In cases where justification exists, intervals for Head Office Assessments may be extended. During the intervening year without a Head Office Assessment, the CB shall, at a minimum, submit its Internal Audit Report(s) and management review minutes, and notify GSTC of any changes to the organization's Quality

Management System. GSTC reserves the right to request additional information at any point in time.

- 17.14. As periodic surveillances are designed to check whether the CB consistently meets the GSTC Accreditation requirements, the results are used to determine whether or not GSTC Accreditation is able to be maintained.

- 17.14.1. GSTC Accreditation may be suspended or withdrawn if the assessment reveals a significant violation of the accreditation requirements or if any NCs have not been properly addressed.

- 17.15. GSTC Accreditation may be invalidated if the assessment is not completed within the validity period of the accreditation or the periodic surveillance cycle and time limit set by GSTC due to the delay of certain assessment steps.

- 17.15.1. The CB shall ensure all applicable assessments are completed within the scheduled periodic surveillance cycle. A sanction may be taken if the assessment is not completed in time or there is no valid justification for delay.

18. Maintaining Accreditation

- 18.1. The accredited CB shall conform to the requirements for the responsibility of the accredited CB listed in Clause 18.1.1 below to maintain its accredited status. During the accreditation cycle, GSTC will conduct a series of surveillance activities to confirm the continuous effectiveness of the GSTC Accreditation.

- 18.1.1. Responsibilities of the accredited CB

- a. Continuous conformity to the GSTC Accreditation requirements: The CB shall ensure its continuous conformity to the recent version of GSTC Accreditation requirements applicable to its accreditation scope, including any changes or additions.

- b. Cooperation with GSTC's follow-up activities: GSTC conducts follow-up activities to confirm whether the accredited CB is consistently complying with accreditation requirements, and the CB is responsible for ensuring that the CB continues to comply with accreditation requirements by actively cooperating with GSTC's follow-up activities.
 - c. Cooperation with GSTC's responses to the complaints and appeals raised by the CB's clients: The CB's stakeholders may file a complaint or appeal to a CB or to its conformity assessment activities, in which case GSTC will follow the complaints and appeals handling procedures outlined in the GSTC Grievance Procedure for Accreditation. The CB shall immediately submit a record of action for all disputes, complaints, and appeals raised by their stakeholders, including certified organizations.
 - d. Reporting required information: The CB shall report information requested by GSTC. This reporting includes information on changes in the CB and the performance of conformity assessment activity accredited by GSTC.
 - e. The CB shall give to the GSTC immediate notice of any changes in the status, operating activities, and relevant personnel that might impact accreditation.
 - f. Accreditation fee payment: A CB applying for or maintaining a GSTC Accreditation shall pay the accreditation fees charged by GSTC based on the GSTC Accreditation Fee Schedule.
- 18.2. GSTC's regular surveillance activities consist of periodic surveillance assessments and additional follow-up or special assessments conducted if required. Other than surveillance activities described above, GSTC can also conduct special surveillance activities such as requests for documents or information, investigations, visits, and interviews if deemed required.

- 18.3. If an accredited CB is applying for renewal of GSTC Accreditation before its validity expires, GSTC determines eligibility for its accreditation renewal through formal reassessments.

19. Reaccreditation Assessment

- 19.1. The purpose of the reaccreditation assessment is to renew the accreditation cycle, validate the competence of the CB, and comprehensively evaluate the CB's management and Certification System, taking into account all assessment knowledge and information gathered during the accreditation cycle.
- 19.2. Reaccreditation assessment is conducted by combining desk assessment, office assessment, and the witnessing.
- 19.3. A reaccreditation assessment for the CB should begin around 9 months prior to the end of the current accreditation cycle for CBs conducting certification based on GSTC Industry Criteria, and 4 months prior to the end of the current accreditation cycle for CBs conducting certification based on GSTC Destination Criteria. The date of the reaccreditation HO Assessment closing meeting serves as the cut-off date for NCs that require a response from the CB before the accreditation cycle can be renewed.
- 19.3.1. All major NCs raised in the assessment up to and including this date shall be closed;
- 19.3.2. Other open NCs shall not delay the reaccreditation process unless they raise serious questions about the CB's competence to conduct Certification Activities or pose a risk to the validity of Certification decision-making.
- 19.4. Once all major NCs are closed, GSTC shall prepare the accreditation report for the AP.

- 19.5. The procedures for accreditation decision-making and notice of the decision are outlined in Sections 15 and 16.

20. Changes in Accreditation

- 20.1. GSTC will issue a new accreditation certificate if there are changes in the information specified on the certificate or if there is a matter that has a significant effect on the performance of the accredited conformity assessment activity.
- 20.2. Types of changes in accreditation are as follows:
- a. Changes in CB information: changes in the legal status, ownership, organizational structure, management system, etc. of the CB.
 - b. Changes in CB accreditation information: changes in accreditation scope, etc. of the CB.
 - c. Request for a temporal pause of CB's accredited activity.
- 20.3. CBs shall report to GSTC within 30 days of any changes to the following CB information, including the CB's Affiliate Office(s).
- a. legal status
 - b. top representative, directors, or shareholders
 - c. important policies or procedures, including certification fee schedule and certification labor days
 - d. name, postal address, website, telephone number, etc
 - e. any changes in a. to d. (listed above) for permanent offices conducting key functions (see Table 4)
 - f. countries in which the CB operates from a fixed office location (Affiliate Office) or has remote personnel, that performs any certification activities
 - g. new or revised contracts with foreign entities or subsidiaries that perform

any certification activities

20.3.1. Failure to notify GSTC of the changes in a timely manner may result in sanctions.

20.4. If a CB intends to apply for an extension of the accreditation scope, GSTC will follow the procedure in Section 21.

20.5. If a CB intends to apply for a voluntary reduction of the accreditation scope, GSTC will follow the procedure in Section 22.

20.5.1. If GSTC determines that the request received has a significant impact on the CB's accredited conformity assessment activity, GSTC may conduct a follow-up assessment as described in Section 13.

20.5.2. After the reduction process is completed, GSTC will announce the name of the CB and the voluntary accreditation reduction on the GSTC website.

20.6. If a CB wishes to withdraw its GSTC accreditation voluntarily, it must pay any outstanding accreditation fees and follow an official process with GSTC.

20.7. If a CB requests a temporary pause, GSTC will disclose the CB's name, accreditation scope, and duration of the pause without the AP's decision.

PART 6: EXTENDING AND REDUCING ACCREDITATION

21. Scope Extension

- 21.1. A CB may apply for technical and geographical scope extensions at any time during the accreditation cycle.
- 21.2. Applications shall be submitted directly to GSTC at accreditation@gstcouncil.org.
- 21.3. A scope extension application may be evaluated during a periodic surveillance office assessment, if the request is submitted to GSTC at least 90 calendar days before the scheduled assessment.
- 21.4. After the application has been reviewed, GSTC shall determine the duration and type of assessment needed.
 - 21.4.1. The witnessing shall be required for a technical scope extension.
 - 21.4.2. For a geographical scope extension GSTC will require further documentation for sufficient resources such as personnel, language, management system, affiliate office or subcontractor, arrangement to cover potential liabilities from conformity assessment activities in the newly proposed countries, etc. Depending on the evaluation of resources, additional conditions or assessment may be required.
- 21.5. Decisions regarding scope extensions will be handled as follows:
 - 21.5.1. For a technical scope extension, the Accreditation Report shall be prepared for the AP per Section 15.
 - 21.5.2. For a technical sub-scope extension, the AD shall take the decision without the AP's involvement.
 - 21.5.3. For a geographical scope extension, the AD shall take the decision without the AP's involvement.

21.5.4. Following a positive decision on the scope extension, GSTC updates the certificate on the website and directly provides the CB with the revised version containing the new technical and/or geographical scope.

22. Scope Reduction

- 22.1. Reductions in technical and geographical scope may take place based on either the GSTC recommendation or the CB's voluntary request.
- 22.2. GSTC may recommend a scope reduction to the CB. This recommendation is based on evidence from one or more surveillance assessments, insights gained during a reaccreditation assessment, or instances of non-compliance with local regulations in the country of its operations.
- 22.3. Scope reductions shall adhere to the following decision-making process:
 - 22.3.1. For technical scope reduction, an Accreditation Report shall be prepared for the AP.
 - 22.3.2. For geographical scope reduction, the AD shall make a decision without the AP's involvement.
- 22.4. The CB may voluntarily reduce its accreditation for all or specific aspects of its technical and/or geographical scope. This decision must be communicated to GSTC with a minimum of 3 months' notice before the intended effective date of the scope reduction.
- 22.5. The CB that has voluntarily reduced its scope of accreditation may reapply for scope extension at any time by following the process outlined in Section 21.

PART 7: SUSPENSION, WITHDRAWAL, AND SANCTIONS

23. Sanctions

- 23.1. If the CB violates accreditation requirements or accreditation procedures or is/has been in breach of the terms of the GSTC Certification Body Licensing Agreement (CBLA), GSTC shall initiate its procedures to impose a suitable sanction in order to ensure the credibility of the GSTC Accreditation and its accredited conformity assessment activities. Furthermore, GSTC reserves the right to exercise any rights provided by the law or by the Service Agreement or any other agreement concluded with the CB.
- 23.2. The types of sanctions that may be imposed on accredited CBs include warnings, suspension of accreditation, withdrawal of accreditation, and intensive surveillance. Table 8 outlines the specific types of sanctions that correspond to each violation.
- 23.3. The CB shall analyze the cause(s) that led to the sanction so that GSTC may address or eliminate it. If this is not the case, a more severe sanction may result.
- 23.4. GSTC shall share the Cause Notes prior to the sanction being imposed when there are allegations of fraud. This allows the alleged entity to provide evidence to refute the allegations within 10 days of receiving the notice.
- 23.5. The CB shall take actions to safeguard the integrity of the Scheme. This may involve withdrawing or restricting certification as deemed necessary or as requested by GSTC in instances where evidence of fraud is identified or if fraud allegations at the Certified Organization(CO) level cannot be refuted. Non-compliance with this directive may lead to sanctions imposed by GSTC as per Section 23.
- 23.6. If a CB has been sanctioned within two years due to the same violation, accumulated sanction criteria will be applied based on the number of violations.

However, if a CB is suspended for over a month's period twice in one year, accreditation will be withdrawn immediately, disregarding two years of accumulation.

- 23.7. If a conformity assessment is proven fraudulent by GSTC's assessment or investigation, the responsible CB must report its determination to GSTC, such as cancellation or reaudit, etc., according to its documented procedures. In this case, the conformity assessment fee cannot be charged by the CB to the audited organization in case of fraud of the assessment. the CB cannot demand any charges from the object organization of that conformity assessment.
- 23.8. The suspension period will not exceed three months in principle, but it may increase depending on the decision of the AP. Once decided, the suspension is valid during the period even if the cause of suspension is resolved before the end of the period. Accreditation will be withdrawn if the suspended CB, without reasonable excuse, cannot prove to GSTC that the cause of suspension is resolved or cannot meet the lifting conditions the AP determined.
- 23.9. Suspension. Suspension imposes a temporary restriction on the services the CB may provide within the scope of accreditation, applying to either the entire scope or a specific part of it. The particulars of this temporary restriction shall be clearly outlined in the suspension notice from GSTC.
 - 23.9.1. The CB shall continue to conduct surveillance audits necessary to maintain existing certifications during a suspension.
 - 23.9.2. The CB may continue to conduct audits necessary for initial and recertification; however, shall not issue any new accredited certifications or scope extensions within the suspended scope, unless the certification process commenced prior to the suspension date and the CB has secured prior written approval from GSTC.
 - 23.9.3. The CB shall not contract a new client for the certification of the suspended scope.

- 23.9.4. The CB shall not be able to apply for a new scope extension.
- 23.9.5. Annual fees shall be paid normally during the period of the suspension.
- 23.9.6. For assessment-related suspensions, the GSTC will not inform the CB about the possible suspension before sending the final assessment report to the CB.
- 23.9.7. For non-assessment-related suspensions (e.g., not responding to the Major NCs), the CB shall be informed by receiving formal notification specifying the intent to suspend and the beginning of the suspension process.
- 23.9.8. GSTC can directly suspend a CB's accreditation without the involvement of the AP if an invoice and the related interest accumulated remain unpaid for 120 calendar days after the invoice date (90 calendar days past the due date). For applicant CB, this will result in the suspension of the application process. GSTC will send the CB written notice of the suspension decision, and information will be placed on the GSTC website.
- 23.9.9. For each suspension decision, except for 23.9.8, GSTC will prepare the Accreditation Report for the AP. This report should explain the reasons leading to suspension, provide a justification of the proposed scope for suspension, outline the conditions for lifting the suspension, and include any other relevant information and materials necessary for the recommendation.
- 23.9.10. Prior to the report being sent to the AP, the CB will have the opportunity to file the EOF within 10 calendar days.
- 23.9.11. The AP shall communicate its decision to GSTC within 30 calendar days of receipt of the report.
- 23.9.12. Within 5 calendar days after the decision made by the AP, GSTC shall notify the CB regarding the suspension in writing. This should include:
 - a. effective date of suspension;

- b. duration;
- c. reason;
- d. scope and condition;
- e. any other additional information or action; and
- f. deadline for conformance required by the CB.

23.9.13. The CB may appeal the suspension decision in accordance with the GSTC Grievance Procedure for Accreditation.

23.9.14. GSTC shall update the record of the accredited CB on the website and publish an announcement along with a brief summary explaining the grounds for suspension. The CB will be provided with an opportunity to review the announcement before publication.

23.9.15. The suspension shall be in effect for a maximum duration of 3 months. The suspended CB may submit a request for an extension of this duration, providing a clear justification to GSTC. The AD shall grant approval for the extension if the justification is deemed acceptable.

23.9.16. Failure to adequately address the issues that resulted in the suspension within the set out deadline serves as a basis for initiating the withdrawal of accreditation.

23.9.17. The suspension shall be lifted once GSTC has verified, through an assessment, that the conditions outlined in the notice of suspension have been appropriately fulfilled.

23.9.18. If the suspension was made due to non-payment of fees, it will be lifted promptly upon receipt of payment. This decision does not require the preparation of an accreditation report for the AP.

23.9.19. For lifting suspensions, an accreditation report shall be prepared and submitted to the AP to issue a decision within 10 calendar days of receipt of the report. This report will not be shared with the CB to file the EOF.

- 23.9.20. Within 5 calendar days of the decision of the AP, GSTC shall inform the CB in writing once the suspension is lifted. GSTC shall update the record of the accredited CB on the GSTC website.
- 23.10. GSTC shall continue to conduct surveillance assessments for the CB and its clients throughout the period of the CB suspension.
- 23.11. Withdrawal. A CB shall be subject to withdrawal of accreditation based on the violations listed in Table 8.
- 23.11.1. GSTC shall prepare the Accreditation Report for the AP explaining the reason for the withdrawal and any other relevant information considered material for the recommendation.
- 23.11.2. Before the Accreditation Report is sent to the AP, the CB will have the opportunity to file the EOF to GSTC regarding the Accreditation Report within 10 calendar days.
- 23.11.3. Within 30 calendar days of receipt of the Accreditation Report, the AP shall communicate the decision to GSTC.
- 23.11.4. Within 5 calendar days, the CB will be notified in writing of the decision regarding the withdrawal. The notice shall include the following:
- a. effective date of the withdrawal;
 - b. clear statement of the reason for the decision; and
 - c. the Accreditation Report.
- 23.11.5. The CB may appeal the withdrawal decision using the GSTC Grievance Procedure for Accreditation.
- 23.11.6. GSTC shall make public notice of the withdrawal decision on the GSTC website.
- 23.11.7. Upon confirmation of the withdrawal of accreditation or termination of the GSTC service agreement, the CB shall:

- a. immediately cease all the GSTC certification activities.
- b. provide a list of all clients affected, including their contact information for each client, to GSTC within 5 calendar days.
- c. informing all subcontractors, affiliates, partners, and clients in writing of the Withdrawal of Accreditation and its related implications (e.g., requirements for clients to return certificates, the process of transferring to another CB, etc.) within 15 calendar days.
- d. provide evidence to GSTC of having contacted all of the above within 5 calendar days of the contact.
- e. cease referencing its accredited status and discontinue using the GSTC logo.
- f. return the Accreditation Certificate to GSTC if a printed copy was obtained.
- g. CB certificates existing at the time of the withdrawal may remain valid for a period of 90 days, subject to confirmation by GSTC, to permit CHs to enter into an agreement with another accredited CB. The AD may grant an extension of this transition period.

23.11.8. A withdrawn GSTC Accreditation cannot be reinstated. If the CB wishes to be accredited again, it shall start from the initial accreditation process.

23.11.9. For a period of 24 months, GSTC may choose not to accept applications from a CB whose accreditation has been withdrawn or from new entities that are substantially staffed with personnel associated with the withdrawn accreditation CB. This period of non-acceptance is typically imposed to allow for a cooling-off period and to ensure that the accreditation process remains independent and unbiased.

Table 8. Violations, sanctions and potential situations leading to sanctions

Item	Violations	Sanctions			
		1st violation	2nd violation	3rd violation	4th violation
1	CB has been accredited or maintained accreditation falsely or in fraudulent ways.	Withdrawal			
2	Not conducting corrective actions to the cause of suspension without any valid excuse before the suspension period ends.				
3	Conducting audits other than surveillance or issuing certificates containing the GSTC logo or GSTC Accreditation mark during the suspension period.				
4	Making, retaining, or controlling fake audit records without conducting the audit.				
5	Impartiality or independence is not assured by the CB's organizational structure and operation.	Suspension for 1 to 3 months	Suspension for 3 months	Withdrawal	
6	Conducting certification activity outside the GSTC accreditation scope.				
7	CB's auditor audits an organization to which he/she provided consultancy.				
8	Fake audit records have been made, retained, or controlled as if the planned audit was completed when only a part of the planned audit was conducted.				
9	CB gives GSTC false information or				

	conceals, minimizes, or falsifies part of the information in response to GSTC's request.				
10	Issuing a certificate for an organization whose management system or operations are nonconforming to relevant certification requirements.	Suspension for up to 1 month	Suspension for 1 to 3 months	Suspension for 3 months	Withdrawal
11	Making, keeping, or manipulating false records in cases other than items 4 and 8.				
12	Providing consultancy by CB's employee or auditor against consultancy prohibition rules in cases other than item 7.				
13	Rejecting or hindering GSTC's direction or supervision without any valid excuse.				
14	Allocating an audit team that does not meet competency requirements and conducting audits.	Warning	Suspension for up to 1 month	Suspension for 1 to 3 months	Withdrawal
15	Lack of collaboration with scheduling or undergoing the GSTC Assessment.		Intensive Surveillance	Suspension for 1 to 3 months	Suspension for 3 to 6 months
16	Issuing a certificate for an organization that is nonconforming to the accreditation requirements.				
17	Improper use of the GSTC Accreditation Logo and the GSTC Accreditation Symbol (against the GSTC Logo Usage Procedure), incorrect reference to the certification scheme, or misleading use of licenses, certificates, logos, or claims found in documentation or other publicity may lead to		Suspension for up to 1 month	Suspension for 1 to 3 months	Suspension for 3 to 6 months

	consequences or sanctions as defined in the applicable usage guidelines or agreements with GSTC.				
18	Failure to submit the Root Cause Analysis, Correction, and planned Corrective Actions for NCs within the specified deadline.		Suspension for up to 1 month	Suspension for 1 to 3 months	Suspension for 3 to 6 months
19	Root Cause Analysis, Correction, and planned Corrective Actions for NCs are insufficient or unsatisfactory even after further has been requested for the CB.		Suspension for up to 1 month	Suspension for 1 to 3 months	Suspension for 3 to 6 months
20	Breach of obligation in the GSTC Certification Body Licensing Agreement (CBLA).		Suspension for 1 to 3 months	Suspension for 3 to 6 months	Withdrawal
21	Intensive surveillance or suspension is recommended by accreditation assessment reports, the AD, or the AP.	Intensive Surveillance	Suspension for 1 to 3 months	Suspension for 3 to 6 months	Withdrawal
22	Discrediting or damaging the GSTC's reputation, such as making or supporting incorrect public negative or criticizing statements about the GSTC system, process, and teams.	Suspension for 1 to 3 months	Suspension for 3 to 6 months	Withdrawal	
23	Performing certification activities/services in a region without satisfying legal requirements such as local laws, permits, etc.	Suspension for 3 to 6 months	Scope reduction	Withdrawal	
24	Not paying responsible fees to GSTC.	Warning	Suspension for up to 1 month	Suspension for 1 to 3 months	Suspension for 3 to 6 months

PART 8: COMPLAINTS AND APPEALS

24. Complaints and Appeals

24.1. GSTC addresses stakeholder complaints and appeals against its accreditation activities in accordance with established procedures.

24.1.1. An appeal is raised by a CB to request reconsideration of any adverse accreditation decision made by GSTC regarding its desired accreditation status. Adverse accreditation decisions can include GSTC's decisions on:

- a. refusal of accreditation application
- b. refusal or discontinuation of assessment progression
- c. reducing accreditation scope
- d. suspending or withdrawing accreditation

24.1.2. A complaint is an expression of dissatisfaction related to the activities of GSTC or of a GSTC-Accredited CB, where a response is expected. This is not related to the GSTC Accreditation decision.

24.2. Any officially submitted complaint or appeal shall be dealt with based on the following procedures:

24.2.1. Complaints and Appeals: GSTC Grievance Procedure for Accreditation

PART 9: OTHERS

25. Transfer of Accreditation

- 25.1. If an accredited CB (transferor CB) desires to transfer its accreditation to another CB (transferee CB), different approaches shall be applied as follows:
 - 25.1.1. The CBs involved shall inform GSTC of any significant transfer events.
 - 25.1.2. In the event that the transferor CB decides to reduce its scope or withdraw accreditation, the applicable procedures in Sections 22 shall be followed after completing the transfer.
 - 25.1.3. If the transferee CB is already accredited by GSTC for the relevant geographic and technical scope, the CBs may coordinate the transfer of certificates and contractual agreements with its clients directly. A formal transfer of accreditation may not be necessary in such cases.
 - 25.1.4. If the transferee CB is not accredited by GSTC, the CB shall initiate the GSTC Accreditation application process to proceed with transfer.
 - 25.1.5. If the transferee CB is partially accredited (e.g., only needs to extend a technical scope), the transferee CB shall apply for a scope extension unless a specific situation, as outlined below, is applicable.
- 25.2. GSTC may apply a simplified accreditation transfer process in case where the transferee CB:
 - 25.2.1. shares common ownership and control with the transferor CB, or
 - 25.2.2. has been a subcontractor of the transferor CB and has managed a substantial part of the Certification Activities under GSTC Accreditation for the preceding 18 months.
 - 25.2.3. Details of this process shall be communicated in writing with the CB on a case-by-case basis.

- 25.3. For minor changes (e.g., change of CB's name) that do not involve the transfer of accreditation to another legal entity, GSTC has the discretion to acknowledge these changes based on the documentation submitted.
- 25.4. Closing all open NCs shall be under the responsibility of the transferee CB.

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