



Procedure
Risk Management

Code: P13
Version: 01

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1. Purpose and scope

The purpose of this document is to explain how to identify, analyze, evaluate, treat, monitor and document on an ongoing basis the risks that may be arising during implementation of SOAC accreditation activities and mitigate any effect that may arise.

This document is applicable to all processes used by SOAC and applied to impartiality, interested parties, confidentiality, personnel, improvement, and any action that may arise in the implementation of the SOAC accreditation cycle.

2. References

- ISO/IEC 17011, Conformity assessment — Requirements for accreditation bodies accrediting conformity assessment bodies
- ISO/IEC 31000, Risk management — Guidelines
- SOAC Quality Manual (QM)

3. Distribution list

All services concerned.

4. Effective date and review

This document is applicable from the date mentioned on the cover page. It will be updated as necessary.

5. Summary of changes

Version 00: creation.

Version 01: revision to some sections and update of the table of modifications.

6. Terms and definitions

QTSO: Quality and Technical Senior Officer

For definitions refer to ISO 31000, section 3 Terms & Definitions

7. Process description

7.1. Policy

SOAC identifying risk related to its accreditation process and apply this procedure to mitigate that risk effect (impact) that may be affecting positively or negatively in the accreditation results.

7.2. SOAC context

SOAC as a multi economy accreditation body has to identify its context for the risk which may arise during implementing its accreditation process, so SOAC should make a demonstration for its context to try to determine the probable risk that may occur according to its internal and external context.

7.3. SOAC Internal context

–SOAC organizational structure, institutional roles, and accountabilities are illustrated at the SOAC quality manual in its nominated organization chart (at Annex (C) of the Quality Manual).

–SOAC policies, objectives, and the strategies also are illustrated at SOAC quality

manual annex A, clauses 1.1; 4.1 to 4.6 and 5.

- SOAC capabilities, resources and knowledge as tools of mission implementation how to select are demonstrated in procedures P09 - Competence Management and monitored at P16 - Personnel Management.
- SOAC decision-making processes (collected information, person qualification) which indicates how accreditation recommendation and the decision of accreditation are taken, P08 – decision-making and granting accreditation procedures clarify this process for all related CABs.
- SOAC Administrative & Financial process which deals with the accreditation fee is managed through the procedure P10 - financial & administrative activities and SOAC regulation C05 - accreditation fees.
- SOAC uses documents as standards, procedures, work instruction, regulation, and their forms which are published to be used internally and externally by the related persons.

7.4. SOAC External context

- SOAC is an institution created by the West Africa Economic and Monetary Union (UEMOA), which is a multi-economy accreditation body established by Regulation No. 01/201005 / CM / UEMOA on the scheme for harmonization of activities relating to accreditation, certification, standardization, and metrology in UEMOA. This Regulation was revised in 2010 as Regulation No. 03/2010 / CM / UEMOA on the scheme for harmonization of activities relating to accreditation, certification, standardization, and metrology in UEMOA) (Refer to Annex 9: Regulation No. 03/2010 / CM / UEMOA).
- SOAC is governed by a General Assembly.
- SOAC General Assembly (GA) currently comprises at least 24 registered members and meets **once a year**. The UEMOA Commission is an additional observer member of the Board and the GA. The 3rd annual governance meetings of SOAC were held on 25 (Board meeting) and 26 (GA) April 2019 in Abidjan, Côte d'Ivoire. *A register of SOAC Members is available at SOAC premises.*
- Drawn out of the General Assembly is the Board of Directors which oversees the running of SOAC and fulfills any function that the SOAC General Assembly may delegate to it. SOAC Board of Directors currently comprises 9 members, meets at least **once a year** to oversee its running. SOAC Director-General who reports to the Board of Directors leads the organization and is responsible for the day-to-day operation.
- National Accreditation Focal Points (NAFPs), established by the governments of the UEMOA Member States using the services of SOAC, serve as the administrative link between the organization and clients / potential clients in the Member States. They are mainly responsible for marketing and promoting accreditation in their respective countries. (*Refer to Annex 6, SOAC Statutes, Article 14*).
- SOAC is a body incorporated in Côte d'Ivoire as a regional non-profit

organization (*Refer Annex 4, Ministerial Order N°984 MIS/DGAT/DAG/SDVA & Law No 60-315 of September 1960, relating to associations*).

- SOAC is approved by the UEMOA Council of Ministers to be the unique counterpart responsible for accreditation activities in all Member States. (*Refer to UEMOA Annex 9 Regulation No. 03/2010 / CM / UEMOA*).
- The objects, powers, and rules for the operation of SOAC are set out in the Côte d'Ivoire Law (*Annex 10, Law N°2013-866 of 23 December 2013 relating to standardization and quality promotion*).
- The duties, responsibilities, and authorities of SOAC management and staff are described in the job descriptions as well as in the rules of procedures and the Statutes (*Refer F01P09-Job description; Annex 6, Statutes of the SOAC, Article 9.1 & Article 10*).
- SOAC has formal rules for the appointment, terms of reference and operation of Committees that are involved in the accreditation process and identifies the interested parties participating thereon (*C09-Operating rules of accreditation committees*).
- SOAC has started working with newly established ECOWAS technical committees to advise it on technical matters (*Refer to QM Annex C: SOAC Chart*).

7.5. Risk identification

SOAC evaluates potential risks to impartiality on an ongoing basis through internal audits, management reviews, external financial audits, annual customer satisfaction surveys. SOAC also operates impartial complaints and appeals procedure which is open to all stakeholders. The SOAC Board of Directors has been appointed as its risk management committee during the last meeting (April 2019). It will review **annually** the SOAC risk profile which includes risk to impartiality and interactions with other organizations within and outside the UEMOA, and any residual risks to determine if it is within the level of acceptable risk. (Refer to 2019 Board and GA report; C04 Confidentiality - Impartiality). The board will give advises on every matter affecting impartiality, including transparency and SOAC public image.

SOAC establishes a wide framework to deal with the probable risk which may occur as a result of:

- Conflict arises by interesting related bodies;
- Accrediting CABs related to the UEMOA member's ministry;
- Accrediting CAB's related to the governmental organization;
- Unbroken of Impartiality chain;
- SOAC Assessment teams;
- Activities that are implemented by SOAC (abroad)
- SOAC Decision-making;
- SOAC Top management;
- SOAC Opportunities for improvement risk.

Identification of raised risk is provided using F01P13 - risk identification by any person related to SOAC accreditation process "as a risk identification tool" like (services, officers, committees members, employees, etc.) to the QSTO and then to SOAC top management to initiate the process of risk mitigation.

7.6. Risk identification tools

SOAC has a number of tools for identifying risks, identifying their sources and their estimated impact. The following tools are used by SOAC:

- SOAC daily open mind communication;
- SOAC internal audit finding;
- SOAC External evaluation;
- CAB's Feedback;
- Assessors feedback;
- Clients complaints;
- Assessment report;
- SOAC management review meetings.

7.7. Risk Matrix

SOAC has developed a Risk Matrix to identify all the potential risks linked to its activities. This matrix takes into account residual risk if any.

This matrix is accompanied by an action plan to mitigate the risk. The plan is also monitored by the Board.

Matrix and associated action plans are presented to the Board **at least annually** to monitor the progress but also to take necessary action for the mitigation of the risks.

When an unacceptable risk to impartiality is identified and cannot be reduced to an acceptable level then accreditation will not be pronounced.

7.8. Skills of personnel involved in risk management

The skills of personnel involved in key accreditation activities are strengthened in the field of risk-based assessment principles.

8. Related documents

Refer to F02P01-Current QMS Control list

9. Table of modifications

No.	Source	Modification in brief (Relevant changes)
P13.00- 21 July 2018		
Creation		
P13.01- 15 October 2019		
1	§ 2	The references have been revised in line with the wording of the standards
2	§ 6	The content of this section has been revised and updated
3	§ 7.4 à 7.7	These sections have been technically revised to and updated
4	§ 8	This section has been revised : -the words "related forms" (title) have been replaced by

		"related documents" (title).
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