ASSESSMENT INFORMATION	
Assessment Number	**Date(s)**
CAB name:	
Lead Assessor:	
Team Members:	
☐ Accreditation Assessment ☐ Reassessment ☐ EOA Reason:	
Location of Assessment: ☐ Onsite ☐ Virtual ☐ Remote Desk Review	

Instructions:

This checklist is to be used in conjunction with the LF-56 Supplement for the standard identified above.

The assessment team is to use this checklist to evaluate the design and utilization of the management system according to ISASecure program requirements.

This working document is intended as a checklist for the assessor when conducting Certification Body Accreditation Assessments according to ISASecure program requirements. The ISO/IEC 17065:2012 working document shall be utilized in conjunction with this checklist.

Nonconformances shall be raised against the ISASecure program requirements, as applicable, along with ISO/IEC 17065:2012.

This working document is a tool for recording the objective evidence used by the assessment team in the determination of conformance to the standard requirements during the assessment. If there is a disagreement between this working document and ISO/IEC 17065:2012 requirements, the ISO/IEC 17065:2012 document shall prevail.

Assessments shall be conducted using the standard, not this checklist.

Refer to the standard for complete clauses and related notes.

***** ON ACCREDITATION AND REACCREDITATION ASSESSMENTS, ALL CLAUSES OF THE STANDARD MUST BE COVERED AND DOCUMENTED ON THIS CHECKLIST *****

Clause ISO/IEC 17065:2012 ISASecure CSA/ICSA/SDLA/SSA	Summary of Requirement The checklist is a tool for recording the evidence of the assessment activity. **Assessments shall be conducted using the standard, not this checklist**. Refer to the ISA Security Compliance Institute ISASecure Specific Requirements standard for complete clause	Document(s) CAB QM w/section Policy/SOP/ WI	Conformity Determination Y/N/NA	Objective Evidence Reviewed to Make Determination Assessor Identify documents/records/observations of practices/ results of interviews, etc. used to determine how the laboratory is/is not meeting the clause
ISASecure	If any services, such as designing, studies, regulatory filings are offered by the testing laboratory, does the laboratory have a policy and procedure for maintaining impartiality through separation of those services from its testing activities?			
4.5	**Confidentiality**			
CSA-6.2.3 **ICSA-6.2.3** **SDLA-6.2.3** **SSA-6.2.3**	**R1 – Confidentiality for ASCI and ISCI** Does the certification body ensure that the general confidentiality requirement in [ISO/IEC 17065] 4.5.1 be interpreted to include the requirement that neither ASCI nor ISCI have access to information generated during ISASecure evaluations, except by permission of the applicant, or as required to fulfill ISCI's oversight role as scheme?			
CSA-6.2.3 **ICSA-6.2.3** **SDLA-6.2.3** **SSA-6.2.3**	**R3/SDLA.R2 – Internal distribution for assessment reports** Do the chartered laboratory internal procedures for report distribution internal to the chartered laboratory limit copies of test and assessment reports only to those that the chartered laboratory determines need the information to fulfill their work responsibilities?			

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CSA-6.2.3 **ICSA-6.2.3** **SDLA-6.2.3** **SSA-6.2.3**	**R4/SDLA.R3 – Public availability of ISCI complaint escalation process** The [ISO/IEC 17065] requirement 4.6d) in the sub clause 4.6 Publicly available information refers to procedures for handling complaints and appeals. Does the certification body ensure that this information includes the information about complaints to ASCI/ISCI?			
CSA-6.2.3 **ICSA-6.2.3** **SDLA-6.2.3** **SSA-6.2.3**	**R5/SDLA.R4 – Time delay from provision of consultancy** The [ISO/IEC 17065] requirement 4.2.10 refers to the time between personnel having provided consultancy for a product and reviewing or making a certification decision. Does the certification body have policies to ensure that the minimum time is two years?			
CSA-6.2.3 **ICSA-6.2.3** **SSA-6.2.3**	**R6 – Notification of changes to certification requirements**			
	Since the supplier must maintain an SDLA certification to maintain an existing CSA certification over time, does the certification body inform the holder of a CSA certification regarding changes to the SDLA certification criteria?			
	Does the certification body also inform the supplier of changes to other CSA/ICSA/SSA certification criteria, as these changes will affect certification of upgrade of a certified component in accordance with CSA/ICSA/SSA-301?			

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SDLA-6.2.3	**SDLA.R5 – Client facility access without prior notification** Do appropriate contracts, covenants, or agreements include provision(s) for unobstructed access to the client's development premises without prior notification, except as required by the client's standard visit procedures?			
5	**Structural requirements**			
5.2	**Mechanism for safeguarding impartiality**			
CSA-6.3.3 **ICSA-6.3.3** **SDLA-6.3.3** **SSA-6.3.3**	**R7/SDLA.R6 – Organizational affiliations** When the separate legal entity as in ISO/IEC 17065 4.2.7 is a major user of products from the certified organization, is the personnel of the separate legal entity not involved in the management of the certification body, the review, or the certification decision?			
6.1.2	**Management of competence for personnel involved in the certification**			
CSA-6.4.3.1 **ICSA-6.4.3.1** **SSA-6.4.3.1**	**R10 – FSA-C/IC/S and SDA-C/IC/S (ICSA SMA) auditor minimum qualifications** Do the minimum qualifications for personnel that are responsible for evaluation to FSA-C/IC/S and SDA-C/IC/S requirements include those specified in CSA/ICSA/SDLA/SSA Table 4?			

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SDLA-6.4.3.1	**SDLA.R9 – Evaluator minimum qualifications** Do the minimum qualifications for personnel that are responsible for evaluation to SDLA requirements include those specified in SDLA-200 Table 4?			
CSA-6.4.3.1 ICSA-6.4.3.1 SSA-6.4.3.1	**R12 – VIT-C lead evaluator minimum qualifications** Does the chartered laboratory demonstrate that they have the minimum qualifications for personnel that that are responsible for the technical aspects of VIT testing and interpretation of results as those specified in Table 5?			
CSA-6.4.3.1 ICSA-6.4.3.1 SDLA-6.4.3.1 SSA-6.4.3.1	**R13/SDLA.R10 – Currency of skills and knowledge** Does the certification body keep Staff training up-to-date and ensure that staff keep up to date of current normative specification issues (includes participation in technical groups or committees)?			
7	**Process requirements**			
7.2	**Application**			
CSA-6.5.3.1.1 ICSA-6.5.3.1.1 SDLA-6.5.3.1.1 SSA-6.5.3.1.1	**R14/SDLA.R11 – Determining application of specifications** The [ISO/IEC 17065] requirement 7.1.3 in clause 7 Process requirements refers to persons or committees who provide the chartered laboratory with explanations as to the application of the ISASecure specifications. Is this role fulfilled by the ISCI Technical Steering Committee?			

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CSA-6.5.3.1.2 ICSA-6.5.3.1.2 SDLA-6.5.3.1.2 SSA-6.5.3.12	**R16/SDLA.R13 – Application steps procedure.** Do the procedures for processing a certification application identify the steps for the application, administrative/technical processing of the investigation in chronological order, personnel responsible for each stage of the process, and records maintained at various steps of the process?			
CSA-6.5.3.1.2 ICSA-6.5.3.1.2 SDLA-6.5.3.1.2 SSA-6.5.3.12	**R17/SDLA.R14 – Maintenance of procedure for application.** Do the procedures for developing and maintaining certification application processing procedures identify personnel responsible for developing, reviewing and maintaining the procedures, the frequency for review, and personnel responsible for verifying that the procedures are being followed?			
7.4	**Evaluation**			
CSA - 6.5.3.2.1 ICSA-6.5.3.2.1 SSA-6.5.3.2.1	**R18 – Current ISASecure specifications.** Does the certification body ensure that the appropriate versions of ISASecure specifications to use for a certification are identified in accordance with transition policies and specification listings found on the ISASecure web site at http://www.ISASecure.org?			

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CSA - 6.5.3.2.1 ICSA-6.5.3.2.1 SSA-6.5.3.2.1	**R21 – VIT-C/IC/S report.** Does the certification body carry out detailed reporting on VIT-C/IC/S results for a component in accordance with the requirements on VIT-C/IC/S reporting in the technical specification for VIT-C/IC/S, which is listed in the normative references for [CSA/ICSA/SSA-300]?			
CSA-6.5.3.2.1 ICSA-6.5.3.2.1	**R22/SDLA.R15 – Assessment report.** Does the certification body include at a minimum an assessment report following the content and format of [CSA-303], the CSA assessment report sample?			
SDLA-6.5.3.2.1 SSA-6.5.3.2.1	Is a report following this template also provided to the client?			
CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SSA-6.5.3.2.3	**R28 – Equipment calibration**. Does the certification body identify the persons responsible for the calibration of equipment (where applicable) and authorized to perform each type of calibration?			
	Do the records for each calibration contain sufficient information to permit their repetition?			

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CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SDLA-6.5.3.2.2 SSA-6.5.3.2.3	**R29/SDLA.R16 – Content of test or assessment methods or procedures**. Does each test or assessment method or procedure have sufficient detail instructions that assure reasonable repeatability of the test or assessment and include or address the title, effective date, assessment or test data to be obtained and recorded, objective acceptance criteria for results, test or assessment techniques, where additional information to that required by the CSA technical specifications is required to meet these goals?			
CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SSA-6.5.3.2.3	Do the test procedures include or address: specific test equipment to use and instructions for handling the equipment?			
CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SSA-6.5.3.2.3	**R31 – Content of test or assessment data sheet.** Do each test or assessment data sheet or similar document include the test or assessment procedure, and specification used, date of the test or assessment, test or assessment report number, signature of the personnel performing the test or assessment, and test or assessment results?			
	Do test data sheets include the product or component tested and test equipment used?			

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SDLA-6.5.3.2.3	**SDLA.R18 – Content of assessment data sheet** Do the assessment data sheets, or similar documents include the assessment procedure and specification used, date of the assessment, assessment report number, signature of the personnel performing the assessment, and assessment results?			
CSA-6.5.3.2.3 **ICSA-6.5.3.2.3** **SDLA-6.5.3.2.2** **SSA-6.5.3.2.3**	**R32/SDLA.R19 – Content of procedure maintenance procedures.** Do the procedures for developing and maintaining test or assessment methods and procedures identify the personnel responsible for developing, reviewing and maintaining the procedures, specify frequency of review by management, ensure consistency with recognized specifications, ensure that deviations still assure the product, component or process conforms with the specification, and ensure modifications are reviewed by personnel who are familiar with the specification?			

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CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SDLA-6.5.3.2.3 SSA-6.5.3.2.3	**R33/SDLA.R20 – Content of procedures for evaluating test or assessment data.** Do the procedures for evaluating test or assessment data require the investigator to: verify and use a latest appropriate specification edition, provide written justification of how a product, component or process complies with each section of the specification (including a reference to a test or assessment procedure), and address components not listed by the supplier?			
CSA-6.5.3.2.3 ICSA-6.5.3.2.3 SDLA-6.5.3.2.2 SSA-6.5.3.2.3	**R34/SDLA.R21 – Content of policy for evaluation of test or assessment data.** Do the policies on evaluation of test or assessment data identify personnel responsible for technical decisions on the specification, how to decide which section of a specification applies, how to handle newly developed technologies when the specification does not apply; require that interpretations of the specifications are documented and made readily available for the appropriate investigators; and require the resolution of product, component or process discrepancies without the laboratory engaging in the redesign, except to explain the failures in regard to the ISASecure specification?			

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CSA-6.5.3.2.3 **ICSA-6.5.3.2.3** **SDLA-6.5.3.2.2** **SSA-6.5.3.2.3**	**R35/SDLA.R22 – Content of procedures for preparing technical reports** Are procedures for preparing technical reports written, and do they?			
	Identify personnel responsible for preparation, review of technical content, and initial or revision approval;			
	Require the appropriate test and evaluation procedures; and			
	Ensure that technical corrections involve qualified personnel.			
7.9	**Surveillance**			
ICSA-6.5.3.4	Does the supplier maintain good standing under Security Maintenance Audit (SMA) for products?			
7.11	**Termination, Reduction, Suspension or Withdrawal of Certification**			
CSA-6.5.3.6 **ICSA-6.5.3.6** **SSA-6.5.3.6**	**38 – Suspension, restoral, reduction, withdrawal or termination of certification** Are ISASecure product certifications withdrawn if any of the following conditions for validity of the certificate are not met?			
	The product remains in a support status such that an SDLA certified SDL process still applies to the product;			
	The supplier retains their SDLA certification, or if their SDLA certification is lost, reinstates it within a year grace period; AND			
	The supplier participated in good faith in the certification process.			

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8	**Management systems requirements**			
8.3	**Control of documents (Option A)**			
CSA-6.6.3.2 ICSA-6.6.3.2 SDLA-6.6.3.2 SSA-6.6.3.2	**R48/SDLA.R35 – Processing for revisions to normative specifications** Do the policies and procedures for distribution & control of normative specifications identify the personnel responsible for maintaining and distributing revised specifications, and a method to notify all relevant locations, including clients and agents, about modifications or amendments?			
CSA-6.6.3.2 ICSA-6.6.3.2 SDLA-6.6.3.2 SSA-6.6.3.2	**R49/SDLA.R36 – Archival of superseded specifications** Are superseded normative specifications archived?			
8.4	**Control of records (Option A)**			
CSA-6.6.3.3 ICSA-6.6.3.3 SDLA-6.6.3.3 SSA-6.6.3.3	**R50/SDLA.R37 – Maintenance of records** Do the records maintained for evaluation and certification identify the personnel responsible for maintaining records and how to correct or modify information on a record?			

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8.5	**Management reviews (Option A)**			
8.5.1	**General**			
CSA-6.6.3.4 ICSA-6.6.3.4 SDLA-6.6.3.4 SSA-6.6.3.4	**R51/SDLA.R38 – Management follow-up review for deficiencies** Do Internal quality audit policies and procedures specify the management review of reasons for deficiencies, conclusions, recommendations on corrective actions, and the effectiveness of corrective actions?			
8.6	**Internal audits (Option A)**			
CSA-6.6.3.5 ICSA-6.6.3.5 SDLA-6.6.3.5 SSA-6.6.3.5	**R52/SDLA.R39 – Basis for internal audit**s Do the internal quality audit policies and procedures specify the basis for conducting audits?			
CSA-6.6.3.5 ICSA-6.6.3.5 SDLA-6.6.3.5 SSA-6.6.3.5	**R53/SDLA.R40 – Contents included in internal audit reports** Do the audit reports include the name(s) of the auditor(s), the areas audited, the dates of the audit and the signature of the auditor(s), the discrepancies encountered, corrective action plan (including time for completion and evidence of implementation), and review by upper management?			

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CSA-6.6.3.5 ICSA-6.6.3.5 SDLA-6.6.3.5 SSA-6.6.3.5	**R54/SDLA.R41 – Internal audits of satellite facilities** Does QA oversight of company owned satellite facilities include routine and documented internal audits of satellite facility personnel, regular headquarters review and audit of the quality assurance program and audits conducted by satellite personnel, and consistency of technical records and interpretations among all facilities?			
CSA-6.6.3.5 ICSA-6.6.3.5 SDLA-6.6.3.5 SSA-6.6.3.5	**R55/SDLA.R42 – Implementation for permanent corrective actions** Do the internal quality audit policies and procedures specify how permanent changes resulting from corrective actions are recorded in standard operating procedures, instructions, manuals and specifications?			
CSA-7.2 ICSA-7.2 SDLA-7.2 SSA-7.2	Did the candidate organization apply for accreditation as required by the accreditation body?			
CSA-7.2 ICSA-7.2 SDLA-7.2 SSA-7.2	Are the ASCI made aware of the laboratory's expectations for receipt of formal internationally recognized accreditation by an IAF/ILAC organization?			
CSA-7.2 ICSA-7.2 SDLA-7.2 SSA-7.2	Does the ASCI have the option to perform an interim review and update its evaluation for provisional status of the chartered laboratory 6 months after it is received?			

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ISO/IEC 17065:2012 ISASecure CSA/ICSA/SDLA/SSA	The checklist is a tool for recording the evidence of the assessment activity. **Assessments shall be conducted using the standard, not this checklist**. Refer to the ISA Security Compliance Institute ISASecure Specific Requirements standard for complete clause	CAB QM w/section Policy/SOP/ WI	Y/N/NA	Assessor Identify documents/records/observations of practices/ results of interviews, etc. used to determine how the laboratory is/is not meeting the clause
PJLA	**POLICIES AND REQUIREMENTS**			
PL-4	Does the scope/draft scope comply with the requirements of PL-4?			
SOP-3	Does the CAB comply with the requirements of SOP-3?			