**DP SM 6-02-2024**

**MONITORING**

**OF COMPETENCE AND ACTIVITIES OF PERSONNEL PARTICIPATING IN THE ACCREDITATION PROCESS**

|  |  |
| --- | --- |
| Developed by | Department of Accreditation Activities Management |
| Responsible for revision | Department of Accreditation Activities Management |
| Approved in accordance with | Order No. 3 of 05.01.2024 |
| Effective date | 23.01.2024 |
| Issue | 03 |
| Amendment  | No. 1 of 22.04.2024, Order No.52 of 15.04.2024No. 2 of 03.06.2024, Order No.66 of 22.05.2024 |
| Copy | Work copy |
| Substitutes | DP SM 6-02-2019 |

 TABLE OF CONTENTS

[1 SCOPE 3](#_Toc168501397)

[2 REFERENCES 3](#_Toc168501398)

[3 TERMS AND DEFINITIONS 4](#_Toc168501399)

[4 ACRONYMS AND ABBREVIATIONS 4](#_Toc168501400)

[5 POWERS AND RESPONSIBILITIES 4](#_Toc168501401)

[6 PROCEDURE FOR CONDUCTING MONITORING 5](#_Toc168501402)

[6.1. General ………………………………………………………………………………………….5](#_Toc168501403)

[6.2. Monitoring planning…………………………………………………………………………...7](#_Toc168501404)

[6.3. Procedure for conducting monitoring ………………………………………………………..8](#_Toc168501405)

[6.4. Analysis of the causes of nonconformities, development and control of the implementation of corrective actions…………………………………………………………………………….….9](#_Toc168501406)

[6.5. Assessment of the effectiveness of corrective actions done………………………………...10](#_Toc168501407)

[6.6. Decision making based on monitoring results……………………………………………...10](#_Toc168501408)

[6.7. Collecting, analyzing and summarizing information based on the monitoring results….11](#_Toc168501409)

[7 APPLICABLE FORMS 11](#_Toc168501410)

[8 RECORDS CONTROL 12](#_Toc168501411)

Amendment registration sheet…………………………………………………………………… 14

1. **SCOPE**

**1.1** This documented procedure (hereinafter, “the Procedure”) is a document of the management system of the Republican Unitary Enterprise the Belarusian State Centre for Accreditation (hereinafter, “BSCA”). It is developed to further section 6.1.3 of BSCA Quality Manual, section 7.6 of DP SM 6-01 with account of section 6.1.3 of GOST ISO/IEC 17011. The Procedure lays down the order for monitoring of competence and activities of personnel participating in the accreditation process (hereinafter, monitoring).

**1.2** The requirements of this procedure are mandatory for all participants involved in the monitoring process.

1. **REFERENCES**

This procedure refers to the following documents:

STB ISO 9000 (ISO 9000, IDT) Quality management systems. Fundamentals and vocabulary

GOST ISO/IEC 17000 (ISO/IEC 17000, IDT) Conformity assessment — Vocabulary and general principles

GOST ISO/IEC 17011 (ISO/IEC 17011, IDT) Conformity assessment — Requirements for accreditation bodies accrediting conformity assessment bodies

RK SМ Quality Manual of the State Enterprise BSCA

P SM 6.2 Provision on the Attestation Commission

DP SM 6-01 Management of personnel who participate in the accreditation process. Competence criteria.

DP SM 7.12 Request management

DP SM 9.8 Management review

RI SM 6-01 Order of initial preparation of personnel participating in the accreditation process

*Note: When using this documented procedure, the latest versions of the referenced documents shall be used. If the reference documents are replaced (modified), then the modified documents should be used. If reference documents are cancelled without replacement, the provisions of the Procedure where references are given to them, are applied in the part that does not affect these references.*

1. **TERMS AND DEFINITIONS**

Terms and definitions used in this Procedure are those of STB ISO 9000, GOST ISO/IEC 17000, GOST ISO/IEC 17011, Quality Manual, DP SM 6-01, and the following terms and definitions:

**monitoring:** A system of continuous surveillance, collection, processing, transfer, storage and analysis of information on personnel management with the aim of identifying the compliance of personnel with the goals and objectives of the accreditation body, forecasting changes in activities and developing sound recommendations for improving personnel management;

**non-conformity**: complete or partial failure of personnel to comply with the requirements of the documents for which monitoring is being conducted;

**notice (comment)**: deficiencies of a methodological and/or technical nature in the performance by personnel of the requirements of the documents for which monitoring is carried out, noted in order to improve the quality of the work performed and prevent the occurrence of nonconformities.

1. **ACRONYMS AND ABBREVIATIONS**

The following acronyms and abbreviations are used in this Documented Procedure:

|  |  |
| --- | --- |
| accredited CAB | – accredited conformity assessment body; |
| BSCA | – the Republican Unitary Enterprise the Belarusian State Centre for Accreditation; |
| Team leader | – team leader; |
| IS *Accreditation*  | – Information system *Accreditation;* |
| OORA | – Department of Accreditation Activities Management; |
| TKA | – Technical Commission for Accreditation; |
| Technical assessor | – Technical assessor |
| TKA member | – person competent to make decisions on accreditation; |
| Assessor | – assessor; |
| IDT | – identification of an identical degree of compliance with the international standard (identity in technical content and structure). |

1. **POWERS AND RESPONSIBILITIES**
2. **Director:**
* approves the monitoring program;
* makes the final decision regarding the work activities of full-time personnel in the event of a negative decision by the Certification Commission/ineffectiveness of corrective actions.
1. **Deputy Director for Accreditation:**
* appointment of persons responsible for monitoring the decision-making process on accreditation;
* control over the implementation of the personnel monitoring program and the monitoring schedule of persons competent in making decisions on accreditation of conformity assessment bodies;

Note: in the absence of the Deputy Director for Accreditation, his powers are performed by the Quality Manager.

1. **Head of the Department** **for Accreditation Activities Management** is responsible for:
* development of the personnel monitoring program and the monitoring schedule of persons competent in making decisions on accreditation of competence assessment bodies;
* ensuring the implementation of the monitoring program for case managers;
* monitoring of technical guarantors;
* registration of monitoring results;
* formation of a general report on monitoring of personnel involved in the accreditation process;
* control over implementation of corrective actions/corrections determined based on the results of negative monitoring.
1. **Head of the Accreditation Department** is responsible for:
* participation in the formation of the assessor monitoring program in terms of determining the dates, locations of observations and the appointment of tutors;
* ensuring the implementation of the assessor monitoring program.
1. **The immediate supervisor of the person being monitored,** is responsible for assigning corrective actions/corrections in case of negative monitoring results and creating conditions for their implementation.
2. **Tutor** as the person responsible for monitoring, is responsible for:
* monitoring within the established timeframes and in full;
* determining the sample size of cases for the analysis of assessment records;
* timely entry of the results of the assessment of competence and activities of the person subject to monitoring by the observation method into the IS *Accreditation*;
* preparation of the monitoring report and its submission to OORA;

Note: the report on monitoring of team leader using the observation method and technical assessors/experts/applicants for the status of technical assessors using the observation method and analysis of records method is prepared electronically in the IS *Accreditation*.

* preparation of the report on the implementation of corrective actions/corrections and its submission to OORA.

**Team leader** is responsible for assigning a mentor to monitor the technical assessor/expert when necessary.

1. **A person being monitored** is responsible for implementing corrections/corrective actions.
2. **PROCEDURE FOR CONDUCTING MONITORING**
	1. **General**
		1. **Goals and objectives**

The main purpose of monitoring is to ensure an increase in the efficiency of accreditation activities and the competence of personnel involved in the accreditation process (hereinafter referred to as personnel).

The objectives of monitoring are:

* timely provision of management with the necessary information for making strategic and operational decisions on personnel management;
* determination of need for personnel training;
* identification of potential opportunities and risks in personnel management;
* analysis and assessment of internal and external factors affecting personnel and personnel management system;
* assessment of the processes of attracting, motivating, improving personnel competence and managing personnel costs.
	+ 1. **Assessment criteria**

The criteria for assessing personnel competence are established in DP SM 6–01.

* + 1. **Monitoring methods**

The assessment of the competence and activities of the personnel involved in the accreditation process in BSCA is carried out within the framework of monitoring by the following methods:

* observation;
* record analysis;
* testing;
* feedback.

The observation method allows to assess the ability of the person being monitored to apply knowledge and skills in practice, as well as his behavior, stress resistance, ability to quickly and correctly make decisions, interaction with colleagues and/or personnel of the applicant for accreditation or the accredited CAB. The observation method is used when monitoring assessors, technical assessors, experts and TKA members during observation of the decision-making process on accreditation.

The record analysis method allows to assess understanding of the requirements for record keeping, proper execution of records and clarity of expression of thoughts. Monitoring of assessors and technical assessors/experts by the record analysis method is implemented by analyzing the materials on the assessment of the accredited CAB/applicant for accreditation and electronic records in the IS *Accreditation*. The record analysis method is also used to monitor the competence and activities of case managers and technical guarantors. In this case, electronic data in the IS Accreditation are analyzed, allowing to obtain actual information on the competence and efficiency of the performed activities.

Testing allows to assess the knowledge that is necessary for the efficient performance of accreditation activities, and is used in monitoring the competence of TKA members and in the framework of implementing corrective actions or recommendations based on the monitoring results.

Feedback - receiving, processing and analyzing information incoming in BSCA regarding the competence and activities of personnel participating in the accreditation process. Sources of information may be requests (complaints) from interested parties and questionnaires, both from the accredited CAB personnel and from the full-time personnel of BSCA.

* + 1. **Monitoring principles**

When monitoring personnel, the following principles must be observed: objectivity, reliability, comprehensiveness, authenticity and accessibility for understanding, which would equally apply to both parties - the assessor and the assessed. The mentor must be impartial and independent in relation to the person being monitored. Information obtained during monitoring is confidential and is not subject to disclosure.

* + 1. **Frequency of monitoring**

Assessors, technical assessors and experts are subject to monitoring at least once every three years for each accreditation scheme, for compliance with which they are authorized to carry out accreditation work.

The frequency of monitoring may be reduced in the following cases:

* in case of negative results of the previous monitoring;
* in case of negative results of feedback from the CAB personnel and other interested parties, provided that they are justified;
* in case of rare participation in assessments of the applicant for accreditation or the accredited CAB;
* in case of detection of systematic violations in the activities of personnel, receipt of complaints about the actions of personnel;
* in any other justified cases.

The calculation of the frequency when planning monitoring is carried out according to Table 1:

Table 1

|  |  |
| --- | --- |
| **Period from the date of the last monitoring** | **Frequency of involvement for a given period** |
| 1 year | participation in 1 assessment, or no participation |
| 1.5 years | participation in 2 or less assessments |
| 2 years | participation in 3 or less assessments |
| 2.5 years | participation in 4 or less assessments |
| 3 years | Not important |

Technical assessors and experts involved in the accreditation of management system certification bodies are subject to monitoring once a year (or as they are involved) (various assessment techniques may be used) in each management system scheme for each EA??? code (for OS SM 9001, 14001, 45001)/each category (for OS SM 1470, 22000)/each technical area (for OS SM 13485), for which they are authorized to carry out work in accordance with the established procedure.

Monitoring of competence and activities of TKA members is carried out once every three years.

Monitoring of the competence and activities of technical guarantors is carried out annually.

Monitoring of the competence and activities of case managers is carried out once every three years.

Monitoring of personnel using the feedback method is carried out as data is received from the results of questionnaires and (or) consideration of appeals (complaints).

* + 1. **Stages of the monitoring process**

The monitoring process is a set of activities and includes the following stages:

* monitoring planning;
* monitoring;
* documenting the monitoring results;
* making corrections, developing and implementing corrective actions;
* assessing the effectiveness of corrective actions done;
* decision-making;
* collecting, analyzing and summarizing information based on the monitoring results.
	1. **Monitoring planning**
1. Monitoring the competence and activities of assessors, technical assessors and experts by methods of observing and analyzing records is planned for each accreditation scheme for which it is authorized to carry out work.
2. Planning for monitoring assessors and case managers is carried out by the head of OORA together with the heads of the accreditation departments by developing an annual personnel monitoring program (F 6-02-01) by January 31 of the year preceding the planned period.
3. When forming the draft monitoring program:
* the head of OORA determines case managers and assessors subject to monitoring for the upcoming period, and the accreditation schemes for which it is necessary to monitor assessors; appoints mentors to monitor case managers. The selection of persons subject to monitoring is carried out taking into account the results of their previous monitoring;
* The heads of accreditation departments, to whom assessors subject to monitoring are subordinate, appoint mentors, determine the places for conducting observations and the planned dates for monitoring, guided by information on the planned assessments of the competence of the CABs for the upcoming period.
1. The mentor is selected in accordance with the competence criteria established in DP SM 6-01.
2. The personnel monitoring program is signed by the person who compiled it and his immediate supervisor, endorsed by the heads of accreditation departments who participated in the development of the program and the deputy director for accreditation (if any), approved by BSCA director and posted on BSCA server for information.

In the event of a change in the location of the monitoring or the mentor, no changes to the monitoring program are required.

1. Planning of monitoring of TKA members is carried out by the head of OORA together with the deputy director for accreditation (if available) by drawing up a monitoring schedule for persons competent in making decisions on the accreditation of conformity assessment bodies (Form 6-02-10), which is approved by the director and communicated to the persons included in the schedule via electronic document management system *SMBusiness*.

Planning for monitoring the accreditation decision-making process is carried out for each accreditation scheme. Persons responsible for monitoring the accreditation decision-making process shall be selected from among TKA members who have experience in participating in at least 10 TKA meetings under the relevant accreditation scheme, or at least 5 TKA meetings if under a certain accreditation scheme the Register of the National Accreditation System includes less than 50 accredited CABs, or at least 2 TKA meetings if under a certain accreditation scheme the Register of the National Accreditation System includes less than 10 accredited CABs.

1. Planning of the monitoring of technical assessor/expert is carried out automatically when forming the assessment team through the IS *Accreditation*, taking into account the frequency of its participation in assessments of competence of the CAB (clause 6.1.5, Table 1) and the date of the last monitoring. In this case, a record with information about technical assessor/expert whose competence and activities need to be assessed during the assessment of the competence of the CAB will appear in the personal account of lead assessor of the assessment team to which technical assessor/expert is included. With such planning of monitoring of technical assessor/expert, lead assessor of a specific assessment team automatically becomes a mentor.

Team leader may appoint another assessor/technical assessor from among the members of the assessment team who meets the mentor competence criteria established in DP SM 6-01, via IS *Accreditation*. In this case, a record with information about technical assessor/expert whose competence and activities need to be assessed during the assessment of competence of the CAB will appear in the personal account of the appointed mentor.

* 1. **Procedure for conducting monitoring**
1. **Monitoring of assessor by the observation method** is carried out by a mentor at the place of activity of the applicant for accreditation or the accredited CAB. The assessor from the assessment team to be observed shall act as team leader. During observation, no interference in the activity being monitored, no provision of recommendations or consultations by the mentor is allowed.

The results of monitoring and recommendations for corrective actions (if there are comments/nonconformities) are recorded by mentor electronically in IS Accreditation via a personal account, which automatically appear in the corresponding assessor register record.

1. **Monitoring of assessor using method of record analysis** is carried out by means of a random check and analysis of records based on the results of the accreditation carried out (accreditation, periodic assessment of competence, reaccreditation, extending of accreditation). The sample size of cases for monitoring Lead assessor using the record analysis method is determined by mentor, who must make up at least three cases. The sample size of cases can be reduced due to the lack of a sufficient number of assessments of competence of applicants for accreditation/accredited CABs conducted by lead assessor during the reporting period.

The results of monitoring and recommendations (if there are comments/nonconformities) are drawn up by mentor in the record analysis report using form F 6-02-03, which is transferred to OORA for the purpose of placing monitoring information in the corresponding register entry of assessor and forming the personal file of assessor.

**Monitoring of technical assessor/experts** is carried out by team leader or mentor appointed by team leader, selected from among assessors/technical assessors included in the assessment team, and is a combination of monitoring methods: observation at the place of activity and analysis of assessment records.

The results of monitoring and recommendations for corrective actions (if there are comments/nonconformities) are recorded by mentor electronically in IS *Accreditation* via a personal account, which automatically appear in the corresponding assessor register record of technical assessor/еxpert.

1. **Monitoring of technical guarantors** is carried out by head of OORA by analyzing records in the IS *Accreditation* on TKAdecisions adopted during the reporting period, in order to collect quantitative data on materials verified by technical guarantor on assessing the competence of applicants for accreditation/accredited CABs removed from TKA meeting, and analyzing the reasons for their removal. Monitoring results are presented in a report using form F 6-02-11.
2. **Monitoring of TKA members** is carried out using testing method through the IS *Accreditation* in the personal account in order to test the knowledge required to analyze the assessment results and make a decision on accreditation, in accordance with DP SM 6-01. Testing results are saved in the personal account of each TKA member in IS *Accreditation*.

Monitoring of TKA members by observing the decision-making process at TKA meetings is carried out by a person appointed by the deputy director for accreditation, according to the approved schedule for monitoring persons competent in making decisions on accreditation of conformity assessment bodies.

The monitoring results are recorded in a report on monitoring the decision-making process on accreditation in form F 6-02-06, which formulates conclusions on the effectiveness of TKA and, if there are any comments, recommendations to individual TKA members. The report on monitoring the decision-making process on accreditation is transferred to OORA in order to record the results of monitoring and control the implementation of recommendations.

1. **Monitoring of case managers** is carried out by a mentor appointed in accordance with the competence criteria set out in DP SM 6-01, by means of a selective check of records on the CAB assigned to the case manager in the IS *Accreditation* and the CAB files subject to operational storage, as well as by the observation method in order to assess the skill of using the BSCA information resources. The monitoring results are recorded in the monitoring report of the case manager in form F 6-02-12 and are transferred to the head of OORA.
2. **Feedback monitoring** is carried out by:
* receiving the results of the CAB questionnaire via the IS *Accreditation*;
* receiving the results of the consideration of justified complaints about the activities of personnel participating in the accreditation process;
* analyzing the above data and summarizing the information on each individual.

Consideration of requests (complaints) received from the CAB and other interested parties is carried out in the manner and within the timeframes established in DP CM 7.12.

* 1. **Analysis of the causes of nonconformities, development and control of the implementation of corrective actions**
1. All nonconformities identified during personnel monitoring must be analyzed. Nonconformities are analyzed to determine whether they were systematically allowed, the reasons that caused them, and to take adequate corrective actions.
2. If the monitoring result is negative, the mentor must discuss the nonconformities identified with the person subject to monitoring and their immediate supervisor to determine the reasons for their occurrence.

If nonconformities are identified during monitoring by the involved technical assessor/expert, the mentor establishes the reasons for their occurrence together with the person subject to monitoring.

1. Based on the analysis of the established causes, the immediate supervisor of the person who received a negative monitoring result must develop corrective actions to eliminate the causes of non-conformities and prevent their recurrence.

Corrective actions based on the results of negative monitoring of the involved technical assessor/expert are developed by the mentor together with his/her immediate supervisor.

Corrective actions based on the results of monitoring may include:

* training, both internal and external;
* undergoing re-training of assessor and technical assessor in full in accordance with RI SM 6-01 or in the amount determined by the head of the accreditation department when developing corrective actions;
* undergoing testing on topics determined by the immediate supervisor when developing corrective actions;
* reducing the frequency of monitoring;
* other actions at the discretion of the immediate supervisor of the person who allowed the nonconformity.
1. Analysis of the causes and planned corrective actions are documented in a report in form F 6-02-08, which is transferred to OORA for registration and control of the implementation of corrective actions.
2. Нead of OORA shall register and control the implementation of corrective actions with the entry of a corresponding entry in the report on the implementation of corrective actions and shall inform the immediate supervisor of the person who received a negative monitoring result about the results of the implementation of corrective actions via electronic document management system *SMBusiness*.
	1. **Assessment of the effectiveness of corrective actions done**
3. The effectiveness of the implementation of corrective actions is assessed by the mentor during subsequent monitoring after the implementation of the planned corrective actions.
4. Corrective actions are considered effective if there are no cases of repeated detection of nonconformities.
5. If repeated nonconformities are detected based on the results of subsequent monitoring, corrective actions are considered ineffective. In this case, decisions are made in accordance with paragraph 6.6 of this procedure.
	1. **Decision making based on monitoring results**
6. In case of development / non-implementation / detection of ineffectiveness of the implementation of corrective actions, the head of the accreditation department is authorized to make a decision:
* on suspending the validity of the competence certificate of the assessor or the register entry of the technical assessor/expert in the entire area of ​​competence or in part thereof for the duration of the corrective actions;
* on conducting recertification of the assessor after the implementation of corrective actions;
* on re-confirmation of the professional competence of the technical assessor/expert by members of the relevant technical accreditation committee;
* on excluding the technical assessor/expert from the register of assessors and technical assessors for accreditation (hereinafter referred to as the register of assessors and technical assessors), the exclusion is carried out by changing the status of the entry to "Cancelled".
1. These decisions are recorded in the report on the implementation of corrective actions (F 6-02-08), on the basis of which the head of OORA ensures the implementation of the following actions:
* making appropriate changes to the register of assessors and technical assessors;
* organization of assessor attestation;
* referral of competence area codes for re-confirmation to the relevant technical accreditation committee(s).
1. If the Attestation Commission makes a negative decision on the assessment of the competence of assessor, the final decision regarding his/her work activity is made by Director.
2. In the event of the development / failure to implement / detection of ineffectiveness of the implementation of corrective actions by the technical guarantor or TKA member, the deputy director for accreditation is authorized to make a decision to exclude them from the relevant lists, on the basis of which the head of OORA makes changes to the approved lists.
3. In the event of the development / failure to implement / detection of ineffectiveness of the implementation of corrective actions by case manager, the head of OORA initiates an unscheduled attestation of the employee for compliance with the position.
	1. **Collecting, analyzing and summarizing information based on the monitoring results**
4. All reports on monitoring and implementation of corrective actions with supporting documents on their implementation are sent by mentors to OORA for processing and analysis of the received data, generalization of information on the monitoring results.
5. The generalization of information on the monitoring results is reflected by the head of OORA in the general report on monitoring of personnel involved in the accreditation process for the reporting period using form F 6-02-09 in order to determine the need for personnel training and identify potential opportunities and risks in personnel management.
6. Quarterly, the general report on monitoring of personnel involved in the accreditation process is submitted to the deputy director for accreditation to monitor the implementation of the monitoring program.
7. The data of the general report on monitoring of personnel involved in the accreditation process for the current year are included in the analysis of the BSCA management system by management in accordance with DP SM 9.8 in order to:
* timely provision of management with the necessary information for making strategic and operational decisions on personnel management;
* analysis and assessment of internal and external factors affecting personnel status and personnel management system;
* assessment of the processes of attracting, motivating, dismissing personnel and managing personnel costs.
1. **APPLICABLE FORMS**

F 6-02-01 Personal card;

F 6-02-03 Report on record review;

F 6-02-06 Report on monitoring the decision-making process on accreditation;

F 6-02-08 Corrective action implementation report;

F 6-02-09 General report on monitoring of personnel involved in the accreditation process;

F 6-02-10 Schedule of monitoring of persons competent in making decisions on accreditation of CABs;

F 6-02-11 Schedule of monitoring of technical guarantors;

F 6-02-12 Schedule of monitoring of case manager.

1. **RECORDS CONTROL**

Information on the records management of this Procedure is given in Table 1.

**Table 1 Record management**

| **Name, type\* of record** | **Record storage****location** | **Person responsible for** **the form update / person responsible for filling out the form** | **Location of the form** | **Record retention period** |
| --- | --- | --- | --- | --- |
| Monitoring program | OORA  | OORA/head of OORA | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-01 | 3 years |
| Record analysis report  | Personal file of assessor | OORA /tutor | IS *Accreditation*/ management system documents/ DP SM 6-02/Forms/ F 6-02-03 | Before the expiration of the storage period of the personal file of the assessor |
| Accreditation decision making process monitoring report | OORA | OORA/ BSCA employee appointed as responsible according to the schedule | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-06 | 3 years |
| Report on the implementation of corrective actions | Personal file of assessor / technical assessor/expert | OORA/tutor and head of OORA | IS *Accreditation*/ management system documents/ DP SM 6-02/Forms/ F 6-02-08 | Before the expiration of the storage period of the personal file of the assessor / technical assessor/ expert |
| General report on monitoring of personnel involved in the accreditation process | OORA | OORA/head of OORA | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-09 | 3 years |
| Schedule of monitoring of persons competent in making decisions on accreditation of CABs; | OORA | OORA/head of OORA | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-10 | 3 years |
| Schedule of monitoring of technical guarantors | OORA | OORA/head of OORA | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-11 | 3 years |
| Schedule of monitoring of case managers | OORA | OORA/head of OORA | IS Accreditation/ management system documents/ DP SM 6-02 / Forms / F 6-02-12 | 3 years |

**Amendment registration sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Index number of the amendment | No. of the order on approval/order on activation | Date of approval/implementation date | Paragraph changed | Signature of the person who introduced the change | Name of the person who introduced the change |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | No.52 of 15.04.2024 | 22.04.2024 | 5.2, 5.4, 5.6, 6.1.3, 6.2.3, 6.2.6, 6.2.7, 6.3.1, 6.3.2, 7, 8 |  | L.A.Starovybornaya |
| 2 | No.66 of 22.05.2024 | 22.05.2024/03.06.2024 | 6.1.5 |  | N.V.Kravchenko |