

Transition to ISO 9001:2026 and ISO 14001:2026

Document No.	Title	Revision	Effective Date
QP:12	Amendment - Transition to ISO 9001:2026 & ISO 14001:2026	00	[17.09.2026]

1. Purpose

This amendment updates the Certification Body's Procedure Manual to give effect to two revised management-system standards: ISO 9001:2026 (Quality Management Systems — Requirements) and ISO 14001:2026 (Environmental Management Systems — Requirements), so that certification, surveillance, recertification and transition audits can be conducted, decided and recorded correctly against either the 2015 or 2026 edition during the transition period.

2. Scope

Applies to all certification activities of the EICPL for QMS (ISO 9001) and EMS (ISO 14001) clients, all auditors, technical reviewers and certification decision-makers, and all controlled forms and templates referencing these standards. Does not modify the requirements of ISO/IEC 17021-1, which remains the governing standard for EICPL operations.

3. Reference Documents

- ISO 9001:2026, Quality management systems — Requirements
- ISO 14001:2026, Environmental management systems — Requirements
- ISO/IEC 17021-1:2015, Conformity assessment — Requirements for bodies providing audit and certification of management systems
- IAF Mandatory Document(s) on transition arrangements for ISO 9001:2026 / ISO 14001:2026 (to be inserted on issue by IAF/Accreditation Body)
- EICPL Procedure Auditor Competence, Evaluation, Selection & Monitoring
- EICPL Procedure Conducting Audits (Stage 1 / Stage 2 / Surveillance / Recertification)

4. Amendment 1 — Insert New Procedure, Transition Audits to ISO 9001:2026 / ISO 14001:2026

Insert as a new clause immediately following the existing *Conducting Audits* procedure.

Purpose



This procedure defines how the EICPL plans, conducts, and makes a certification decision on a Transition Audit, by which a client certified to ISO 9001:2015 or ISO 14001:2015 is assessed against and, on satisfactory evidence, migrated to ISO 9001:2026 or ISO 14001:2026 respectively, within the transition period set by IAF/the Accreditation Body.

Definitions

- **Transition audit** — an audit activity, combined wherever practicable with a scheduled surveillance or recertification audit, that verifies conformity to the changed and new requirements of the 2026 edition and results in reissue of the certificate to that edition.
- **Combined audit** — a transition audit conducted concurrently with a client's already-scheduled surveillance or recertification audit, using the same audit-day allocation unless the gap analysis or scope change increases audit complexity.
- **Transition deadline** — the date after which certificates issued to the superseded (2015) edition are no longer valid, as confirmed by IAF/the Accreditation Body (indicatively 36 months from publication of each standard).

Responsibilities

Role	Responsibility	Record
Client Services / Contract Review	Notify all affected clients in writing of the transition requirement, deadline, and options for combining with a scheduled audit.	Client notification letter/email
Technical Committee / Scheme Manager	Approve this procedure, the clause-evidence checklists (Annex 1), and any audit-day adjustment policy.	Meeting minutes, approval record
Audit Team Leader	Plan and conduct the transition audit using the Annex 1 checklist; verify the client's own gap analysis; raise NCs against changed/new clauses as applicable.	Audit plan, audit report, checklist
Certification Decision-Maker	Confirm all NCs from the transition audit are closed before authorising reissue of the certificate to the 2026 edition; a person not involved in the audit makes the decision, per 17021-1 clause 9.5.	Certification decision record

Procedure

1. **Eligibility and timing.** A client becomes eligible for a transition audit once the EICPL has (i) completed internal auditor competence-upgrade actions under PM-07 (Amendment 2, below) for the relevant standard, and (ii) received applicable IAF/Accreditation Body transition guidance. Until both conditions are met, audits continue to be conducted and certificates issued/maintained against the 2015 edition.
2. **Client notification.** Not less than [3] months before a client's next scheduled surveillance/recertification audit, Client Services issues written notice of: the new standard requirements summary, the transition deadline, and the offer to combine the transition audit with the next scheduled visit at no additional audit days unless scope/complexity has materially changed.
3. **Pre-audit gap analysis.** The client is requested to submit or make available at the audit a self-assessment/gap analysis against the changed and new clauses (see Annex 1) before the audit is confirmed. Absence of a gap analysis does not prevent the audit but must be recorded and may extend audit time.
4. **Audit planning.** The Audit Team Leader updates the standard audit plan template to add a dedicated line item per changed/new clause listed in Annex 1, and confirms the assigned auditor(s) hold current competence-upgrade authorisation (PM-07 Amendment 2) for the applicable standard.
5. **Audit execution.** The audit is conducted per PM-09 using the Annex 1 evidence checklist as a supplement to (not a replacement for) the existing audit checklist. Where the transition audit is combined with a surveillance/recertification audit, findings against 2015-edition clauses and 2026-edition changed clauses are recorded and reported separately for traceability.
6. **Nonconformities.** NCs raised against transition-specific clauses are graded, communicated and closed per the EICPL's standard NC procedure. A certificate is not reissued to the 2026 edition while a related NC remains open.
7. **Certification decision and certificate reissue.** On satisfactory closure of all NCs, the Certification Decision-Maker authorises reissue of the certificate showing the 2026 edition, retaining the original certification (initial certification) date and adjusting only the edition reference and reissue date.
8. **Non-transitioning clients.** Where a client does not complete transition before the deadline, the certificate to the superseded edition is suspended and withdrawn per the EICPL's standard suspension/withdrawal procedure.
9. **Records.** The completed Annex 1 checklist, gap analysis, audit report, NC records and certification decision record are retained per the EICPL's document control/records procedure for the standard retention period.

1 — Clause-Specific Evidence Checklist (to be appended to audit checklists)

ISO 14001:2026 — changed and new clauses

Clause	What changed	Evidence to verify	Typical objective evidence
4.1	Biodiversity, ecosystem health, pollution, resource availability added as context factors	Context analysis explicitly addresses these factors (or documents why not material)	Context/SWOT-PESTLE register, interested-parties analysis

Clause	What changed	Evidence to verify	Typical objective evidence
5.1	Leadership accountability extended beyond the EMS manager	Evidence environmental responsibility is owned across functions, not only by the EMS manager	Management review minutes, interviews with functional heads
6.1.4 (new)	Risks & Opportunities split out from 6.1.1	Distinction between environmental aspects/impacts (Cl.4) and business risks/opportunities is documented	Risk & opportunity register
6.3 (new)	Formal change-management clause	Documented process to identify, evaluate and control EMS-relevant planned changes before implementation	Change management procedure/log, MOC records
8.1	"Outsourced processes" → "externally provided processes, products and services"	Operational controls/supplier evaluation extended to the wider scope	Supplier evaluation records, procurement specifications
9.2.2	Internal audits must define objectives, not just scope/criteria	Internal audit programme/records show a stated objective per audit	Internal audit plan/report template
9.3	Restructured into 9.3.1/9.3.2/9.3.3	Management review record follows General/Inputs/Results structure	Management review minutes

ISO 9001:2026 — changed clauses

Clause	What changed	Evidence to verify	Typical objective evidence
4.1/4.2	2024 climate-change amendment formally integrated	Context analysis addresses climate change relevance (carried forward if already done for Amd 1:2024)	Context register, interested-parties analysis
5.1	Quality culture and ethical behaviour made explicit	Active promotion evidenced beyond a signed policy —	Town-halls/communication records, training

Clause	What changed	Evidence to verify	Typical objective evidence
	top-management responsibility	communication, training, recognition, leadership behaviour	records, leadership walk-around notes
5.2	Quality policy must reference context and strategic direction	Policy wording is specific to the organisation's context/strategy, not generic	Quality policy document, strategic plan
6.1.1–6.1.3	Risk and opportunity actions separated	Risk register and opportunity register are distinguishable with linked actions	Risk & opportunity register
7.3	Awareness extended to quality culture and ethical behaviour	Induction/awareness training covers these topics	Training records, induction pack

5. Amendment 2 — Insert New Sub-Clause into PM-07: Auditor Competence, Evaluation, Selection & Monitoring

5.1 Existing clause (for reference)

PM-07, clause 7.2: "Auditors and technical experts shall be evaluated against the competence criteria of ISO/IEC 17021-1 Annex A and the applicable management system standard(s) [ISO 9001:2015 / ISO 14001:2015] before being included on the EICPL's approved auditor list for a given scheme."

(This clause is not deleted — it remains the baseline competence requirement. The new sub-clause below adds the transition-specific upgrade step and supersedes the bracketed standard-edition reference.)

5.2 New sub-clause PM-07.7.2A — Competence Upgrade to ISO 9001:2026 / ISO 14001:2026

An auditor, technical expert or technical reviewer already approved for the ISO 9001:2015 or ISO 14001:2015 scheme shall not be assigned to audit, review or make certification decisions against the 2026 edition of the corresponding standard until the following upgrade steps are completed and recorded.

1. Gap briefing. Completion of a documented internal or external briefing covering the changed and new clauses (see Annex 1 of PM-09A) and their audit implications, with attendance recorded.
2. Knowledge verification. A closed-book knowledge check (minimum [10] questions per standard) covering the changed/new clauses, with a minimum pass mark of [80%]. Auditors not achieving the pass mark undertake further study and re-sit before authorisation.
3. Practical evaluation. For Lead Auditors and Auditors: one witnessed or evaluated audit day (or a documented desk evaluation of an audit report) demonstrating correct application of the Annex 1 checklist, evaluated by a qualified witness assessor or the Technical Manager.
4. Technical Experts and Technical Reviewers. Complete steps (a) and (b) above; a witnessed audit is not mandatory but a documented review of one transition-audit file is required before authorisation to make or support certification decisions on the 2026 edition.
5. Authorisation update. On successful completion of (a)–(c)/(d), the Technical Manager updates the auditor's scope of approval / auditor competence matrix to add "ISO 9001:2026" and/or "ISO 14001:2026", with the date of authorisation.
6. Records. Briefing attendance, knowledge-check results, evaluation records and the updated competence matrix are retained in the auditor's personnel file per the EICPL's records-retention procedure.

5.3 Competence Upgrade Matrix

Role	Gap briefing + knowledge check	Practical evaluation	Re-authorisation record
Lead Auditor	Mandatory	Mandatory — 1 witnessed/evaluated audit day	Auditor competence matrix update
Auditor	Mandatory	Mandatory — 1 witnessed/evaluated audit day	Auditor competence matrix update

Role	Gap briefing + knowledge check	Practical evaluation	Re-authorisation record
Technical Expert	Mandatory	Documented file review (no witness audit required)	Auditor competence matrix update
Technical Reviewer / Certification Decision-Maker	Mandatory	Documented file review (no witness audit required)	Decision-maker authorisation record

6. Cross-Reference — Other Controlled Documents Requiring Consequential Update

Document	Change required	Owner
Certification Manual	Add transition-rules section, update application form, certificate template and terms & conditions (see companion amendment)	Scheme Manager
Audit time (man-day) calculation guidance	Clarify that transition checks are absorbed within existing audit-day allocation unless scope/complexity increases	Technical Manager
NC grading guidance / generic checklist bank	Add Annex 1 clause references so auditors are not grading solely against 2015-edition criteria	Technical Manager
Certificate register / IT system	Add edition field (2015/2026) per certificate; workflow for reissue	Client Services
Impartiality Committee / Technical Committee Terms of Reference	Update any explicit standard-edition references	Scheme Manager