

 <div style="text-align: center;"> <b>ON-SITE ASSESSMENT REPORT</b>  <b>(Version 01.1)</b> </div>	
<b>Entity name and address:</b>	
<b>UNFCCC entity ref. no.:</b>	
<b>Sectoral scopes applied for:</b>	<input type="checkbox"/> 1. Energy industries (renewable - / non-renewable sources) <input type="checkbox"/> 2. Energy distribution <input type="checkbox"/> 3. Energy demand <input type="checkbox"/> 4. Manufacturing industries <input type="checkbox"/> 5. Chemical industry <input type="checkbox"/> 6. Construction <input type="checkbox"/> 7. Transport <input type="checkbox"/> 8. Mining/Mineral production <input type="checkbox"/> 9. Metal production <input type="checkbox"/> 10. Fugitive emissions from fuels (solid, oil and gas) <input type="checkbox"/> 11. Fugitive emissions from production and consumption of halocarbons and sulphur hexafluoride <input type="checkbox"/> 12. Solvents use <input type="checkbox"/> 13. Waste handling and disposal <input type="checkbox"/> 14. Afforestation and reforestation <input type="checkbox"/> 15. Agriculture <input type="checkbox"/> 16. Carbon dioxide capture and storage in geological formations
<b>A6.4-AT leader's name:</b>	
<b>A6.4-AT members' names:</b>	

**NOTE:**

1. This form is relevant to the latest version of the Article 6.4 accreditation standard and the Article 6.4 accreditation procedure published on the UNFCCC website <<https://unfccc.int/process-and-meetings/bodies/constituted-bodies/article-64-supervisory-body/rules-and-regulations>>.
2. The following tables are only checklists, refer to the A6.4 accreditation standard for the detailed requirements.
3. Substantiate and explain, in the comments column, compliance (or lack thereof) with each of the requirements.
4. A Non-Conformity (NC) report (A6.4-FORM-ACCR-012) must be raised for each failure to comply with a requirement. One NC report may cover one or more compliance failures as long as they all relate to the same accreditation requirement.
5. For some of the requirements below the "Comments" column provides guidance to ensure that the minimum reporting details are recorded. Overwrite this further guidance.
6. The paragraph numbers at the end of each requirement indicate the corresponding paragraph of the A6.4 accreditation standard.

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
<b>4.3 Principle of risk-based approach</b>			
1	Describe how the entity shall ensure that the risks associated with providing competent, consistent and impartial validation and/or verification/certification are taken into account throughout the accreditation term.  (Para 9)		(Include details on what types of risks are considered and how those risks are mitigated as per paragraph 9.)
<b>6. Legal status and matters</b>			
1	Describe how the legal status of the entity has been established so that it can function legally, enter into contracts, make decisions independently and may be sued in its own name.  Describe the supportive documents reviewed that establish the legal status (e.g. original/copies of registration documents, memorandum and articles of association, etc.). Is the activity as entity compatible with the registration document and objectives of the organisation?  (Para 11)		
2	Has the entity implemented its documented procedure for handling of judicial processes and maintained a record of all the judicial processes pending against it as well as information of any judicial cases held in the past?  (Paras 12-13)		(Include details of how the entity handles of judicial processes and maintain such records; and whether it covers the range of judicial process as specified in the paragraph 12.)  (Please describe the documented procedure which has been established as per paragraph 13.)

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3	<p>Is there any pending judicial process against the entity? If yes, is it for malpractice, fraud and/or other function incompatible with its functions as an entity? If yes, has it been communicated to the secretariat?</p> <p>Does the entity maintain records of all the judicial processes pending against it as well as information of any judicial cases held in the past or have provision for recording judicial processes that it is involved in?</p> <p>(Paras 14-15)</p>		<p>(Assess how AE/DOE reports such cases to the UNFCCC secretariat as per para 14.)</p> <p>(Describe the details if there is any under observation, suspension or withdrawal of accreditation decided by the Supervisory Body as per para 15.)</p>
<b>7. Finance and liability</b>			
1	<p>Is the entity financially stable to take on operations of A6.4 related activities?</p> <p>(Para 14)</p>		
2	<p>Has the entity established the documented procedure to regularly monitor its income and expenditure at least annually?</p> <p>(Para 17)</p>		<p>(Include details of how the entity monitors its income and expenditure and when and who did the external audit of its financial statement.)</p>
3	<p>Does the entity's liability analysis cover all potential risks arising from its VVC function at least annually?</p> <p>(Para 18)</p>		
4	<p>How has the entity demonstrated that sufficient arrangements are in place to cover the identified potential risks?</p>		<p>(Describe how the arrangements covers the identified risks arising from its VVC activities in the geographic areas it operates as per paragraph 18.)</p> <p>(Provide information as referred to in the footnotes 11 and 12 of the standard.)</p>

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	(Para 19)		
<b>8. Entity's management</b>			
1	<p>Is the entity part of a larger organization?</p> <p>Does the entity have related bodies that might affect its A6.4 mechanism operations?</p> <p>(Para 28)</p> <p>Does the documented entity organisational structure reflect the duties, responsibilities and authorities of personnel and committees?</p> <p>Note: Evaluate that the documented structure facilitates operating in an independent, non-discriminatory, impartial &amp; transparent manner complying with national law.</p> <p>(Paras 20-21)</p> <p>Has the entity made its documented procedure for allocation of responsibilities publicly available? (Para 23)</p>		<p>(Ensure that the central office and related body are as per the definition specified in the paragraphs 8(d) and 8(o) respectively; and all related bodies are included in its impartiality analysis.)</p> <p>(Describe the documented organisation structure of the entity indicating the relationship of the entity function with other functions (if any) and the organisation structure/chart within the entity function.)</p> <p>(Report on whether the responsibilities for the overall performance of the entity and the performance of other important activities have been defined in the documentation (e.g. responsibility for decision making, selection and approval of validation/ verification personnel, team nomination, contract approval, complaint handling etc).)</p>
3	<p>Are management and top management activities carried out by the internal resources who have been made responsible as per the documented organisational structure of the entity?</p> <p>(Paras 22, 24-25 and 51)</p>		<p>(Describe how the entity ensures and demonstrates that management and top management personnel are competent as referred to in paragraph 72.)</p> <p>(Check the compliance of execution against documentation for para 22.)</p>

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4	Has the entity implemented its documented procedure for the appointments, terms of reference and operation of committees involved in A6.4 policy making or operational functions? (Para 26)		
<b>9. Safeguarding impartiality</b>			
1	Does the implementation of the procedures and systems of the entity ensure its integrity at all times, and there are no constraints that might influence its judgement or endanger its independence of judgement? (Paras 27-29)		
2	How does the entity ensure that its policy on safeguarding impartiality is understood and implemented at all levels of the organization?  Is the impartiality policy publicly available on its website? (Paras 30-32)		
3	Has the entity established a committee to safeguard its impartiality? How does its Impartiality Committee operate to safeguard impartiality at the organization level? (Paras 33-37)		(Describe the Impartiality Committee composition, independence of the committee, ToR, frequency of meetings, approval of the conflict of interest analysis and the mitigation measures, annual synthesis report sent to the A6.4 Supervisory Body, topics covered and inputs to the Impartiality Committee in the Impartiality Committee meetings.)  (Describe how the paragraph 36 has been implemented, if there is any such issue identified.)  (Describe how Impartiality Committee operates, if observed by the A6.4-AT.)

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4	Has the entity implemented its procedures and carried out the conflict of interest analysis to determine the potential threats to its impartiality?  Is the conflict of interest analysis reviewed at regular intervals (at least annually/significant changes)?  (Paras 38-42)		(Describe the approach used in carrying out the conflict of interest analysis, the frequency of review, and the suitability of the analysis vis-à-vis its operations.)
5	Has the entity implemented the documented procedure for the mitigation of threats against its impartiality?  (Paras 43-45)		(Check how the documented procedure covers the situation whenever a change in the conflict of interest analysis has occurred or in a case where a potential or actual conflict of interest has materialized as per paragraph 44.)  (Check whether its management personnel, top management personnel and validation and verification/certification personnel amongst others reveal the required information as per paragraph 45(f).)
6	Has the entity analysed and reviewed the effectiveness of its process to safeguard impartiality?  (Paras 46-48)		
<b>10. Human resources and competence</b>			
1	Does the entity have a system to determine the necessary resources and has it deployed sufficient resources for its validation and verification/certification (VVC) functions?  (Paras 49-50)  Does the entity periodically (at least annually) evaluate the sufficiency and		(Describe how the system determines and ensures necessary resources for each TA in which the entity intends to operate, within all A6.4 sectoral scopes in which the entity has applied for accreditation or has been accredited, including internal, external, board and/or committee, relating to its workload.)  (Describe how and when the last evaluation was done and its outcome.)

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
	accessibility of identified competent personnel? (Para 53)		
2	Are the personnel carrying out VVC functions under the supervision of entity management? (Paras 52 and 54)		(Describe how the entity fulfils its sufficient resources by using internal resources, allocating functions to other sites, using outsourcing to an entity and/or outsourcing to an individual.) (Describe who is responsible for the supervision and management of the human resources.)
3	Does the entity have at least one person qualified in the technical area to participate in the VVC and one person qualified to participate in technical review, in at least one technical area for each sectoral scope it intends to become accredited in and for each technical area it intends to operate in? (Para 55)		
4	Has the entity implemented its documented procedure for recruitment of personnel? (Para 56)		(Report the recruitment system of the entity.) (Describe how the system ensures that recruited personnel are inline with the initial documented competences for that level.) (Report on how the recruitment records indicate identification of any training needs to comply with documented initial competencies.)
5	Has the entity implemented its		

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
	<p>documented procedure to outsource functions, if applicable?</p> <p>e.g. (i) Outsourcing to legal entities only (ii) Outsourced functions are in accordance with Appendix-1 (iii) The outsourced functions are not further outsourced (iv) Taking full responsibility of all activities outsourced (v) Having contractual agreement with outsourced body to (a) perform VVC in accordance with A6.4 rules and requirements (b) comply with applicable requirements of the A6.4 accreditation standard, entity's policies/procedures including provision related to confidentiality and impartiality (Paras 57-62)</p>		
6	<p>Has the entity implemented its documented procedure to use outsourcing to an external individual (i.e. external resources), if applicable? e.g. (i) establish contract with external individual or its company, as applicable; (ii) contract with external individual to comply with entity's policies and procedures, including confidentiality and impartiality/independence; (iii) contract with external individual to notify entity any actual/potential impartiality issues. (Paras 63-65)</p>		
7	<p>Are the conducted and documented initial competence analysis and competence criteria in compliance with A6.4 accreditation standard requirements?</p>		<p>(Check whether the initial competence analysis provides competence criteria for to management personnel, management personnel and VVC personnel as per paragraph 68.)</p> <p>(Refer the technical knowledge related to methane monitoring technologies and oil and gas reporting and mitigation framework as per the appendix 2 for TA10.1, if the entity includes</p>

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
	(Paras 66-72 and appendixes 2 and 3) (i) Management personnel (Para 24) (ii) Top management (Para 25) (iii) VVC team (Para 71) (iv) Validation team (Para 71) (v) Verification team (Para 71) (vi) Validator/verifier (Para 71) (vii) Team leader (Para 71) (vii) Technical expert (Para 71) (viii) Technical review team (Para 71)		TA10.1.)  (Refer competence requirement including SD tool amongst others as per appendix 3, table 1, No: 1, 3), a) and b) and table 2, No: 1.)
8	Has the entity implemented its procedure to evaluate adequacy of its competence criteria taking into account performance of VVC functions as well as technological and scientific developments the knowledge of and skill in which may be required in order to maintain competence in sectoral scopes and technical areas in which the DOE operates or intends to operate, at least once in every two years? (Para 70)		(Refer to the definition of skill as per paragraph 8(r).)
9	Has the evaluation, demonstration and qualification of personnel been done as per the established criteria for (i) management personnel and (ii) Top management? (Paras 72-76)		(Describe details on the documented procedure related to evaluating its management personnel and top management personnel for demonstrating that they have appropriate competence and meet applicable requirements and for qualifying and authorizing them before performing such activities as per paragraph 72.)  (Check how the documented procedure addresses the qualifications of personnel for management and top management functions as per paragraph 73(b)(i).)

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10	Has the evaluation, demonstration and qualification of personnel been done as per the established criteria for (i) validator/verifier (ii) team leader? (Paras 72-76)		(Describe details on the documented procedure related to evaluating its VVC personnel for demonstrating that they have appropriate competence and meet applicable requirements and for qualifying and authorizing them before performing such activities as per paragraph 72.)
11	Has the evaluation, demonstration and qualification of personnel been done as per the established criteria for (vii) technical expert (viii) technical reviewer? (Paras 72-76)		
12	Has the entity implemented its procedure for performance monitoring e.g. on-the-job performance evaluation, subsequent continuous monitoring, monitoring process and monitoring method, ensure maintenance and update of competence of its personnel? (Paras 77-78 and 80-81)		(Report on whether the entity has the same system for internal and external resources, whether monitoring was carried out for external resources if used, the criteria/indicators and frequency of monitoring is adequate)
13	Has the entity ensured the maintenance and update of competence of its validation and verification personnel to keep up with newly introduced requirements taking into account technological changes and changes in A6.4 requirements? (Para 79)		

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14	Has the entity implement its procedure for both qualified personnel and to-be qualified personnel to (i) identify training needs (ii) providing training and its evaluation of effectiveness (iii) record keeping? (Paras 82-83)		
15	Does the entity maintain up-to-date personnel (internal and external) records with appropriate evidences? (e.g. qualifications, training, experience, affiliations, professional status, consultancy services.) (Para 84)		
<b>11. Information management</b>			
1	Has a list of all A6.4 project activities and PoAs been made publicly available? (Para 85)		(Refer to information related to accreditation and allocation of responsibilities amongst others as per paragraph 85 (a) and (c).)
2	Has the entity implemented the confidentiality policy and mechanism to safeguard the confidentiality of information obtained from A6.4 activity participants? (Para 186)		
3	Are entity personnel (internal and external) bound by the confidentiality requirements and must personnel obtain written consent of the project participants for any information which may be made public prior to any such information being		

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	disclosed, except for information which is required to be made publically available by the CMP? (Paras 87-88)		
<b>12. Validation and verification/certification process</b>			
1	Are the documented procedures implemented and maintained for proposal submission and contract review? (Paras 89-94, 62)		<p>(Report the process followed by the entity to enter into a contract for VVC services.) (A6.4-AT should describe on whether information collected is sufficient to ensure that:</p> <ul style="list-style-type: none"> <li>– There are no impartiality issues that contravene A6.4 accreditation requirements;</li> <li>– Project falls into technical area within accredited sectoral scopes;</li> <li>– Necessary human resources and competence and other capabilities are available</li> <li>– Other considerations)</li> </ul> <p>(If the contract review is carried out by an outsourced entity, report that DOE ensured that outsourced entity has access to information of DOE and its related bodies.)</p> <p>(Report whether contract review was conducted before submission of proposal/quotation to the activity participants based on the required information including information related to SD tool and outcome of the local stakeholder consultation amongst others as per paragraph 91.)</p>
2	Are the contracts signed between the PP and the entity (accredited legal entity) and by authorised persons on behalf of the both parties in accordance with the entity's documented procedure? (Paras 92-93)		<p>(Describe the nature of contractual arrangements and who are the authorization signatories.) describe whether contract review was approved by the authorised person in the entity before entering into the contract)</p>

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
3	<p>Are the documented procedures implemented and maintained for the selection of the VVC team?</p> <p>(Paras 95-99 and 71)</p>		<p>(Report on how the system of the entity addresses the following:</p> <ul style="list-style-type: none"> <li>– The entity ensures that the necessary team competencies are identified</li> <li>– Conflict of interest issues at project level are cleared before work is assigned</li> </ul> <p>Impartiality and independence of the team members are ensured through formal rules and/or contractual conditions.) (Describe how the entity obtains confirmation from the activity participants on its VVC team.)</p>
4	<p>Are the documented procedures implemented and maintained for the planning and performing of VVC functions?</p> <p>(Paras 100-101)</p>		<p>(Report on how roles are allocated amongst members of the VVC team and communicated to the activity participant.)</p> <p>(Describe how team changes are being addressed.)</p> <p>(Report on how the planning ensures that the effectiveness of validations/verifications has been carried out and that the necessary competencies/resources are deployed onsite.)</p>
5	<p>Are the documented procedures implemented and maintained for performing VVC functions in line with requirements in CMP decisions, the VVS, the PCP and other Board decisions?</p> <p>(Paras 100-101)</p>		<p>(Describe the sample size and whether the review of the project records give confidence that the VVC team of the entity has made in depth investigation of the claims made by the activity participant in the PDD.)</p> <p>(Describe how the VVC team of the entity remains competent throughout the VVC process.)</p> <p>(For an entity with no projects, review the validation and verification protocols/checklists to establish the adequacy of these documents to cover the VVS requirements.)</p>

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
6	Are the documented procedures implemented and maintained for independent technical review of draft VVC reports? (Paras 102-103)		<p>(Describe how the technical review is implemented during the VVC process.)</p> <p>(Describe whether technical reviewer(s) appointed are competent in technical area of the project.)</p> <p>(Describe whether the reviewer(s)/decision maker(s) are independent of the VVC team.)</p> <p>(Out of projects sampled, describe whether the technical reviewer(s) are as knowledgeable as the VVC team members.)</p> <p>(Describe how the technical review process is capable of capturing those requirements of the A6.4 RMP, VVS, CMA and A6.4 Supervisory Body decisions that might have been overlooked by the VVC team.)</p>
7	Are the documented procedures implemented and maintained for Issuance of final VVC opinions and reports? (Paras 104-106)		<p>(List processes and steps to arrive at the final decision and authorised signatory for the final decision of validation and verification opinion.)</p> <p>(Describe whether the final decision is being made by authorised management/top management of the entity)</p> <p>(Verify this while assessing decision making process of sampled projects.)</p>
8	Are the documented procedures implemented and maintained for the submission of request for registration and issuance of validation and verification reports, publication of PDDs and monitoring reports, requests for deviations		<p>(Report on whether these tasks are performed by internal resources of the accredited legal entity.)</p> <p>(Report on whether the implementation of the entity's procedure is in compliance with the corresponding A6.4 procedure.)</p>

Section ref.	Criteria Requirements	Complies (Y/N)	Comments from on-site assessment (Substantiate the compliance or non-compliance)
	from the methodology, post registration changes, requests for clarifications, and submission of new methodologies? (Paras 100-101)		
9	Are the documented procedures implemented and maintained for responding to requests for reviews from the A6.4 Supervisory Body? (Paras 100-101)		(Assess the implementation of the entity's procedure to address request for review raised by the A6,4 Supervisory Body.)  (Describe how request for review cases have been handled by the entity.)  (Report on how the entity's procedure ensures that effectiveness implementation of the corrective actions have been followed for these cases.)
<b>13. Quality management system</b>			
1	Does the entity establish a QMS and periodically update its QMS?  Does the entity top management demonstrate commitment to the development and implementation of QMS and ensure that the A6.4 policies and quality management system are understood, implemented and maintained at all levels of the organisation? (Paras 107-110)		(Describe how the requirements is met)
2	Has the top management appointed the A6.4 quality manager to ensure procedures for complying with A6.4 accreditation requirements are established, implemented and maintained?		

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	Is there evidence that the quality manager reports to top management on the performance of the quality management system? (Para 111)		
3	Are all documents (internally generated or from external sources) controlled as per the documented procedure of the entity? Where relevant, has the documentation been periodically updated? (Paras 112-113)		
4	Is the record management and control system implemented in accordance with the requirement of A6.4 accreditation standard and documented procedure of the entity? (Paras 114-119, 65, 94)		(Describe details on which records are categorized as permanent and which records are to be disposed and their retention time as per paragraph 116.)
5	Has the entity conducted internal audits (at least annually) to verify, that the A6.4 quality management system is operational in accordance with the defined procedure and intervals? (Paras 120-122)		(Report on when the previous internal audits were performed.)  (Report on whether the internal audit was performed by an independent and competent internal auditor qualified according to a pre-defined schedule, procedure and criteria established by the entity as per paragraph 121.)  (Describe whether the scope of internal audits covered all the A6.4 accreditation requirements and the quality management system of the entity.)
6	Do the records indicate the effectiveness of the corrective actions initiated in		

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	response to the internal audit reports? (Para 122)		
7	From the internal audits, can it be concluded that it is effective in verifying the QMS and its compliance to A6.4 requirements? (Para 120)		
8	Has the entity established, documented, implemented and maintained a procedure for the identification and management of non-conformities (applicable to the entity and any outsourced entity)? (Para 123)		(Report on how issues identified from A6.4 Supervisory Body reviews and internal reviews considered as non-conformities have been addressed by the non-conformity procedure.)
9	Is the procedure for identifying and managing corrective and preventive actions implemented? (Paras 124-128)		(Report on whether the procedure addresses how to identify root causes and criteria to choose corrective actions, etc.) (Report on whether corrective actions taken are effective in improving the operations.)
10	Are the management reviews conducted in accordance with the defined intervals (at least once per year) and are they effective to ensure the entity's QMS continues to comply with A6.4 requirements? (Paras 129-132)		(Report on whether the management reviews consider the relevant A6.4 accreditation requirements, including the footnote 32 of the standard.) (Describe when the previous management reviews were conducted.) (Describe whether the decisions taken in the management reviews were recorded and were used to make necessary changes for improvements.)

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<b>14. Complaint, dispute and appeal processes</b>			
1	<p>Has the documented procedure been implemented for investigation and taking appropriate correction and corrective action with respect to complaints/ disputes/ appeals? Was the complainant/appellant informed of the outcome?</p> <p>Has the entity made the documented procedure for handling complaints and appeals publicly available?</p> <p>Has the DOE make the documented procedure for handling disputes available to its clients upon request or if a dispute occurs?</p> <p>(Paras 133-140)</p>		<p>(Describe whether complaints, appeals and disputes have been defined as per A6.4 accreditation standard.)</p>



## ON-SITE ASSESSMENT REPORT SUMMARY FORM

<b>Entity name and address of site(s) assessed:</b>	
<b>UNFCCC entity ref. no.:</b>	
<b>Meeting start (date and time):</b>	
<b>Meeting close (date and time):</b>	
<b>Entity's personnel and management present (name and functional title):</b>	
<b>List of documents and reports prepared as part of this assessment:</b>	
<b>Comments and recommendations:</b>	
<input type="checkbox"/> This case is to be presented to the AEP since there is evidence that the entity intentionally provided false information, intentionally omitted to provide information that should have been provided, or deliberately violated an accreditation requirement.  If the checkbox above is ticked, the A6.4-AT shall substantiate issues in this section:	
<b>A6.4-AT leader signature:</b>	<b>Date:</b>

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### Document information

<i>Version</i>	<i>Date</i>	<i>Description</i>
01.1	9 October 2024	Editorial improvement to the table, along with additional instructions for assessing the A6.4 accreditation standard requirements.
01.0	24 April 2024	Initial publication.

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