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www.cirq.org

QUALITY MANUAL



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The content of this Quality Manual applies to and is proprietary to CIRQ. However, this manual is available for inspection by customers and other interested parties, on request.

Document control

This is a Controlled Document maintained on the CIRQ SharePoint site

Change Record

Revision #	Revision Date	Revised by	Description of Change
2.23	May 2026	J. Wood	Removal of ISO 27001:2013 transition text; full SharePoint update with descriptions
2.22	October 2025	J. Wood	Review and update content from 2025 ANAB assessments (ISO 17065, ISO 17021, ISO 27006:2024).
2.21	June 2025	J. Wood	Review and update findings from ANAB ISO 17021/27006 annual witness assessment.
2.20	February 2025	J. Wood	Update to provide requirements from ISO 27006-1:2024
2.18	Sept 2024	J. Wood	Review and update findings from ANAB ISO 17065 annual assessment.
2.18	June 2024	J. Wood	Implement corrections from 2024 Internal Audit. Remove all ISO 27701 language and requirements.
2.17	March 2024	J. Wood	Update to include requirements for ISO/IEC 27006 1.2:2021 <i>Withdrawn from ANAB Accreditation June 2024</i>
2.16	Feb 2024	J. Wood	Update to include requirements for ISO/IEC 27006-2:2021 in relation to ISO/IEC 27701:2019. <i>Withdrawn from ANAB Accreditation June 2024</i>
2.15	Oct 2023	J. Wood	Revise/fix ISO 20252 process documentation.
2.14	Feb 2023	J. Wood	Update to include requirements for ISO 27001:2022 and remove all text re: ISO 27001:2013
2.13	May 2022	J. Wood	Update to include requirements for ISO 27701 audit and certification services
2.12	Jan 2022	J. Wood	Update org chart and doc control # for ISO/IEC 27001:2022 audit report (per ANAB RFI)
2.11	Aug 2021	J. Wood	Update ISMS Application and justification of audit time text to reflect ISO/IEC 27006:2015 2020 Amendment to clause B.2.1
2.10	Apr 2021	J. Wood	Add ANAB ISO 17021-1:2015 accreditation mark and statement for ISO/IEC 27001:2022 certification program. Remove all PECB text.
2.9	Dec 2020	J. Wood	ANAB findings & system wide improvements
2.8	Oct 2020	J. Wood	Removal of CLC ISO/IEC 27001:2022 Audit Program Checklist to FC 2005 Audit Program Log (MASTER) to capture all client 3yr cycle data
2.7	March 2020	J. Wood	Revisions made to incorporate ISO 17021-1:2015 requirements for ISO/IEC 27001:2022 certification program
2.6	Jan 2020	J. Wood	Add ANAB ISO 17065 accreditation mark and statement for ISO 20252:2019 certification program.
2.5	Dec 2019	J. Wood	S9 Australian Audit Procedures, update of ISO 17065:2012 to align with ANSI Review; 2019 CIRQ & Insights Association Outsourced Services Agreement implemented for additional ISO 17065:2012 compliance
2.4	Sept 2019	J. Wood	Update: New CIRQ ISO 20252 Certification Mark(s)

2.3	February 2019	C. Kneidl/J. Wood	Revisions made to incorporate release of ISO 20252:2019.
	April 2010	C. Kneidl	Initial release

Certification Institute for Research Quality (CIRQ)

QUALITY SYSTEM MANUAL

I. Introduction

Launched in 2017, the Insights Association was formed through the merger of two organizations with long, respected histories of servicing the market research and analytics industry: CASRO (Council of American Survey Research Organizations, founded in 1975) and MRA (Market Research Association, founded in 1957). This resulted in a new, larger and more connected association with a unified, coordinated and higher profile voice, aligned in mission and message, and ultimately more effective at advancing the industry and profession in which we all share an abiding passion.

The Insights Association strives to effectively represent, advance, and grow the research profession and industry. Specifically, the organization:

- Provides government advocacy through legislative, regulatory, and judicial means.
- Cares for and improves the industry's image in the eyes of the media and public.
- Markets the business case for industry products and services to buyers and users.
- Sets and enforces professional standards.
- Establishes and reinforces best practices.
- Helps members grow their businesses, their departments, and themselves as research professionals.

In March 2026, the Insights Association – CIRQ's parent organization – formally achieved membership with the American National Standards Institute (ANSI) and has established a Technical Advisory Group (TAG) comprised of market research experts to serve on its mirror committee. Mirror committee experts represent CIRQ certified client companies and are key stakeholders in the established requirements contained within the ISO 20252 standard. For the initial phase of this effort, the CIRQ Board Chair will serve as the TAG Chair, and CIRQ's Managing Director will serve as the TAG's Secretariat. The TAG will provide leadership as the official voting U.S. body in the Technical Committee 225 (TC) of the International Standards Organization (ISO) in the development and maintenance of the quality and research process management system standard for the global insights and analytics industry.

ISO 20252:2019 will also undergo its 5-year review with a full review and revision, with a targeted publication date of September 2026. Two members of the mirror committee, and the US TAG Secretariat, will be participating in the Strategic Business Planning effort that will coincide with the 2026 publication of the revised ISO 20252 standard.

Insights Association believes that certification to the above-mentioned ISO standard will provide tangible benefits to research companies, to the clients of research companies, and to the public.

A certification body to serve the insights industry

With the January 1, 2017, merger between CASRO and the MRA to form the Insights Association, the name of CIRQ was officially changed to the Certification Institute for Research Quality, enabling the continued use of the CIRQ acronym, web domain and branding.

The Insights Association is uniquely positioned to carry on the work initially undertaken by CASRO to continue growth and development of this certification body and provide a credible and authoritative ISO 20252:2019 certification program for several reasons:

- (1) It is the only US-designated ANSI voting member representative to the ISO research standard development committee (ISO TC 225), and therefore has superior knowledge of the content, interpretation, and application of these standards applicable to the US and global research industry.

(2) Through its international members, its image of integrity, and its involvement in global research associations, Insights Association has earned a respected position in the global research community.

(3) The Insights Association is widely respected as the leading voice for U.S. research businesses and the executive leaders of those businesses.

CIRQ becomes an Accredited Certification Body

In Spring 2019, the CIRQ Board of Directors voted their approval of the recommendation by the CIRQ Managing Director to undergo formal compliance to ISO/IEC 17065:2012 *Conformity assessment — Requirements for bodies certifying products, processes and services* through accreditation by the American National Standards Institute (ANSI) National Accreditation Body (ANAB).

In the fall of 2019, the CIRQ Board of Directors again voted their approval of the recommendation by the CIRQ Managing Director to undergo formal compliance to ISO/IEC 17021-1:2015 *Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 1: Requirements* through accreditation by the American National Standards Institute (ANSI) National Accreditation Body (ANAB).



CIRQ's certification program for ISO 20252:2019 *Market, opinion and social research, including insights and data analytics — Vocabulary and service requirements* was formally accredited by ANAB to ISO/IEC 17065:2012 in January 2020.

CIRQ's certification program for ISO/IEC 27001:2013 *Information technology — Security techniques — Information security management systems — Requirements* was granted initial accreditation by the American National Standards Institute (ANSI) National Accreditation Body (ANAB) to ISO/IEC 17021-1:2015 in April 2021.



CIRQ was formally approved to transition to ISO/IEC 27001:2022 in April 2023 by ANAB, following a transition plan gap analysis that allows CIRQ to offer updated audit and certification services. CIRQ has established its transition arrangement for ISO/IEC 27001:2022 considering the requirements of the IAF MD 26:2023 document and all transition requirements as established by CIRQ's accreditation body, ANAB.

Purpose of the CIRQ Quality Manual

This Quality Manual introduces and establishes the requirements for ISO 17065:2015, ISO/IEC 17021-1:2015, and ISO/IEC 27006-1:2024 to support CIRQ's continual improvement as a fully accredited certification body for its ISO 20252:2019 and ISO/IEC 27001:2022 certification programs.

This document details the CIRQ Management System, and the requirements for establishing audit and certification programs for the global market research standard (ISO 20252) and the information security management system standard (ISO 27001).

This document has been made available to the public through the CIRQ website and can be found in the Steps to Certification section. The quality manual document is reviewed annually after internal and external accreditation audits to ensure continual improvement.

CIRQ's relationship to the Insights Association

CIRQ is the wholly owned subsidiary of the Insights Association, and its parent organization, the Insights Association may share services as appropriate for the administration and management of CIRQ, and those can include marketing (e.g., print, digital), press releases & communications, graphic design, information technology (IT) services and financial administration support (ISO 17065: 2012, 6.2.2.3, 6.2.2.4 Outsourced services). The current CIRQ IA Outsourced Services Agreement covers this type of relationship, as needed.

As of May 2026, the Insights Association was approved for full membership to ANSI. This accomplishment establishes the US as a voting member of the ISO Technical Committee (TC) 225 for market research and data analytics. Subsequently, a Technical Advisory Group (TAG) has been established, comprised of key industry stakeholders that will serve as a mirror committee for the TC to facilitate the US position on matters concerning the content update and requirements revisions for ISO 20252. The CIRQ Managing Director leads this effort as the TAG's Secretariat, and the CIRQ Board Chair serves as the inaugural TAG Chair.

When external services are used for CIRQ business, CIRQ's Managing Director has the discretion to research and secure vendors to provide required services. External vendors provide contracts and scope of work documents to CIRQ, which is kept within the CIRQ SharePoint, CIRQ Records, Outsourced Services folder. An annual Outsourced Services Log can be requested from CIRQ at any time and is updated as appropriate when *ad hoc* services are used for CIRQ business.

CIRQ shares the USPS mailing address and limited back-office functions with Insights Association, located at 1629 K Street, NW, Suite 300, Washington, DC, 20006. The back-office functions are limited to receipt of CIRQ invoice payments and some financial administration.

CIRQ's management system technology solution

As of early 2026, CIRQ migrated all of its record management into a custom Microsoft SharePoint solution with support from IT provider, Carrier Signal. Previously, CIRQ had an annual subscription to an Australia-based provider, Lucidity, and it was determined that SharePoint would solve many of CIRQ's needs including increased client growth and streamlining of the auditor documentation requirements.

CIRQ's SharePoint solution is divided into 3 main categories:

- CIRQ MS Administration: This library contains all of CIRQ's legal entity documentation, including records of CIRQ's Articles of Incorporation and liability insurance. This site is only accessible to CIRQ administration.
- CIRQ MS Management System: This library contains auditor resources, including audit documentation templates, forms, standards, and other files relevant to ISO 20252 or ISO 27001 lead auditor assignments. This site is only accessible to CIRQ administration and approved auditors.
- CIRQ SharePoint Home Landing: This 'hub' site contains links to all current clients. Only CIRQ administrators, the assigned auditor and primary client representative can access the Client SharePoint sites.

Note:

1. Throughout this manual the use of the term “shall” denotes mandatory requirements. The use of the term “should” indicate provisions which would normally be regarded as mandatory with any variations in only exceptional circumstances. The use of the term “may” indicate a possible way (i.e., an example) in which compliance with a requirement might be met.

References:

- ISO/IEC 17065:2012 *Conformity assessment — Requirements for bodies certifying products, processes and services*
- ISO 20252:2019 *Market, opinion and social research, including insights and data analytics — Vocabulary and service requirements*
- ISO/IEC 17021-1:2015 *Conformity assessment — Requirements for bodies providing audit and certification of ISMSs — Part 1: Requirements*
- ISO/IEC 27001:2022 *Information technology — Security techniques — Information security ISMSs — Requirements*
- ISO/IEC 27006-1:2024 — *Information security, cybersecurity and privacy protection — Requirements for bodies providing audit and certification of information security management systems*
- CIRQ Articles of Incorporation – State of Delaware
- IRS Group Exemption for CIRQ
- Insights Association Code of Standards and Ethics for Market Research and Data Analytics
- CIRQ IA Outsourced Services Agreement for ISO 17065:2012 Compliance

II. Definitions

[ISO/IEC 17065:2012, Clause 3](#)

[ISO/IEC 17021-1:2015, Clause 3](#)

[IAF MD 1:2018, Clause 2](#)

[IAF MD 2:2017, Clause 1](#)

For the purposes of this document, the terms and definitions given in ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015 the following shall apply:

1. Area of Concern - Departure from a particular system requirement, or failure to consistently implement a requirement, that is not likely to lead to a collapse of the ISMS. Areas of Concern should typically be resolved within 4 months. If not addressed these could lead to a system deficiency resulting in non-conformance. Areas of Concern will normally be reviewed at the next surveillance audit.
2. Audit time – The time needed to plan and accomplish a complete and effective audit of the client organization’s *research process* or *information security* management system
3. Auditor - Person who conducts an audit
4. Certification audit - Audit carried out by an auditing organization independent of the client and the parties that rely on certification, for the purpose of certifying the client’s ISMS
5. Checklists – Controlled documents used to ensure all required steps for a particular activity have been completed; completed checklists become records that shall be maintained.
6. Company – A research company seeking or holding certification to ISO 20252:2019. Certified companies are the customers or clients of CIRQ. The words “customer” and “client” may be used interchangeably to represent a certified company.
7. Competence – Ability to apply knowledge and skills to achieve intended results
8. Compliance – The assurance that specified requirements of a standard are met.
9. Corrective Action – Action taken to prevent a recurrence of a non-conformance. This requires an analysis to be undertaken to find out the cause of the non-conformance.
10. Documents – Controlled documents used to provide consistent information at various times throughout the auditing and certification process.

11. Duration of ISMS certification audits - Part of audit time spent conducting audit activities from the opening meeting to the closing meeting, inclusive of conducting the opening meeting; performing document review while conducting the audit; communicating during the audit; assigning roles and responsibilities of guides and observers; collecting and verifying information; generating audit findings; preparing audit conclusions; conducting the closing meeting
12. Forms – Controlled documents that support the quality and consistent completion of a required step within a procedure; completed forms become records that shall be maintained.
13. Guide - Person appointed by the client to assist the audit team. In many cases, this can be the ISMS consultant hired by the client.
14. Guidelines – Controlled documents used to provide direction (or guidelines) for a particular activity; these do not become records in and of themselves.
15. ICT – Information and communication technology used as an approved alternative to in-person auditing. ICT includes all web-conferencing platforms (e.g., Zoom, Teams, etc.).
16. Impartiality - Presence of objectivity. Objectivity means that conflicts of interest do not exist or are resolved so as not to adversely influence subsequent activities of the certification body. Other terms that are useful in conveying the element of impartiality include “independence”, “freedom from conflict of interests”, “freedom from bias”.
17. ISMS consultancy – A consultancy firm or individual who leads the participation in establishing, implementing or maintaining an ISMS under contract with their client
18. Major nonconformity – Nonconformity that affects the capability of the ISMS to achieve the intended results. Nonconformities could be classified as major in the following circumstances:
 - a. if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements
 - b. a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity
 - c. ISO/IEC 27001:2022: NCs shall be accompanied by the client’s Corrective Action Report
19. Minor nonconformity - Nonconformity that does not affect the capability of the ISMS to achieve the intended results
20. Multi-Site Organization - An organization covered by a single management system comprising an identified central function (not necessarily the headquarters of the organization) at which certain processes/activities are planned and controlled, and a number of sites (permanent, temporary or virtual) at which such processes/activities are fully or partially carried out.
21. Non-conformance - A total absence of the criteria for compliance with the nominated standard; or a situation that raises significant doubt as to the effectiveness of the ISMS to achieve its intended outputs.
 - a. ISO 20252: NCs must be resolved and closed within 2-4 months and may require a follow-up audit prior to the next surveillance audit.
22. Observer – Person who accompanies the audit team but does not audit
23. Observation – A positive or negative statement of fact that relates to the operations observed during the course of the audit.
24. Opportunity for Improvement – An opportunity that, if considered by the client, may provide a potential improvement to the ISMS
25. Permanent Site – Site (physical or virtual) where a client organization performs work or from which a service is provided on a continuing basis.
26. Product – The use of this word includes tangible products, as well as processes or services delivered to clients.
27. Projects - A definable piece of work carried out for a client (or group of clients) including all work carried out ad hoc, or a “wave” of tracking or continuous work.
28. Technical Area - rea characterized by commonalities of processes relevant to a specific type of ISMS and its intended results
29. Technical expert - person who provides specific knowledge or expertise to the audit team

30. Templates – controlled documents that provide a large majority of the text in a required communication between CIRQ and a client or applicant; these templates are customized to the individual company or situation and become retained records when completed.
31. Transfer of Certification - The recognition of an existing and valid management system certification, granted by one accredited certification body, (hereinafter referred to as the “issuing certification body”), by another accredited certification body, (hereinafter referred to as the “accepting certification body”) for the purpose of issuing its own certification.
32. Transition audit – Auditing to a revised or updated version to an ISO standard..
33. Virtual Site – Virtual location where a client organization performs work or provides services using an on-line environment allowing persons from different physical locations to execute processes
34. Workbooks – controlled documents set-up as Excel workbooks to ensure the quality and consistent completion of a series of required steps within various procedures; completed workbooks become records that shall be maintained.

III. Principles

ISO/IEC 17021-1:2015, Clause 4

The overall aim of certification is to give confidence to all parties that an ISMS fulfills specified requirements. The value of certification is the degree of public confidence and trust that is established by an impartial and competent assessment by a third-party. Parties that have an interest in certification include, but are not limited to:

- a) the clients of the certification bodies
- b) the customers of the organizations whose RPMS and/or ISMS are certified
- c) governmental authorities
- d) non-governmental organizations
- e) consumers and other members of the public.

CIRQ’s principles for inspiring confidence include impartiality, competence, responsibility, openness, confidentiality, responsiveness to complaints, and a risk-based approach.

IV. Scope of Certification Body

ISO/IEC 17065:2012 – Clause 4.4

ISO/IEC 17021-1:2015 – Clause 1

CIRQ has been established to provide auditing and certification services to Insights Association members, as well as other non-member survey research service providers, that wish to be certified to ISO 20252:2019 and ISO/IEC 27001:2022.

CIRQ offers its services globally. CIRQ certification services will not be restricted to, nor are these services conditional upon, the number of certifications issued.

The scope of this Quality Manual, and the Quality System (QS) it describes, is to address the policies and procedures needed to meet the requirements of:

1. Scheme document: *Accreditation requirements for organizations providing certification services to ISO 20252:2019 Market, opinion and social research including insights and data analytics within the*

territorial jurisdictions of Australia, UK, and USA. (Triumvirate MOU of The Research Society, The Market Research Society, and Insights Association respectively.)

2. ISO/IEC 17065:2012 *Standard for Conformity Assessment Requirements for bodies certifying products, processes, and services.*
3. ISO/IEC 17021-1:2015 *Conformity Assessment Requirements for bodies providing audit and certification of ISMSs.*
4. ISO/IEC 27006-1:2024 — *Information security, cybersecurity and privacy protection — Requirements for bodies providing audit and certification of information security management systems*

This Quality System addresses the way in which business is conducted by CIRQ in providing auditing and certification services to Insights Association members and non-members, relative to ISO 20252:2019 and ISO/IEC 27001:2022. The policies and procedures of CIRQ are administered consistently, impartially, rigorously, and in a non-discriminatory way at all times.

References:

- Scheme Document: *Accreditation requirements for organisations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA.* (June 2020)
- ISO/IEC 17065:2012
- ISO/IEC 17021-1:2015
- ISO/IEC 27006-1:2024
- CIRQ SharePoint Management System

V. Quality & Impartiality Policies

[*ISO/IEC 17065:2012, Clause 5.2*](#)

[*ISO/IEC 17021-1:2015, Clause 5.2*](#)

The quality policy of the Certification Institute for Research Quality (CIRQ) is.....

CIRQ is committed to providing timely, thorough, and impartial assessment of their customers' research process management system and/or information security management system in order to make a determination regarding certification to ISO 20252:2019 and ISO/IEC 27001:2022.

This quality policy is shared with all CIRQ staff and posted on CIRQ's website. The management of CIRQ ensures that the quality policy is communicated and understood within the organization through appropriate training, personal reinforcement, and implementation of quality objectives.

This quality policy and the Quality System are reviewed regularly to ensure that they:

- are appropriate and suitable for the organization
- include a commitment to comply with requirements and to continually improve the effectiveness of

- the quality system; and
- provide a framework for establishing and reviewing quality objectives.

CIRQ's impartiality policy is:

CIRQ is committed to impartiality in ISMS certification activities. CIRQ's Quality Policy is a publicly available statement stating that it understands the importance of impartiality in carrying out its ISMS certification activities as it manages conflict of interest and ensures the objectivity of its ISMS certification activities.

CIRQ's Board of Directors, personnel, external auditors, and technical advisors are committed to ensure that all ISMS Certification activities are undertaken in an impartial and unbiased manner.

CIRQ complies with the requirements of ISO/IEC 17021-1:2015 and ensures impartiality for all its personnel related to all certification activities.

CIRQ has established processes to identify, analyze, evaluate, treat, monitor, and document risks related to conflict of interests arising from provision of certification including any conflicts arising from its relationships on an ongoing basis. In case of threats to impartiality, CIRQ documents and demonstrates elimination or minimization of such threats and documents residual risk. In cases of residual risk, each instance is then reviewed to determine if it is within the level of acceptable risk. The demonstration covers all potential threats that are identified whether they arise from within the certification body or from activities of other people, bodies or organizations. Whenever a relationship poses an unacceptable threat to impartiality then certification will not be provided.

To ensure the above, CIRQ has established an Impartiality Committee of interested parties that include clients, representatives of industry associations, and customer organizations.

To demonstrate effective Implementation of this Impartiality policy:

- CIRQ will not certify another certification body for their efforts of research process management system (RPMS) or ISMS (information security management system) unless they are officially transferring their RPMS or ISMS to CIRQ.
- CIRQ will not provide Management Consultancy services for realization, continuity, and sustenance of certification.
- CIRQ will not conduct internal audits of its certified clients.
- CIRQ will not provide its services either marketed or offered as linked with organization providing management consultancy.
- CIRQ will not outsource audits to any RPMS or ISMS consultancy organization, nor allow any auditor who was responsible for providing RPMS or ISMS consultancy towards the client to be involved in audits.
- CIRQ will not state or imply that certification would be simpler, easier, faster or less expensive.
- CIRQ will take action to respond to any threats to its impartiality arising from the actions of other persons, bodies, or organizations.
- CIRQ personnel, both external and internal, or committees, who could influence certification activities will not allow any commercial, financial, or other pressures to compromise impartiality are required to sign and submit a No Conflict Statement (FC5001)
 - *It is the policy of CIRQ to disqualify any auditor from the responsibility of performing assessments or certification activity for any company in which the auditor has a current, prior or future interest. To the best of my knowledge, I will not accept assignments in which I have (1) a vested interest in the assigned client, (2) been employed by the client in some capacity within the past three years, currently, or will agree to be employed by the client in some capacity in the next year (3) provided consulting services to the client within the past two years or will provide consulting to the client in the next year, or (4) provided specific and*

tailored training services to the client within the past two years. If prior to or during the course of an assignment I identify a situation in which I believe the impartiality of the audit can be/has been compromised, I will notify the CIRQ Managing Director immediately.

- CIRQ requires revealing and recording of any situation of conflict of interest from its personnel for taking appropriate steps.

VI. Quality Objectives

CIRQ's quality objectives are to:

- Provide a valuable service to members and non-members that will help them strengthen the quality of the survey research services they provide.
- Provide a valuable service to members and non-members that will help them strengthen the quality of their information security management system and mitigate data breaches.
- Be the foremost respected certification body in North America for certification of research service providers to the ISO 20252:2019 and ISO/IEC 27001:2022.
- Establish strong links with other certification bodies and relevant organizations with coverage outside of North America.

VII. Confidentiality and Conflict of Interest

[*ISO/IEC 17065:2012, Clause 4.5, 6.1.1.3*](#)

[*ISO/IEC 17021-1:2015, Clause 8.4*](#)

[*ISO/IEC 27006-1:2024, Clause 8.4.2*](#)

Confidentiality

Protecting confidential CIRQ and customer information is critical to the integrity and reputation of CIRQ as a credible and authoritative certification body for ISO 20252:2019 and ISO/IEC 27001:2022, standards and to maintaining CIRQ's legal and corporate establishment.

It should be noted that since CIRQ is a wholly owned, non-profit subsidiary of Insights Association, a U.S. trade association, much of its administrative and financial operations are public record for individuals who may want to better understand the non-profit status. All information and documentation obtained from or provided by companies during the auditing and certification process, shall be treated as confidential by CIRQ and may not be disclosed to any third party (including the Insights Association) without the company's written consent. Information about an Organization which is already known to be available in the public arena may be disclosed without this written consent. Any additional information about the client obtained by the auditor or CIRQ management from sources other than the client (e.g. from a complainant or from regulators) shall be treated as confidential.

CIRQ maintains a password protected and limited use SharePoint cloud solution for all templates, forms, documents and client audit information. Only the Managing Director has super-administrative permissions, and auditors are assigned specific client folders during the audit planning cycle to which they are assigned. Information is secure and handled on a confidential basis at all times.

Unless authorized by the applicant in writing, details of applications for certification are also treated as confidential until the conclusion of the certification process. Information about a particular certified client or individual shall not be disclosed to a third party without the written consent of the certified client or individual concerned. Upon certification, companies achieving certification and their Statement of Applicability will be posted on the CIRQ website. Where a Company is unsuccessful in its application for certification, this information is not made available by CIRQ.

Where the law requires information about an applicant or certified company to be disclosed to a third party, CIRQ shall inform the customer of the information provided, as permitted by the law, or, where the law requires such information, without such consent.

All CIRQ staff (defined as employees, independent contractors, board members, or consultants) shall maintain the confidentiality of the information referenced above. Confidentiality of such information is addressed in the agreements signed by independent contractors and technical advisors, plus it is addressed in the CIRQ Organization Handbook. Within CIRQ, confidential information should be discussed only with those who, according to their position description, have a role to play.

Before the annual audit is performed, the CIRQ shall ask the client to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. Upon receipt of the completed FC 8002 ISO ISMS Pre-Audit Questionnaire, CIRQ shall determine whether the ISMS can be adequately audited in the absence of such information. If CIRQ concludes that it is not possible to adequately audit the ISMS without reviewing the identified confidential or sensitive information, it shall advise the client that the audit cannot take place until appropriate access arrangements are granted.

Conflict of Interest

CIRQ staff and contractors are prohibited from engaging in any conduct, activity, practice, or act which conflicts with, or appears to conflict with, the interests of CIRQ, including any conduct which is directly or indirectly unethical, dishonest, disloyal, disruptive, competitive or damaging to CIRQ's interests. CIRQ personnel shall not accept any money or other gifts or favors of more than nominal value from such an enterprise, particularly in situations where certification judgment may be influenced.

Definitions

Auditor: An independent contractor who assesses and documents compliance with a standard

Auditing Conflicts: Situations where an auditor audits a company for which they are currently employed or consulting, or for which they have been employed or done consulting in the past 3 years

Consultant: Anyone who provides assistance, advice, know how, or guidance in exchange for a payment currently or within the last 2 years

Consulting Ban List: A list of companies where auditors agree to not conduct audits for in the next 2 years

Consulting Conflict: When an auditor has done consulting for a competitive company of the client, and the client objects to the auditor being assigned to audit their company.

Self-Declaration of No Conflicts: A declaration from an auditor and/or client prior to each potential audit that they are not aware of any conflicts that exist between the client and auditor.

Personnel are expected to regulate their business conduct and business knowledge so as to avoid loss (either monetary or informational) to CIRQ that might arise from their influence on CIRQ decisions or their knowledge of CIRQ business and plans. Personnel are expected to:

- Foster professional conduct that reflects positively on CIRQ, its stakeholders, and the market, opinion and social research industry.
- Protect the organization from financial loss.
- There must be no unreported business relationship with any enterprise that supplies, benefits from, or competes with CIRQ.

CIRQ auditors declare any interest in or connection with an applicant company, certified company, or other company involved in or subject to the certification process, before taking on any assigned work, or before the situation arises. Such interests or connections apply to past, present and future involvement with the company. Declarations will be made in writing, and as follows:

No Conflict Statement (FC5001)

It is the policy of CIRQ to disqualify any auditor from the responsibility of performing assessments or certification activity for any company in which the auditor has a current, prior or future interest. To the best of my knowledge, I will not accept assignments in which I have (1) a vested interest in the assigned client, (2) been employed by the client in some capacity within the past three years, currently, or will agree to be employed by the client in some capacity in the next year (3) provided consulting services to the client within the past two years or will provide consulting to the client in the next year, or (4) provided specific and tailored training services to the client within the past two years. If prior to or during the course of an assignment I identify a situation in which I believe the impartiality of the audit can be/has been compromised, I will notify the CIRQ Managing Director immediately.

Such declarations and the outcomes shall be documented and retained on the CIRQ SharePoint in the client folders. Any person in doubt about whether a potential conflict of interest exists shall immediately place the facts before the Managing Director for his/her determination. And should the Managing Director be in doubt about whether a potential personal conflict of interest exists, he/she shall immediately place the facts before the CIRQ Board for their determination.

References:

- CIRQ Organization Handbook
- Annual Agreements signed by Independent Contractors (TS7001)
- Auditor Declaration of No Conflict (FC 5001)

VIII. Organization Responsibilities and Authority

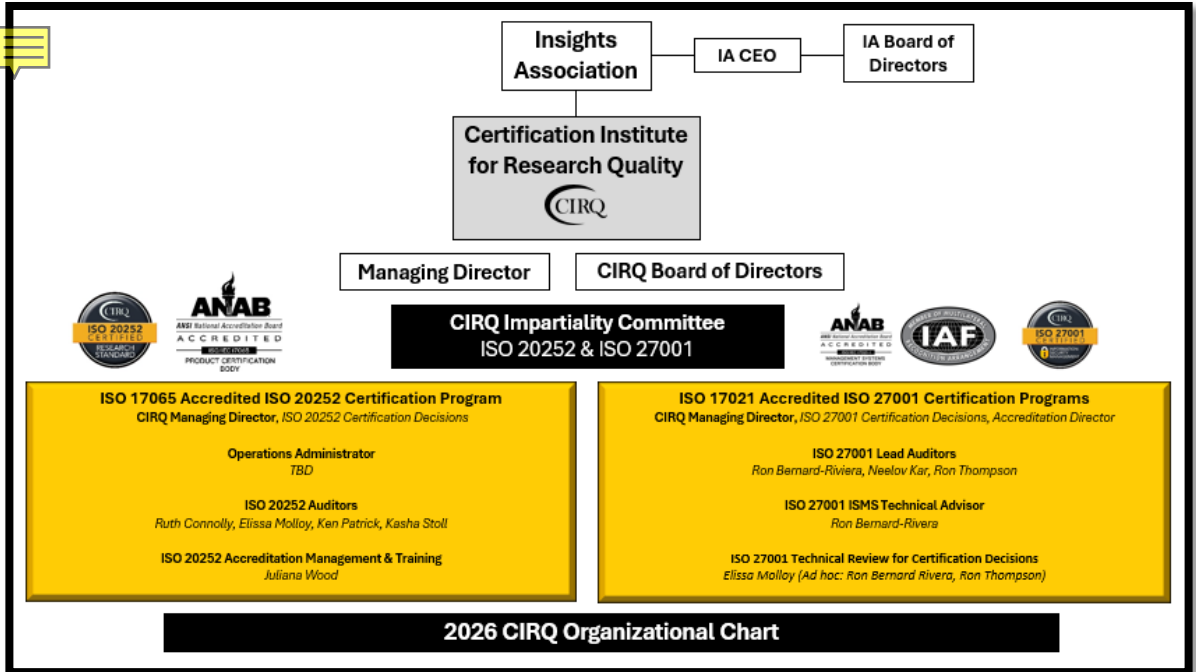
[ISO/IEC 17065:2012 – Clauses 4.1.1, 4.3, 4.4, 5.1, 6](#)

[ISO/IEC 27006-1:2024 - Clauses 5.2, 6](#)

CIRQ is set up as a wholly owned, non-profit subsidiary of Insights Association in order to facilitate impartiality and foster confidence in the auditing it conducts and the decisions it makes regarding certification to ISO 20252:2019 and ISO/IEC 27001:2013/ISO/IEC 27001:2022. CIRQ’s services are not dependent upon or a pre-requisite of membership in the Insights Association, as CIRQ does not discriminate, impede, or obstruct a client engagement, other than those policies and procedures outlined in this Quality Manual.

Documentation of CIRQ’s legal status and liability insurance are maintained at CIRQ offices. Financial records for the Insights Association and CIRQ are maintained separately for both organizations and securely maintained at the offices shared by the Insights Association and CIRQ. The organizational chart below reflects the general structure of CIRQ.

Image 1. 2026 CIRQ Organizational Chart for ISO 20252:2019 & ISO/IEC 27001:2022 & Certification Programs



The CIRQ Managing Director (MD) and the CIRQ Board of Directors are committed to the development, implementation and continual improvement of its QS. This commitment is demonstrated by:

- Ensuring that a Quality System is established, implemented, and maintained in accordance with ISO/IEC 17065:2012, ISO/IEC 17021-1:2015, and the *Accreditation requirements for organisations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA.*
- Establishing the CIRQ Impartiality Committee
- Ensuring that the policies and procedures of CIRQ are impartially administered
- Establishing the CIRQ Quality Policy and Quality Objectives
- Performing annual internal audits and Management Reviews to monitor the performance and effectiveness of the Management System
- Ensuring auditors/experts familiar with processes and requirements are provided access to up-to-date documented procedures and instructions through CIRQ's Management System pyramid on the CIRQ SharePoint.
- Communicating the importance of CIRQ's role in the market research, consumer insights, data analytics, and social opinion research to CIRQ staff and customers
- CIRQ's promotion of its auditing and certification services to survey research companies that represent potential customers.

CIRQ management ensures that Quality System responsibilities and authorities are defined and communicated within the organization, and among its Auditors and advisors. The following rules apply:

- A Managing Director who is a current Insights Association full time employee
- CIRQ trained Auditors including Independent Contractors
- A Training and Audit Advisor, who serves on a part-time basis, as an Independent Contractor
- A Technical Advisor for ISO 20252:2019, who serves on a part-time basis, as an Independent Contractor
- Technical Advisors for ISO/IEC 27001:2022 ISMS and certification review
- A Board of Directors is currently made up of industry volunteers who serve on a part-time basis and in an honorary capacity. At present, this Board consists of:
 - Managing Director of CIRQ
 - Insights Association CEO
 - CIRQ Board Chairperson
 - 4 additional CIRQ Board members (volunteers)

The CIRQ Board chair and the other 4 members represent various disciplines within the survey research industry. Overtime, as CIRQ grows, the Board may be increased by adding individuals representing the following:

- The individual responsible for the quality system in a CIRQ customer company certified to ISO 20252:2019
- The individual responsible for the information security ISMS in a CIRQ customer company certified to ISO/IEC 27001:2022
- A representative from another national association, if any, that establishes collaborative relationships with CIRQ
- An Insights Association Board member
- An Insights Association member, but non-Board member
- The Insights Association's General Counsel

The Insights Association CEO shall have interim financial responsibility for CIRQ. The Managing Director will report to the Insights Association CEO. A Training and Audit Advisor and a Technical Advisor will be consulted on a case-by-case basis for needs appropriate to ISO 20252:2019. CIRQ has also appointed competent and knowledge technical advisors for the ISO/IEC 27001:2022 program. Auditors will report directly to the Managing Director. As the base of customers grows additional positions may be created.

CIRQ shall solely retain the authority for granting, maintaining, extending, suspending, or withdrawing certification for ISO 20252:2019 and ISO/IEC 27001:2022.

All CIRQ staff will work in accordance with the existing CIRQ Organization Handbook, maintained on the CIRQ SharePoint – MS Management System site. During orientation training, CIRQ management, staff and Auditors are trained on their specific Quality System responsibilities outlined below. Responsibilities of CIRQ staff will be carried out in accordance with CIRQ’s policies and procedures.

Board of Directors:

ISO/IEC 17065:2012 – Clause 5.2

ISO/IEC 17021-1:2015 – Clause 5.2

To ensure impartiality and independence of CIRQ from the Insights Association, a CIRQ Board of Director Chairperson will be voted to the role by CIRQ Board Members. In consultation with the CIRQ Managing Director, additional nominees will be selected and voted into their role by a majority of current CIRQ Board members. This Board comprises individuals with appropriate experience and expertise drawn from a cross-section of disciplines and should represent parties concerned in the development of policies and principles regarding the functioning of CIRQ. There may be a need to supplement this Board from time to time due to growth, resignations, workload etc.

Prospective members may be identified by the Managing Director of CIRQ, the Insights Association CEO, or other Board members. Current members of the CIRQ Board or technical experts with appropriate expertise shall evaluate the nominee’s competence before a recommendation is made or accepted.

Management Reviews

ISO 17065:2012, Clause 8.5.2, 8.5.3

ISO 17021-1:2015, Clauses 10.2.5.2- 10.2.5.3

The CIRQ Board of Directors meets 3-4 times per year for a combination of conference calls, web-conferences (video) and in-person meetings to discuss the CIRQ quality management system. A subset of the Board – the CIRQ MS Operations Committee which consists of the IA CEO and the CIRQ Board Chair – undertakes the Management Review at least annually. The management review includes the following management inputs:

- a) results of annual internal and external audits
- b) feedback from clients and interested parties
- c) feedback from the CIRQ Impartiality Committee
- d) the status of corrective actions
- e) the status of actions to address risks
- f) follow-up actions from previous management reviews
- g) the fulfilment of objectives
- h) changes that could affect the management system
- i) appeals and complaints

The management review also addresses outputs that include decisions and actions related to the following:

- a) improvement of the effectiveness of the management system and its processes
- b) improvement of the certification body related to the fulfilment of ISO/IEC 17065
- c) improvement of the certification body related to the fulfilment of ISO/IEC 17021 & ISO/IEC 27006
- c) resource needs.

All review inputs and outputs are reviewed at least once per year and can increase as the need is identified, and these inputs and outputs are communicated to the CIRQ Board at the end of year meeting. An agenda guideline document is prepared and accompanies the presentation (e.g., PowerPoint) that is prepared for each meeting. These management review records are kept on the CIRQ SharePoint, CIRQ Records in the Management Review and CIRQ Board Meetings for the folder appropriate to the year.

The CIRQ MS Operations Committee responsibilities include:

- Ensure the independence and impartiality of CIRQ by providing support to the Managing Director or taking independent action, as needed
- Provide input regarding:
 - policies and principles of CIRQ related to impartiality of CIRQ's certification services
 - any tendency of CIRQ to allow commercial or other considerations to prevent consistent, impartial certification services
 - matters affecting impartiality and confidence in certification
- Approve appointment of, and continue liaison with, CIRQ's management team
- As requested by the Managing Director, assist with complaint/appeal issues and risk management issues
- Ensure adherence to the policies/procedures in the CIRQ Organization Handbook, which incorporates relevant sections of the Insights Association Board of Directors Book, including the Code of Conduct and the Code of Standards and Ethics for Survey Research
- Maintain the confidentiality of all information created or acquired during the course of offering its certification services, unless it is publicly available or when agreed between the client and CIRQ

References:

- CIRQ GLS4001 1.4 Management System Review

Managing Director

[ISO/IEC 17065:2012, Clause 6](#)

[ISO/IEC 17021-1:2015, Clause 7, 9, Annex A, D](#)

This role has overall responsibility for operational matters as detailed in the Core Procedure documents and the Support Procedures. Additional responsibilities include:

- Maintain the general operational matters of the CIRQ Management System in such a way to create confidence in and credibility with its auditing and certification services on a global basis
- Oversee and manage ANAB accreditation requirements for both certification programs and revise/edit CIRQ Quality manual as needed/required to maintain accreditation status
- Ensure & facilitate impartiality in CIRQ operations from outside influence in order to foster confidence in the auditing it conducts and the decisions it makes regarding certification to ISO 20252:2019 and ISO/IEC 27001:2022.
- Make certification decisions for ISO 20252:2019 and ISO/IEC 27001:2022; the managing director refrains from the evaluation (audit) process.
- Ensure auditors/experts familiar with CIRQ processes and requirements are provided access to up-to-date documented procedures and instructions through CIRQ's Management System (Microsoft SharePoint).
- Hire all CIRQ staff, including Auditors, and ensure all staff complete appropriate training
- Oversee activities of all staff and conduct annual review of their performance, except for Board Members who do not receive annual performance reviews; provide mechanism for CIRQ MD monitoring
- Review and approve all audit materials and refer to the CIRQ Board for input including making final determination on certification matters
- Regularly review customer satisfaction results and take action as needed
- Serve as liaison with external parties on matters relating to the quality system
- Create and support promotion of ISO 20252:2019 and ISO/IEC 27001:2022 certification to Insights Association members and non-members and other entities as opportunities arise.

- Develop and support new client audit and certification activities
- Develop and manage relationships with global entities interested in or supporting certification for their regions
- Deliver periodic reports to CIRQ Board on the performance of the Quality System's effectiveness and as a basis for determining improvement of the Quality System
- Develop and report financial projections with Insights Association CEO
- Represent CIRQ at industry events
- Develop new CIRQ offerings
- Day-to-day financial responsibilities (invoicing, vendor expenses, etc.)
- Develop cost quotations according to CIRQ procedures
- Track audit workflow including auditor responsibilities
- Serve as the super-administrator for the CIRQ SharePoint site
- Lead the refining of the CIRQ procedures
 - C1-C11 for ISO 20252:2019
 - IS1-IS10 for ISO/IEC 27001:2022
 - supporting procedures (S series documents)
- Documentation control and management oversight
- Manage annual combined Internal Audit Program
- Manage the Complaint, Appeal and Dispute procedure, as well as the Risk Management Procedure
- Field phone and email inquiries related to CIRQ
- Participate in marketing creation and associated efforts for CIRQ
- Update CIRQ website

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO/IEC 17065:2012, ISO/IEC 17021-1:2015, ISO 19011:2018, ISO 27006-1:2024, ISO 20252:2019, and ISO/IEC 27001:2022.
- Knowledge of scheme document: *Accreditation requirements for organizations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA.*
- Knowledge of and understanding of the CIRQ operational procedures and those Insights Association procedures which may impact on CIRQ management activities
- Market, opinion and social research industry knowledge and/or experience
- General computer skills
- Report writing skills
- Communication and consultation skills

Operations Administrator

An operations support role has been reintroduced on a part-time basis to support CIRQ's growth as it prepares to meet the demands of the market research industry's increased interest in ISO 20252 specific to data quality concerns. Responsibilities will increase over time and currently include:

- Assist in the maintenance of general operational matters of the CIRQ Management System in such a way to create confidence in and credibility with its auditing and certification services on a global basis
- Manage ISO 20252 auditor scheduling for current and new client audits
- Develop cost quotations according to CIRQ procedures
- Track audit workflow including auditor responsibilities and annual audit programming
- Assist in the revision of documentation and develop new ones to better address CIRQ's needs
- Support the ISO 17065 internal audit program
- Support CIRQ Board financial reporting for quarterly meetings and as requested

- Other duties assigned and as business demands increase

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO/IEC 17065:2012 and ISO 20252:2019
- Knowledge of scheme document: *Accreditation requirements for organizations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA.*
- Knowledge of and understanding of the CIRQ operational procedures and those Insights Association procedures which may impact on CIRQ management activities
- Market, opinion and social research industry knowledge and/or experience
- General computer skills
- Report writing skills
- Communication and consultation skills

ISO 20252:2019 Certification Program Training and Compliance Advisor – As needed

- Support the impartiality in CIRQ operations from outside influence in order to foster confidence in the auditing it conducts and the decisions it makes regarding certification to ISO 20252:2019.
- Support promotion of ISO 20252:2019 certification to Insights Association members and non-members
- Create and deliver training programs for interested companies.
- Council auditors on practices as needed.
- Sign a confidentiality, non-compete, and non-solicitation agreement

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO 20252:2019
- Competent in the auditing procedures and documentation process as established by CIRQ
- Market, opinion and social research industry knowledge and/or experience
- General computer skills
- Report writing skills
- Communication and consultation skills

Technical Advisor for ISO 20252 – As needed

This role has overall responsibility for technical matters as detailed in the C1 through C11 Procedures (CIRQ Quality Manual, pages 30-37). Additional responsibilities include:

- Technology and technical oversight and direction regarding the operations of CIRQ
- Oversight and guidance regarding the technology, as well as the technical aspects, related to ISO 20252:2019 certification
- Support facilitation of impartiality in CIRQ operations from outside influence in order to foster confidence in the auditing it conducts and the decisions it makes regarding certification to ISO 20252:2019.
- Support promotion of ISO 20252:2019 certification to Insights Association members and non-members
- Deliver periodic reports to CIRQ Board of Directors on issues related to technology and the

- performance of the Quality System's effectiveness in relation to technology and technical matters
- Sign a confidentiality, non-compete, and non-solicitation agreement

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO 20252:2019
- Market, opinion and social research industry knowledge and/or experience
- Strong information technology and technical knowledge and experience pertinent to those technologies and approaches used, and projected to be used in the market, opinion and social research industry. Recent research experience in this area is preferred.
- Report writing skills
- Communication and consultation skills

ISO 20252:2019 Auditors:

A pool of Auditors has been established and is maintained by CIRQ from which certification auditing teams (or individuals) are appointed. CIRQ maintains the current resume, competency review and annual performance assessments in the CIRQ personnel files. Dates of the most recent record are also included in the file.

CIRQ has determined the criteria for the competence of personnel for each function in the certification process, taking into account the requirements of the scheme; identifies training needs and provide, as necessary, training programmes on certification processes, requirements, methodologies, activities and other relevant certification scheme requirements; demonstrates that the personnel have the required competencies for the duties and responsibilities they undertake; formally authorize personnel for functions in the certification process. Performance of the personnel is monitored and assessed annually at a minimum.

The Auditors appointed shall be independent and free of any conflict of interest in performing their function and ideally have market research industry experience to best serve CIRQ's core client base. The Lead Auditor role has overall responsibility for audit management functions as detailed in the C1 through C11 Procedures section of this manual for ISO 20252:2019 client audits.

Additional responsibilities include:

- As part of the Auditor pool, and following assignment of audit functions to the Auditors, Auditors shall keep the Managing Director informed of all activities related to the audit, including changes that may occur throughout the process. Communications shall be undertaken in a timely manner.
- Use of the audit and other support tools provided by CIRQ
- Limit all reporting to the Managing Director, to ensure the interests of all parties are preserved
- Sign a confidentiality, non-compete, and non-solicitation agreement, when first hired as an auditor
- Confirm that they have no conflict of interest related to the assigned client prior to each audit
- Support the facilitation of impartiality in CIRQ operations from outside influence in order to foster confidence in the auditing it conducts and the decisions it makes regarding certification.
- Maintain the confidentiality of all information created or acquired during the course of offering its certification services, unless it is publicly available or when agreed between the client and CIRQ

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO 20252:2019
- Trained auditor according to the training standards prescribed by CIRQ
- Market, opinion and social research industry knowledge and/or experience
- General computer skills
- Report writing skills
- Communication and consultation skills

References:

- CIRQ Core Procedures, C1-C11 – ISO 20252:2019
- CIRQ Support Procedures, S1-S11
- CIRQ Auditor Training Manual-Version 2025, Ongoing Annual Training 2018-Present
- Competencies of Personnel involved in the ISO 20252 Audit & Certification process (FS 7003 1.1)
- ISO 20252 Annual Auditor Assessment Form (FS 5000 1.0)
- IRS Group Exemption for CIRQ
- Independent Contractor Confidentiality, Non-compete, and Non-solicitation Agreement (TS7001)
- Non-Disclosure/Declaration of No Conflict (FC5001)

ISO/IEC 27001:2022 Certification Program:

ISO/IEC 27001:2022 Personnel Knowledge, Competence and Training

ISO/IEC 17021-1:2015, Clauses 7.1.2, 7.1.3, 7.2, Annex A, B, C

ISO/IEC 27006-1:2024, Clause 7.1.3

CIRQ has a series of processes for selecting, training, and formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity. The initial competence evaluation of an auditor shall include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit.

The steps below give an overview to the auditor selection process for Clients (e.g., auditees), which is detailed in the Core Process Definitions for ISMS Certification beginning on page 39. The sections that follow go into detail on the CIRQ process and procedures for determining audit and technical advisor personnel knowledge, competency, behaviors, and training.

1. The CIRQ Managing Director reviews the application sent by the auditee.
2. CIRQ Technical Reviewer reviews the audit scope and Statement of Applicability
3. CIRQ reviews the recommendations made for "Skill set required for this auditee" (look at competency form and update as needed!!)
4. CIRQ Managing Director reviews the auditor pool and availability of the auditors
5. CIRQ invites pre-qualified auditors
6. If a pre-qualified auditor is not available, then search from the pool of approved auditors
7. Auditor criteria matches and a resume is sent to the auditee
 - a. Note: if the assigned Lead Auditor is new to CIRQ, the audit will be observed/witnessed by either/both the CIRQ Managing Director/Technical Advisor when other competency characteristics have been satisfied (see below)
8. Auditee formally accepts the auditor
9. CIRQ assigns the auditor to the auditee and introduces both parties
10. CIRQ requests NDA and conflict of interest from the auditor
11. The CIRQ reviews the NDA and conflict of interest document
12. The CIRQ formally assigns the auditor
13. The audit selection process completes when both parties are formally notified, and Application & Audit Program Log are updated

CIRQ's ISO/IEC 27001:2022 personnel and auditors are required to have knowledge of all of the requirement contained in ISO/IEC 27001 and ISO/IEC 27002:2022, including Annex A and their implementation. To meet the following criteria for verifying their background experience, Lead ISO 27001 Auditors must have specific training or briefing that ensures at least:

- a) knowledge of information security
- b) technical knowledge of the activity to be audited
- c) knowledge of management systems
- d) knowledge of the principles of auditing
- e) knowledge of ISMS monitoring, measurement, analysis, and evaluation.

Further, all CIRQ ISMS auditors shall have knowledge of - whether individual or as a collective team assigned to an audit:

- a) ISMS specific documentation structures, hierarchy and interrelationships
- b) information security risk assessment and risk management
- c) processes applicable to ISMS.
- d) information security management related tools, methods, techniques and their application;
- e) the current technology where information security can be relevant or an issue.

NOTE: Further information on the principles of auditing can be found in ISO 19011 and in the CIRQ on-demand Internal Auditor Training program. Please contact CIRQ's Managing Director for more information, participant fee structure, and access to this program.

CIRQ is a customer-focused certification body, and as such, knowledge, experience, and competency skills are coupled with personal behavior and demeanor when considering the assignment of a client onsite or remote audit. These behaviors include the ability to be professional, ethical, open-minded, diplomatic, collaborative, observant, perceptive, versatile, tenacious, decisive, self-reliant, morally courageous, organized & efficient.

Lead auditors are expected to have knowledge of the client's services, processes and organization, as CIRQ does not certify any client's product. The audit team members shall, collectively, have a working knowledge of:

- a) the impact of organization type, size, governance, structure, functions and relationships on development and implementation of the ISMS and certification activities, including outsourcing
- b) complex operations in a broad perspective
- c) legal and regulatory requirements applicable to the service.

Lead auditors are expected to have knowledge of the client's business management practices including:

- a) industry information security good practices and information security procedures;
- b) policies and business requirements for information security;
- c) general business management concepts, practices and the interrelationship between policy, objectives and results;
- d) management processes and related terminology.

NOTE These processes also include human resources management, internal and external communication and other relevant support processes.

Lead auditors are expected to have knowledge of the client's business sector including:

- a) the legal and regulatory requirements in the particular information security field, geography and jurisdiction(s), which may be shared among an audit team when more than one Lead Auditor is assigned to a client audit

NOTE Knowledge of legal and regulatory requirements does not imply a profound legal background.

- b) information security risks related to the business sector;
- c) generic terminology, processes and technologies related to the client business sector;
- d) the relevant business sector practices.

Auditors should have knowledge and understanding of regulatory requirements on the following:

- intellectual property;
- content, protection and retention of organizational records;
- data protection and privacy;
- regulation of cryptographic controls;
- electronic commerce;
- electronic and digital signatures;
- workplace surveillance;
- telecommunications interception and monitoring of data (e.g. email);
- computer abuse;
- electronic evidence collection;
- penetration testing;
- international and national sector-specific requirements (e.g. banking).

Note: It is possible that for a particular sector, knowledge and understanding is established in a specific standard

In addition, the following performance indicators, training, and documentation are required to meet the increased requirements to advise and audit for ISO/IEC 27001:2022:

- Knowledge (see table A.1 below)
- Competency
- Professional Experience
- Client Feedback
- Interviews
- Witness Audits
- Examinations & Evaluations

Knowledge:

Overall, it is CIRQ policy that auditors (independent contractors) for the ISO/IEC 27001:2022 program are responsible for knowledge of all requirements contained in ISO/IEC 27001:2022, providing proof of their lead auditor knowledge, skills, and training, and for maintaining their education and competency strengths to serve as lead auditor.

Additionally, all members of the audit team shall have knowledge of: all controls contained in ISO/IEC 27002 and their implementation, categorized as: information security policies; organization of information security; human resource security; asset management; access control, including authorization; cryptography; physical and environmental security; operations security, including IT-services; communications security, including network security management and information transfer; system acquisition, development and maintenance; supplier relationships, including outsourced services; information security incident management; information security aspects of business continuity management, including redundancies; compliance, including information security reviews.

Table A.1 below provides an overview of CIRQ personnel knowledge – Managing Director, Technical Advisor, Lead Auditor – as it relates to their role within the certification process.

Table A.1 Knowledge for ISMS Auditing and Certification

Knowledge and skills	Certification functions		
	<i>CIRQ Managing Director:</i> Conducting the application review to determine audit team competence required, to select the audit team members, and to determine audit time	<i>CIRQ Technical Advisor for certification decisions:</i> Reviewing applications, audit reports and making certification decisions	<i>CIRQ Lead auditor:</i> Auditing and leading the audit team
Knowledge of business management practices			X
Knowledge of audit principles, practices, and techniques	X	X	X
Knowledge of ISO/IEC 27001:2022	X	X	X
Knowledge of ISO/IEC 27002:2022	X	X	X
Knowledge of CIRQ processes	X	X	X
Knowledge of client's business sector	X	X	X
Knowledge of client products, processes, and organization	X		X
Language skills appropriate to all levels within the client organization	X		X
Note-taking and report-writing skills	X		X
Presentation skills	X		X
Interviewing skills			X
Audit Management skills			X
Identification and handling of personally identifiable information (PII);		X	X
NOTE: Risk and complexity are other considerations when deciding the level of expertise needed for any of these functions. NOTE: Knowledge of legal and regulatory requirements does not imply a specific educational degree in judicial or related study programmes.			

Competency:

CIRQ will also evaluate the numerous sources listed below to determine ongoing competency, as well as considerations to grow the auditor pool. ISO/IEC 27001:2022 Auditors and Technical Advisors are required to have a Competency Form in their personnel folder on the CIRQ SharePoint site, which will be reviewed before the assignment of each new client audit engagement.

New candidates for independent contractor auditors must demonstrate knowledge and competency prior to any audit assignment within CIRQ and must submit a CIRQ Auditor Competence Form which documents:

- Resume or CV: professional education or training to an equivalent level of university education; at least four years full time practical workplace experience in information technology, of which at least two years are in a role or function relating to information security
- Lead Auditor & Industry Certifications: successful completion of at least five days of training, the scope of which covers ISMS audits and audit management, resulting in a Lead Auditor Certificate from an approved issuing authority
- Audit Log: experience in the entire process of assessing information security prior to assuming responsibility for performing as an auditor. This experience should have been gained as an auditor-in-training monitored by an ISMS evaluator in at least one ISMS initial certification audit (stage 1 and stage 2) or re-certification and at least one surveillance audit. This experience shall be gained in at least 10 ISMS on-site audits days and performed in the last five years. The participation shall include document review; review of risk assessment and its implementation, and audit reporting
- Training: keeps current knowledge and skills in information security and auditing up to date through continual professional development provided by CIRQ throughout the year and other approved education providers.

Resumes/CVs

CIRQ will keep the resume/CV within the personnel folders of all current ISO/IEC 27001:2022 auditors as a record of knowledge, showing work experience, audit experience, education and training. Other records, including past performance appraisals and certificates of completion for subject matter expert training, can also serve when added to the primary resume or CV document. These documents will also be utilized during the audit planning process, for formal client approval of the selected auditor.

Client Feedback

Upon completion of the assigned audit, a CIRQ Client Feedback form is sent clients requesting general questions about auditor performance, knowledge and competency through the entire audit planning process. These are stored in the client folders on the CIRQ SharePoint site and taken into account during the annual assessment period, typically distributed in January, evaluating the previous year's performance.

Interviews

CIRQ's managing director, and technical advisor, will undertake interviews of new auditors as the CIRQ business grows. These interviews would likely be via phone, unless in person can be arranged with little or no additional effort. Interviews will set the baseline for auditor roles within CIRQ, brief role descriptions, followed by more formalized documentation (e.g., CIRQ Handbook, CIRQ Quality Manual) for review.

Witness Audits & Onsite Evaluation of New Auditors

CIRQ will strive to undertake at least one Witness Audit per calendar year of the ISO/IEC 27001:2022 audit staff. This can be done either in person at a client audit site, or via remote audit using web conferencing software (ICT), both with prior planning and approval by client for Observers during the audit. The Client is permitted to request the participation of observers during an audit, as appropriate to the facilitation of the audit schedule and scope (e.g., project managers, annex owners, quality, and compliance representatives, etc.). CIRQ may also request the Client to make provisions, where applicable, to accommodate the presence of observers (e.g., accreditation assessors or trainee auditors). Witness audits will be executed with the same level of confidentiality as is expected in the in-person audit environment.

For the evaluation of new auditors, either CIRQ's Managing Director or assigned Technical Advisor will observe the candidate auditor in person or remotely via ICT. A Witness Audit Report will be drafted by the assigned observer to determine initial competence which includes the ability of the auditor to apply the required knowledge and skills during audits. Once competence is determined by a competent evaluator observing the auditor conducting an audit, the new auditor will be assigned to lead CIRQ ISMS audits.

Evaluations

CIRQ maintains an ISO/IEC 27001:2022 Auditor Evaluation, and Selection process for the initial competence review, and ongoing monitoring of competence and performance of all personnel involved in the management and performance of audits and other certification activities, applying the determined competence criteria. The initial review process for personnel includes evaluation by the Managing Director and Technical Advisor.

- **Initial Competence Evaluation:** Before a formal hiring decision is made, CIRQ will assign a Sample Audit. Using a completed CIRQ ISMS Application form (fictitious company) and the CIRQ Audit Report template, the Auditor will fill it out for a Non-Conformance finding that there had been no management review meeting performed in the previous year. This will be reviewed and approved by the assigned CIRQ Technical Advisor and CIRQ Managing Director. *A witness audit of a prospective auditor by the CIRQ Managing Director will be accepted during an initial competence evaluation, and a report will be generated with observations from the CIRQ MD. The report will be filed within the personnel folder for the new auditor as part of the personnel file.

The completed CIRQ Comprehensive Auditor Competence Form will be approved and signed by CIRQ's Managing Director and filed in the Auditor's personnel file stored on the CIRQ SharePoint site.

CIRQ documents and monitors the process for ongoing auditor competence through the formal Annual Auditor Assessment, performed annually in January reflecting on the previous year. CIRQ's Managing Director will schedule annual performance meetings in January, reflecting on the previous year. It is the goal to complete the process by Jan 31 annually. The assessment form is composed of 4 sections:

- Section 1: During the interview, the MD will discuss the listed questions and capture input. The draft performance review will be sent via email for the auditor's responses.
- Section 2: CIRQ will input all of Section 2. The auditor is open to comment on the 3 evaluation categories.
- Section 3: Any disputes or conflicts that arise from the interview and responses will be documented on the form in Section 3.
- Section 4: If there are no comments for Section 3, the MD and CIRQ auditor will sign and date the form and it will be filed in the audit's personnel folder on the CIRQ SharePoint site.

Currently, all CIRQ personnel involved in the ISO/IEC 27001:2022 program have sought their Lead Auditor/Technical Advisor training from external providers. CIRQ maintains all evidence of training, certifications, resumes/CVs and other related support documentation for management system personnel (e.g., ISO/IEC 27001:2022) are maintained within the CIRQ Audit Program Log and in the CIRQ Personnel files stored on the CIRQ SharePoint site.

ISO/IEC 27001:2022 Technical Advisors for Certification Decisions

[*ISO/IEC 17021-1, 7.1, 7.2, Annex A, Annex D*](#)

CIRQ has processes for selecting, training, and formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity. The initial competence evaluation of an auditor shall include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit. Technical Advisors for Certification Decisions shall also have knowledge of management systems in general, audit processes and procedures and audit principles, practices, and techniques.

Additional responsibilities include:

- Oversight and guidance regarding the technology, as well as the technical aspects, related to ISO/IEC 27001:2022 certification decisions
- Support facilitation of impartiality in CIRQ operations from outside influence in order to foster confidence in the auditing it conducts and the decisions it makes regarding certification to ISO/IEC 27001:2022.
- Serve as technical review for initial and recertification ISO/IEC 27001:2022 certification decisions in support of final certification decision performed by Managing Director
- Support promotion of ISO/IEC 27001:2022 certification to Insights Association members and non-members
- Sign a confidentiality, non-compete, and non-solicitation agreement

Qualifications, Competencies and Knowledge requirements:

- Competent in the interpretation of ISO/IEC 17021-1:2015, ISO 27006-1:2024, ISO/IEC 27001:2022.
- ISMS specific documentation structures, hierarchy and interrelationships; information security management related tools, methods, techniques and their application; information security risk assessment and risk management; processes applicable to ISMS and PIMS
- Strong information technology and technical knowledge and experience pertinent to those technologies and approaches used, and projected to be used in the market, opinion and social research industry. Recent research experience in this area is preferred.
- Report writing skills
- Communication and consultation skills

ISO/IEC 27001:2022 Lead Auditors

[ISO/IEC 17021-1, 7.1, 7.2, Annex A, Annex D](#)

[ISO/IEC 27006-1:2024](#)

CIRQ selects auditors to conduct ISMS audits that shall possess the following criteria to ensure that each auditor meets the following requirements:

- Professional education or training to an equivalent level of university education
- Practical workplace experience in information security which is sufficient to act as auditor for ISMS;
- **Has** received sufficient training regarding ISMS auditing and demonstrated skills of auditing an ISMS according to ISO/IEC 27001. This experience shall be gained by performing as an auditor-in-training monitored by an ISMS evaluator (see ISO/IEC 17021-1:2015, 9.2.2.1.4) in at least one ISMS initial certification audit (stage 1 and stage 2) or re-certification and at least one surveillance audit. This experience shall be gained in at least 10 ISMS on-site audits days and performed in the last five years. The participation shall include document review; review of risk assessment and its implementation, and audit reporting;
- Maintains relevant and current knowledge and skills in information security and auditing.
- Knowledge of certification body's processes
- Knowledge of client's business sector, including client products, processes and organization
- Language skills appropriate to all levels within the client organization

CIRQ Personnel

Names, qualifications, and experience of CIRQ Management, Auditors or Advisors are available by referencing files established and maintained on the CIRQ MS Administration SharePoint site (Governance folder).

References:

- CIRQ Core Procedures, IS1-IS10 – ISO/IEC 27001:2022 (CIRQ Quality Manual, pages 38-56)
- CIRQ Support Procedures, S1-S11 (CIRQ Quality Manual, pages 57-68)
- CIRQ Auditor Training Manual-Version 2025, Ongoing Annual Training 2018-Present
- FC 2005 1.0 ISO/IEC 27001:2022 Audit Program Log (Master)
- TS 7006 1.2 Comprehensive Auditor Competence Form
- IRS Group Exemption for CIRQ
- Independent Contractor Confidentiality, Non-compete, and Non-solicitation Agreement (TS7001)
- Non-Disclosure/Declaration of No Conflict (FC5001)

IX. Management System Structure

ISO/IEC 17065:2012, Clause 8.1

ISO/IEC 17021-1:2015, Clauses 8, 10.2 Option A

CIRQ has established, documented and maintains a Management System which is regularly reviewed to identify ways in which its effectiveness can be improved in accordance with the requirements of ISO/IEC 17065:2012 and ISO 17021-1:2015.

CIRQ utilizes the Microsoft SharePoint platform for all quality system, personnel and operational documents. The CIRQ Managing Director has super-administrative rights to assign specific client folders to auditors during the audit planning process to which they are assigned. Permissions for the system are password protected to guard the confidentiality of the client folders contained within.

Management System Documents: Consist primarily of the Quality Policy, the Quality Objectives and this Quality Manual, along with several other documents that are controlled and only change on a very infrequent basis such as the Schedule of Fees. The Quality Manual contains the Quality Policy and the Quality Objectives and also references other policies and the processes constituting the Quality System, which have been established to conform to the requirements of ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015.

The Quality Manual contains references to all Management System procedures, which further detail the processes defined later in this document and include the detailed procedures required by ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015. They define steps taken to ensure the quality of services offered by CIRQ, show who is responsible for implementing the procedure, and indicate timelines for key steps of various procedures. Related forms, checklists, templates, etc., reference materials, and required records are referenced in the procedures.

In this Quality Manual, CIRQ has identified:

- 11 Core “C” Procedures for ISO 20252:2019
- 10 ISMS Core “IS” Procedures for ISO/IEC 27001:2022
- 11 Support processes needed for its Management System to provide consistent auditing and certification services to its customers.

These Core & Support processes address the requirements of *Clauses 7.11, 7.12, 8.3, 8.6, and 4.1.3, 6.1, 7.2, 7.2, 7.4, 7.4.6, 7.6, 7.9, 7.10, 7.13, of ISO/IEC 17065:2012 and Clauses 9.6.5, 9.9, 10.2.4, 10.2.6, 7, 9.2.2, 9.1.1-9.1.2, 9.1.3, 6, 9.5, 9.6, 9.7, 9.8 and Annex A of ISO IEC 17021:2015:1.*

All are outlined in the following sections of this manual.

References:

- S6 Documentation Procedure
- CIRQ MS Administration and Management System SharePoint sites

X. Operations

ISO/IEC 17065:2012, Clause 7

ISO/IEC 17021-1:2015, Clause 7

The certification schemes covered in this manual comply with ISO 17065:2012 and ISO/IEC 17021-1:2015 and ISO 27006 respectively and is in accordance with the *Accreditation requirements for organizations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA* (June 2020) for certification bodies certifying to ISO 20252:2019. It shall apply to all companies seeking certification, and these companies shall meet the requirements of ISO 20252:2019 and/or ISO/IEC 27001:2022. These companies will also comply with the appropriate code of standards for the industry associations in which they hold membership and comply with appropriate laws/regulations based on their geographic coverage.

Following is a high-level outline describing the process of certification beginning with the initial request from a prospective client to the issue of the Certificate of Compliance, and through the 3-year cycle of Surveillance Audits and the Re-Certification Audit. Also included in the following outline is a description of the Support Processes needed for CIRQ's quality system. Refer to the C1-C11 Procedures-ISO 20252 document and the S1-S11 Procedures documents for a more detailed explanation of CIRQ's certification process and support procedures.

See also the Core IS 1 - IS 9 Procedures – ISO/IEC 27001:2022 in this document for a detailed explanation of the certification process as it relates to this standard.

The Managing Director has overall responsibility for the Core procedures, supported by auditors on specific steps, and for the Support Procedures.

References:

- Scheme document: *Accreditation requirements for organizations providing certification services to ISO 20252: 2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK, and USA. (June 2020)*

A. Core (C) Process Definitions for ISO 20252

C1. Application for Certification

ISO/IEC 17065:2012, Clauses 4.1.2, 7.2 and 7.3

Companies seeking to be certified to ISO 20252:2019 shall have implemented a Quality System including documentation meeting the requirements of this standard; and shall be able to demonstrate approximately 3 months' compliance against the standard immediately preceding the date of the Pre-Assessment, in order to show the sustainability of their system. The company then contacts CIRQ to make arrangements for required audits and certification. CIRQ shall require companies interested in becoming certified to electronically submit an RFQ and Authorization to Proceed, as well as the application fee to begin the process.

CIRQ shall review the RFQ and Authorization to Proceed to confirm the submitted Statement of Applicability and any requested exemptions to particular Annexes. CIRQ shall then define the objective and criteria for the audit, obtaining Client agreement on same. CIRQ's Managing Director (MD) has primary responsibility for this process.

Required Records:

- Completed RFQ (FC1001 2.1 Request for Quotation)
- Authorization to Proceed (FC1003 1.7 Authorization to Proceed)

References:

- Detailed procedures for the Application process in the CIRQ Quality Manual, C1-C11 Procedure

C2. Self-Assessment

In order to assist in determining if the company is ready for ISO certification and has the required documentation in place with sufficient evidence to support it, the applicant company will be asked to complete a self-assessment which aligns with all requirements of the specific standard to which they wish to be certified. This Self-Assessment once completed and returned to CIRQ, along with the applicant's Quality Manual, will help determine readiness for audit, the Audit Schedule, and will be used by the Auditor to complete the Pre-Assessment.

When the Self-Assessment is returned along with the Quality Manual, the auditor (assessor) for the Pre-Assessment is assigned by the Managing Director, and the MD confirms that there is no conflict of interest present. The completed Self-Assessment and Quality Manual are made available to the Auditor via the CIRQ SharePoint site, along with any other required documents that were submitted with the Self-Assessment.

When the Self-Assessment form is sent to the applicant, the applicant company will also be sent the invoice for the Pre-Assessment which shall be paid prior to beginning the Pre-Assessment.

Required Records:

- Completed Self-Assessment (WBC 3003 1.6 Self & Pre-Assessment Report Workbook ISO 20252:2019)
- Applicant's Quality Manual (e.g. research process management system documentation)
- Declaration of No Conflict (FC5001)
- CIRQ Standard Certification Agreement

References:

- Detailed procedures for the Self-Assessment in the C1-C11 Procedure document

C3. Pre-Assessment

The Pre-Assessment will begin when payment for this stage is received. The objective is again to help determine that the applicant's Quality System appears to meet a large majority of the requirements of ISO 20252:2019, and that their system has been in place for approximately 3 months prior to the on-site Certification Audit. The Pre-Assessment process takes place off-site and involves a review of the Self-Assessment and the company's Quality Manual by the assigned auditor. A Pre-Assessment report is prepared by the auditor. Through this Pre-assessment CIRQ requires a company to indicate compliance with the Core Framework of the ISO 20252:2019 Standard (Clause 4), as well as with the various Annexes to which the client company attests—in order to move on to the Certification Audit. Any areas of shortfall regarding compliance are pointed out in the Pre-Assessment Report.

This report is sent to CIRQ management for review and approval and then sent to the applicant company within 2 weeks following CIRQ's receipt of the Self-Assessment. Any discrepancies pointed out in the Pre-Assessment Report need to be addressed, corrected and confirmed as corrected prior to the on-site audit.

Required Records:

- Pre-Assessment Report (WBC 3003 1.6 Self & Pre-Assessment Report Workbook ISO 20252:2019)
- CLC 7001 1.4 Audit Program Checklist

References:

- Detailed procedures for the Pre-Assessment in the Core 1-11 Procedures
- Auditor Training Manual Version 2025 and Training Materials, February 2025
- ISO 20252:2019 Standard

C4. Planning for Audits

ISO/IEC 17065:2012, Clause 7.4.1

Preparation for the Certification Audit begins when the Pre-Assessment is complete, and any discrepancies identified at this time have been corrected by the Client.

At this stage, and in most cases, the Lead Auditor should be the same person as the one who conducted the Pre-Assessment. If additional auditors are needed for the actual audit, the Managing Director assigns the auditor(s) and confers with the audit team about audit logistics and locations. The Managing Director also confirms that there is no conflict of interest on the part of the additional auditors. Where practical, CIRQ will strive to retain the same Lead Auditor for a 3-year cycle of audits. This Lead Auditor may be changed at the Re-Certification Audit to provide a fresh perspective on the customer's Quality System.

The Audit Schedule is prepared and sent to the client for their signature, along with the Certification Agreement and an invoice for 50% of the Certification Audit fee. When these two signed documents are received back from the Client and payment of the 50% of the audit fees are received, CIRQ can proceed with the on-site audit.

Required Records:

- Audit Schedule (FC4001) [Full or Summary version]
- Declaration of No Conflict (FC5001)

References:

- Detailed procedures for Audit Planning in the Core 1-11 Procedures
- Auditor Training Manual Version 2025 and Training Materials, February 2025
- Auditor Workbook (WBC4003 1.7)
- Applicant's RFQ (FC1001 2.1 Request for Quotation)
- Completed Self and Pre-Assessment Report (WBC 3003 1.6 Self & Pre-Assessment Report Workbook ISO 20252:2019)

C5. Execution of Audits (Certification, Surveillance, and Re-Certification)

ISO/IEC 17065:2012, Clauses 5.1.4, 7.4, 7.5, 7.9

The Certification Audit shall take place at the Company's headquarters location and based on the Audit Schedule, at a sampling of other non-headquarter locations. In selecting these other locations, both the size of the location (i.e., # of staff) and where the attested Annexes are produced should be considered. Processes and activities carried out by the Company, related to the Statement of Applicability for ISO 20252:2019, and that most significantly affect the quality of the company's product or service shall be included in the Certification Audit.

Where processes and activities relate to projects, a sufficient number of projects, or sampled sections of projects, shall be audited to enable a decision to be made relating to compliance or non-compliance to the audit criteria of any particular Annex. If there is no project available to audit for a specific Annex for two years in a row, the Statement of Applicability must be revised.

The records reviewed in the audit should also cover both current and closed projects. Companies shall have approximately 3 months of project records including completed projects in order to undergo a Certification Audit. There shall be adequate documentation to demonstrate the sustainability of the company's quality system.

The first Surveillance Audit, after certification, shall be carried out within a period not greater than twelve (12) months after the date of certification and thereafter at intervals of not more than twelve (12) months. Surveillance audits shall be conducted at least once a calendar year, except in recertification years.

Each Surveillance Audit shall cover:

- A review of the Statement of Applicability to confirm it still appropriately describes the services offered by the company to their clients
- A review of the most critical activities and processes related to clause 4, the Core Framework, as well as one or more projects representing each Annex to which the company attested.
- A review of procedures connected with any Area of Concern or Non-Conformance noted in the previous audit
- Any changes made to the Company's processes and procedures since the last audit
- Any additional requirements that now need to be met based on revisions to the standard

Over a period of not more than three (3) years, the Surveillance Audits shall cover all activities and processes carried out by the Company which are covered by the Statement of Applicability, as well as all locations of the Company. Again, if there is no project available to audit for a specific Annex for two years in a row, the Statement of Applicability must be revised.

After a period of not more than three (3) years from the date of certification, a Re-Certification Audit shall be carried out and shall cover a majority of all activities and processes carried out by the Company which are covered by the Statement of Applicability for ISO 20252:2019, and which significantly affect the quality of the product or service offered by the company; plus a review of the findings of all Surveillance Audits carried out since certification, or the last re-certification. Over the course of this three (3) year cycle all of the Company's locations (other than the headquarters location) shall be audited at least once. The headquarters location shall be part of every audit over the 3-year cycle.

An Audit Report will be prepared following each audit, as described in the C6 process described below.

Required Records:

- Onsite Auditor Workbook (WBC4003 1.7)
- CLC 7001 1.4 Audit Program Checklist

References:

- Onsite Auditor Workbook (WBC4003 1.7)
- Completed Self and Pre-Assessment Report (WBC 3003 1.6 Self & Pre-Assessment Report Workbook ISO 20252:2019)
- Auditor Training Manual Version 2025 and Training Materials, February 2025
- ISO 20252:2019 Standard

C6. Preparation of Audit Reports

ISO/IEC 17065:2012, Clauses 7.4.6, 7.4.9, 7.5

Upon completion of each audit, the assigned Auditor (or the Lead Auditor) shall prepare a report to indicate conformance (or Non-conformance) with all requirements of the ISO standard.

This report will identify any Non-Conformance or Area of Concern that must be addressed within a specified time limit, and whether additional auditing will be required before certification can be granted or renewed. A Non-conformance must be addressed within 4 months of the audit report; an Area of Concern must be addressed by the next scheduled annual audit. Within the Audit Report, the client is directed to utilize the Section A: Status of Non-Conformance to document the Non-conformance and its remediation. The report may also include opportunities for improvement and observations about the company's quality system.

This report will be uploaded to the CIRQ SharePoint site for the MD's review, and following CIRQ's review and approval, it will be sent to the customer along with notification regarding certification status. The Auditor Workbook should be uploaded to the CIRQ SharePoint site at the same time as the Draft report.

Required Records:

- Audit Report (WBC6001 Audit Report template 1.8)
- CLC 7001 1.4 Audit Program Checklist

References:

- Onsite Auditor Workbook (WBC4003 1.7)
- Audit Report (WBC6001 Audit Report Template 1.8)
- Auditor Training Manual Version 2025 and Training Materials, February 2025

C7. Certification Process

ISO/IEC 17021-1:2015, Clauses 8, 9.5, 9.6

ISO 17065:2012, Clauses 4.1.3, 7.6, 7.7, 7.8, 7.11

a). Granting, Maintaining, Extending, Renewing and Reducing Certification

When the assigned Auditor (or Lead Auditor) is satisfied that the Company's research management system (RPMS) documentation and implementation meet the requirements of the ISO Standard, a recommendation supporting certification based on audit evidence shall be made, and this statement will appear in the report they submit to CIRQ. Any Non-Conformances identified during the audit shall be resolved before certification is granted, maintained or renewed. CIRQ's Managing Director determines an initial or recertification certification audit report is pending review and approval. If there are no additional questions or concerns during the review, approval is granted and documented on the report. If there are questions/concerns, the Managing Director conferences with the Lead Auditor, as appropriate, to discuss and clarify questions. The Lead Auditor will reference the Annex A: Reference Controls Objectives section of the audit report for real-time notes and findings documented from the audit for clarification and satisfaction that issues have been resolved.

On approval of the report in which the CIRQ Managing Director formally supports the auditor's findings, the CIRQ Managing Director will make the formal decision to grant certification and send the official report containing this information to the client. A certificate will be issued (following the Initial audit and each subsequent Re-Certification audit) and the CIRQ Certification Register on CIRQ's website will be updated with the Company's name and Statement of Applicability details. The issue of a Certificate of Compliance in no way suggests or implies that any certified activity, process, product or service of the Company is approved by CIRQ or Insights Association. The Company must establish and maintain procedures for notifying their clients of any goods or services provided or produced outside the certification Statement of Applicability registered with CIRQ.

Certification to the specified ISO standard is valid for three years subject to ongoing Surveillance Audits, which usually occur at twelve-month intervals. CIRQ will advise certified companies of any change in their Audit schedule. A Re-Certification Audit of the Company's Quality System will be undertaken prior to the expiration of certification. A successful Re-Certification Audit will result in renewal of the Company's Certificate of Compliance for a further three years. However, where the Surveillance Audits or Re-Certification Audit cannot be conducted in the timeframe mentioned above, CIRQ will grant a reasonable extension, in most cases not more than 60 days, until the Surveillance or Re-Certification Audit can be scheduled and new certificates issued for the Re-Certification Audit.

The certified company has the right to reduce or expand its Statement of Applicability, at any time. Any requests to do so must be made in writing to CIRQ.

b). Issuing the Certificate of Compliance certification document(s).

Issued by CIRQ's Managing Director after all requirements are satisfied as listed in section a) above, the certificate document will be prepared and identify the following:

- the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification).
- the effective date of granting, expanding, or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision.

NOTE The certification body can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:

- the current certification cycle starts, and expiry date are clearly indicated.
- the last certification cycle expiry date be indicated along with the date of recertification audit.
- The expiry date or recertification due date consistent with the recertification cycle
- The CIRQ issued certificate unique identification code
- Certification to ISO 20252:2019 language: “...And operates an Research Process Management System in compliance with ISO 20252:2019.”
- the scope of certification with respect to the type of activities, products, and services as applicable at each site without being misleading or ambiguous.
- CIRQ’s name, address, and certification of the specific standard. In the case of CIRQ’s accreditation through the ANSI National Accreditation Board, an accreditation symbol will be included with the provision it is not misleading or ambiguous and leads the client to imply, promote or communicate, that its management system is accredited.
- any other information required by the standard and/or other normative document used for certification.

In the event of issuing any revised certification documents, CIRQ will communicate the implementation of the revised documents and issue the revision from any prior obsolete documents shall include the direction to destroy old documents and the revision of CIRQ’s online Registry of Certified Clients.

c). Suspension or Withdrawal of Certification

CIRQ reserves the right to suspend or withdraw the Certificate of Compliance at any time. The Certificate may be suspended should the Company:

- a. fail to complete corrective actions within the agreed time.
- b. misuse the Certification Mark(s).
- c. fail to comply with the financial requirements of the Agreement entered into with CIRQ; or
- d. brings CIRQ into disrepute in any way.

CIRQ will assist the Company in taking appropriate remedial steps following suspension of the Certificate of Compliance, but should the Company fail to do so within a reasonable time frame the Certificate of Compliance will be withdrawn.

Where withdrawal of Certification occurs, CIRQ will update its Register and website to make note of the withdrawal, request the return of the Certificate, and request that the Company discontinue the use of the Certification Mark(s) in any way. Certificates and marks of compliance remain the property of CIRQ.

d) Decision not to grant certification

CIRQ reserves the right to not grant certification. The decision not to grant certification may include the following reasons:

- a. failure to accept the CIRQ Audit Cost Estimate
- b. failure to complete audit programme documentation including the CIRQ Standard Certification Agreement and Authorization to Proceed
- c. failure to comply with the financial requirements of the Agreement entered into with CIRQ

CIRQ will not enter into an audit and certification programme with new clients unless the requirements outlined above are met. For current CIRQ clients, the same requirements of C) points a-d as listed above apply.

Required Records:

- CLC 7001 1.4 Audit Program Checklist
- Certification Register on CIRQ.org
- CIRQ Certificate of Compliance ISO 20252:2019
- Formal communication explaining Certification, Denial of Certification, Suspension of Certification, or Withdrawal of Certification

References:

- CIRQ Certificate of Compliance ISO 20252:2019
- Certification Mark(s) and CIRQ logo
- S1 Terms of Use for CIRQ Certification Mark(s)

C8. Soliciting Customer Feedback

The Managing Director will contact each customer within 2 weeks following delivery of the Audit report to solicit their feedback, via email. This communication shall follow a prescribed outline of discussion points, shall be documented, and a record of the communication shall be maintained in the customer's file. Clients are also sent the CIRQ Client Feedback form at the end of every audit, and their feedback is solicited at that time. Follow up calls will be made where deemed necessary. The Managing Director shall share this feedback with the auditor(s) as appropriate.

Required Records:

- Completed Customer Feedback Form (FC8001)

C9. First Surveillance Audit

ISO/IEC 17065:2012, Clause 7.9

This audit shall take place 12 months following the Initial Certification Audit. Audit planning activities will begin approximately 3-4 months in advance.

Required Records:

- See steps C4-C8 above

References:

- See steps C4-C8 above
- Results of Initial Certification Audit

Second Surveillance Audit

ISO/IEC 17065:2012, Clause 7.9

This audit shall take place 12 months following the First Surveillance Audit. Audit planning activities will begin approximately 3-4 months in advance.

Required Records:

- See steps C4-C8 above

References:

- See steps C4-C8 above
- Results of Initial Certification Audit
- Results of 1st Surveillance Audit

C10. Re-Certification Audit

ISO/IEC 17065:2012, Clause 7.9

This audit shall take place 12 months following the Second Surveillance Audit. Audit planning activities will begin approximately 3-4 months in advance.

Required Records:

- See steps C4-C8 above

References:

- See steps C4-C8 above
- Results of Initial Certification Audit
- Results of 1st Surveillance Audit
- Results of 2nd Surveillance Audit

C11. Certification Body Transfer

Clients wishing to transfer their certification to CIRQ shall complete a Request for Quotation, an Authorization to Proceed form and return it with the indicated fee. CIRQ then requests the company's quality manual, key processes and recent audit reports for review. The client is notified that any outstanding non-conformances must be resolved prior to certification body transfer.

For all transfers, a review of the Quality Manual, procedures and previous audit report is performed by an assigned Auditor, and client is billed for ½ audit day.

Required Records:

- Authorization to Proceed with Certification Process (FC1003)
- Client's Quality Manual and key processes
- Client's recent audit reports

Core Processes (IS) for ISMS Certification

CIRQ has implemented a series of core processes that should take place over the lifecycle of all audit activities. [ISO/IEC 17021-1:2015 and ISO 27006-1:20124](#) provide guidance for the core process progression listed in IS1 – IS9.

Core Process IS1. Submission & Review of Application for Certification

[ISO 17021-1:2015, Clauses 9.1.1-9.1.2](#)

[ISO 27006-1:2024, Clauses 8.4.2, 9.1.1., 9.1.3, 9.1.3.3](#)

[IAF MD 4:2023, Issue 2](#)

CIRQ requires prospective ISO/IEC 27001:2022 certification clients to have a documented and implemented ISMS for at least six months which conforms to the standard. The client is also required to have completed one internal audit and full management review to be considered eligible to audit.

CIRQ shall exchange information between itself and the client seeking ISO 27001 certification. Companies interested in becoming certified can electronically submit a CIRQ Management System Application which is available upon request or on the [CIRQ.org website](#), Steps to Certification. Based on the returned Application and after review of application by the Managing Director, details of client application including full staff count, effective personnel, hours of operation (including shift work), and organization products and services as appropriate within audit scope and Statement of Applicability are confirmed. It is also at this step that new clients are initially asked to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. At that time, and in consultation with the client, CIRQ will determine if the client can be adequately audited in the absence of this information and will advise the client that the audit cannot take place until appropriate access to the information can be granted.

The Managing Director acknowledges receipt and scopes out an initial audit program per the requirements of ISO/IEC 27006-1:2024 Annex C to determine complexity and days.

CIRQ shall ensure that the client's information security risk assessment and risk treatment properly reflect its activities and extends to the boundaries of its activities as defined in the scope of certification. Certification bodies shall confirm that this is reflected in the client's scope of their ISMS and Statement of Applicability. The certification body shall verify that there is at least one Statement of Applicability per scope of certification.

The MD prepares an Internal Cost Quotation Worksheet and an Estimated Cost Quotation (external document), converted to a .pdf file for the client's consideration (approval/decline). The Estimated Cost Quotation will outline the application fee, audit time, and all associated costs for a Stage 1 & Stage 2 initial audit and be communicated to the client.

Note: Direct auditor expenses are not included in the Estimated Cost Quotation but can be drafted/estimated upon client request.

If CIRQ approves the Application Form, and the client accepts the cost estimate, an Authorization to Proceed is sent electronically to client and filed in Client Folder on CIRQ's SharePoint site. Once signed and received back from client, the development of the Audit Program begins the process.

CIRQ's Managing Director (MD) has primary responsibility for this process. IEC/ISO 27006-1:2024 Annex C is referenced to determine audit complexity and audit time. The lead auditor and technical advisor will also be consulted when preparing a Justification for Audit Days matrix which will evaluate the complexity of the client ISMS to determine the amount of time needed for all audit types in the 3yr cycle.

Remote Audits:

CIRQ may allow for Stage 1 document review audits to be executed using information and communication technology (ICT) which can include web-conferencing software like Zoom, Teams, GTM, Webex, etc. CIRQ will also consider allowances for those clients whose organizational site performs work or provides a service using an on-line environment allowing people irrespective of physical location to execute processes. When remote audits are proposed for the audit activities, the CIRQ application review shall include a check that the client and CIRQ Lead Auditor have the necessary hardware and software to support the use of the ICT proposed.

Per CIRQ's own management system requirements, the Managing Director will assign each applicant a unique number, starting with 1000 and that number will be followed by the date the Application was returned with client signatures, and given in 6-digit format (Mo/Day/Yr.). Number will be added to the "Client Account Number" log on the CIRQ SharePoint site. This number shall be retained throughout the 3-year cycle and beyond and used to track the client within the CIRQ ISMS.

Once all listed documents from this IS1 Section have been submitted by the client, files are uploaded to the CIRQ SharePoint site under Filing Cabinet>>Client Audit Files - Master.

CIRQ determines remote audit activities that define procedures to determine the level of remote audit activities that can be applied to auditing a client's ISMS.

The procedures shall include analysis of the risks related to the use of remote auditing for the client, which shall consider the following factors:

- a) available infrastructure of the certification body and the client;
- b) the sector in which the client operates;
- c) type(s) of audit during the certification cycle from initial audit to recertification audit;
- d) competence of the persons of the certification body and the client, who are involved in the remote audit;
- e) previously demonstrated performance of remote audits for the client;
- f) scope of the certification.

The analysis shall be performed prior to performing any remote audit. The analysis and the justification for the use of remote audit during the certification cycle shall be documented. The audit plan and audit report shall include clear indications if remote audit activities have been performed.

Remote audits shall not be used if CIRQ's risk assessment identifies unacceptable risks to the effectiveness of the audit process. The risk assessment shall be reviewed during the certification cycle to ensure its continued suitability.

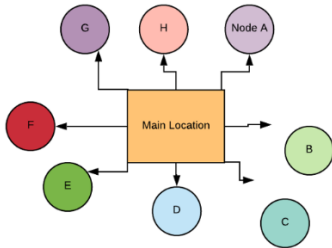
NOTE: In case the client uses virtual sites (i.e. location where an organization performs work or provides a service using an online environment allowing persons involved to execute processes irrespective of physical locations), remote audit techniques will be documented as a relevant part of the audit plan.

Multi-Site Sampling: The CIRQ multi-site sampling rationale is subjective, based on documented facts for each client providing information on their auditee application.

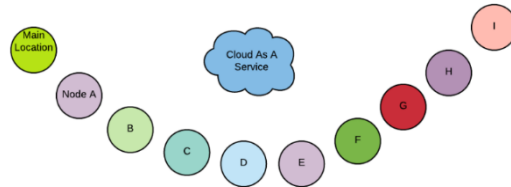
Where multi-site sampling is used for the audit of a client's management system covering the same activity in various geographical locations, CIRQ shall develop a sampling programme to ensure proper audit of the management system. The rationale for the sampling plan shall be documented for each client. Sampling is not allowed for some specific certification schemes, e.g. the client has established more than one ISMS for audit and certification.

This is depicted graphically to explain CIRQ managing multiple sites.

Example 1:



Example 2:



1. CIRQ reviews the application and scope for all sites in the application, and review which sites are operating under the same ISMS, confirming whether the auditee administers centrally managed internal audits as well as management review under one ISMS.
2. CIRQ reviews whether the auditee has included stated sites in the auditee’s internal ISMS audit program.
3. CIRQ reviews stated scope in the application is accurately stated in the application.
4. CIRQ reviews the initial application that identifies and contrasts to the greatest extent possible, identifying the difference between sites and determining:
 - a. # of internal audits conducted at main offices and # of internal audits conducted at distributed sites
 - b. The compilation of results from management reviews from main site and distributed site
 - c. Classification and variation of sites based on operation, functionality and technology used as well as number of employees
 - d. Identification of business functions and purposes for various sample size
 - e. Complexity of the site based on operations and technology installations
 - f. Complexity in cultural differences and working and service delivery styles
 - g. Types of activities carried out to deliver quality, security, availability and service delivery
 - h. Variation of design, operation and implementation of controls
 - i. Potential upstream and downstream interaction with critical information
 - j. Consideration of privacy issues
 - k. Consideration of any legal implications
 - l. Consideration of geo-political and geo-cultural implications
 - m. Consideration of the overall perceived risk for the site
 - n. Documented security breaches and incidents at the specific sites
5. The CIRQ sample is designed from all sites within the scope of the auditee’s stated ISMS scope; this sample is a judgmental choice reflected by the subject matter expert reflecting the factors stated above as well as some will be selected a random element.
 - a. The random element selected by CIRQ remains non-negotiable.
6. When CIRQ has included the site in the review, the ISMS significant risks are considered to be audited by CIRQ prior to certification.
7. CIRQ has a provision for addressing any nonconformity being observed, either at the head office or at a single site wherein, the corrective action procedure applies to main site, or the distributed site are covered by the certificate.
8. CIRQ audit addresses the auditee’s main office activities ensuring that a single ISMS applies to all sites and delivers central management at the operational level.

9. CIRQ documents which site is audited during which audit cycle. At its own discretion, CIRQ may include alternate distributed site(s) during a surveillance audit depending on the risks during recertification audit.

Required Records:

- FC 1001 4.4 CIRQ MS Application
- FC 1006 1.7 CIRQ Justification of Audit Time
- FC 1007 1.0 CIRQ Justification for ISMS Remote audit
- TC 4001 2.5 CIRQ Standard Certification Agreement
- TC1003 2.1 Internal Cost Quotation Worksheet ISO/IEC 27001
- TC1002 Estimated Cost Quotation
- FC1003 Authorization to Proceed Form
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 ISO/IEC 27001 Audit Program Log MASTER
- CIRQ Client Account Numbers workbook on SharePoint

References:

- IS1-IS10 Auditing, Certification and Reporting Procedures – ISO/IEC 27001:2022
- IEC/ISO 17021-1:2015
- IEC/ISO 27006-1:2024

Core Process IS2 Initial Stage 1 Audit Planning

ISO 17021 Clauses 7; 9.1.3, 9.2., 9.2.2-9.2.3
ISO 27006-1:2024, Clauses 9.3.2; Annex B, C

Development of the Audit Program begins in IS 1 and matures as the audit plan evolves. CIRQ requires that a client makes all necessary arrangements for access to internal audit reports and reports of independent reviews of information security.

The objectives of Stage 1 are achieved through obtaining and verifying various sources including interviews, observation of processes and activities, review of documentation and records by:

- a) review the client's ISMS or ISMS/PIMS documented information
- b) review the client's status and understanding regarding requirements of ISO/IEC 27001:2022 in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the ISMS
- c) obtaining necessary information regarding the scope of the ISMS, including:
 - the client's site(s)
 - processes and equipment used
 - levels of controls established (particularly in case of multi-site clients)
 - applicable statutory and regulatory requirements

Another key objective of the Stage 1 audit is to evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for Stage 2 and review the allocation of resources for Stage 2. Once the client and CIRQ agree to the details of a Stage 2 with the client, work will be undertaken to focus for planning a Stage 2 audit by gaining a sufficient understanding of the client's ISMS and site operations in the context of the ISMS standard or another normative document. The CIRQ Lead Auditor will evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the ISMS substantiates that the client is ready for stage 2.

The selection and appointment of the audit team is determined for the initial Stage 1 Audit, after a full competency review and evaluation has been performed (as detailed in section VIII. Organization Responsibilities and Authority). The selection and appointment process also considers the audit objectives, scope, criteria and estimated audit time; whether the audit is a combined, joint or integrated; the overall competence of the audit team needed to achieve the objectives of the audit certification requirements (including any applicable statutory, regulatory or contractual requirements); and language and culture considerations made known by the client. All CIRQ audits and certification body/auditor/client documentation take place in the English language.

The client is provided a copy of the lead auditor's resume/CV and/or list of qualifications (as appropriate) to state any objections to the assigned auditor. This is undertaken through evaluation of auditor knowledge, competence, removal of conflicts of interest and statement of confidentiality & non-disclosure. CIRQ will typically assign both the Stage 1 and Stage 2 audits to the same lead auditor, unless there is an unforeseen conflict (e.g., severe illness, weather/travel restrictions, etc.)

During this stage, the Lead Auditor is also sent their Estimated Auditor Fee Form (FC4002) and a Confidentiality and Non-Disclosure Declaration. The Lead Auditor (and the assigned team, when applicable) must sign both and return them to the Managing Director within 72 hours of receipt. The confirmed estimate is filed in the Client Audit Folder, and the auditor will submit this form for payment. The signed Confidentiality and Non-Disclosure Declaration is filed in the assigned client annual planning folder.

The auditor's availability is checked, and the auditor is tentatively scheduled. Audit dates are suggested and confirmed with client and auditor, and Audit Program Checklist is updated.

Note 1: Stage 1 audits may be performed as remote audits, as requested by the client and approved by audit team and CIRQ, dependent upon completeness of audit documentation requirements.

- If virtual sites are included within the scope, the certification/accreditation documentation shall note that virtual sites are included, and the activities performed at the virtual sites shall be identified.

Note 2: In cases where the client operates shifts, the activities that take place during shift working hours shall be considered when developing the audit program and audit plans.

The Lead Auditor is given the audit details (approved application, locations, dates, etc.) and asked to prepare the Stage 1 Audit Plan for the client; this document serves as the agenda for document review. The Audit Plan is reviewed by the Managing Director, and the Lead Auditor submits it to the client for approval.

Determining audit time: In determining the audit time, CIRQ will consider, justify and record, among other things, the following aspects:

- a) the requirements of the relevant ISMS standard, as applicable;
- b) complexity of the client and its ISMS when applicable;
- c) technological and regulatory context;
- d) any outsourcing of any activities included in the scope of the ISMS;
- e) the results of any prior audits;
- f) the number of people in certification in-scope areas
- g) size and number of sites, their geographical locations and multi-site considerations;
- h) the risks associated with the products, processes or activities of the organization;
- i) whether audits are combined, joint or integrated.

Further, audit time estimation and justification will be determined using ISO/IEC 27006-1:2024 Annexes C Audit Time normative & D Methods for audit time calculations (informative). Observers, technical experts, and other client-approved attendees who may present for the audit will be approved by CIRQ and client during planning* and not count in the above established duration of the ISMS audit.

Audit Program Checklist is updated.

CIRQ, in communication with and approval by the client, will facilitate the inclusion of Observers where applicable to all audit types – initial, surveillance, recertification. Types of observers can include those invited by the client, and those requested by CIRQ with approval from the client, including accreditation assessors, CIRQ trainee auditor or Managing Director.

Note on CIRQ Accreditation Body Witness Auditors as observers:

During CIRQ’s annual accreditation cycle, there may be requests to clients from CIRQ to approve witness auditors as observers to the CIRQ audit process. During this process, the ANSI National Accreditation Board (ANAB) may request CIRQ to facilitate a witness audit of a client audit. Like the CIRQ auditor, the ANAB Witness Auditor is observing CIRQ’s conformance to the framework standard for certification bodies, ISO/IEC 17021-1:2015. If the ANAB witness auditor, upon its evaluation report gives CIRQ a non-conformance that occurred during the client audit, there may be the necessity to perform a special audit with CIRQ managing director, auditor and client representatives, as appropriate, to review the non-conformances CIRQ received and record the additional evidence. The Stage 2 Audit Plan and final Stage 2 Audit Report will be updated and revised to document this occurrence.

Note: If the CIRQ Auditor experiences excessive interruption/sidebars with Client Observers/Consultants during either Onsite or Remote Audits, the decision to pause the audit remains at the Lead Auditor’s discretion, and the client runs the risk of increasing audit time and audit fees.

Required Records:

- FC 1001 4.4 CIRQ MS Application
- FC 1006 1.7 CIRQ Justification of Audit Time
- FC 6000 2.3 CIRQ ISMS Audit Plan
- FC 1007 1.0 CIRQ Justification for ISMS Remote audit
- TC 4001 2.5 CIRQ Standard Certification Agreement
- TC1003 2.1 Internal Cost Quotation Worksheet
- TC1002 Estimated Cost Quotation
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 ISO/IEC 27001 Audit Program Log MASTER

References:

- IS1 - IS10 Auditing, Certification and Reporting Procedures – ISO/IEC 27001:2022
- IEC/ISO 17021-1:2015
- IEC/ISO 27006-1:2024

Core Process IS3 Conducting Stage 1 Initial Audits

ISO/IEC 17021:2015:1, Clauses 9.3.1.2., 9.4

ISO/IEC 27006-1:2024, Clauses 9.3.2.1

Upon all confirmed planning for the initial Stage 1 Audit, the Lead Auditor conducts the Stage 1 Audit. The Lead Auditor shall gain prior approval for either a remote or onsite audit by the Managing Director as documented in the Audit Plan.

The Stage 1 audit will include an Opening and Closing Meeting at each location. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The process includes an introduction of the participants, including an outline of their roles, as well as formal communication throughout the audit and the client’s ability to ask questions. Previous audit findings will be reviewed, as appropriate. The Lead Auditor will also share the methods by which information can be

obtained, via interviews, observation of processes and reviewing documentation. The auditor will provide information about the conditions under which the audit may be prematurely terminated.

Results are compiled into a Stage 1 Audit Report by the auditor who then sends the report to the Managing Director. It is then reviewed by the CIRQ Technical Advisor for Certification Review. Upon completion of that review, the Managing Director sends the Stage 1 Audit Report to the client & files it in the Client Audit planning folder.

The CIRQ lead auditor will end the Stage 1 audit with a formal closing meeting, where attendance shall be recorded, shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting is to present the audit conclusions, including the recommendation regarding certification. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.

The lead auditor will also:

- a) advise the client that the audit evidence obtained was based on a sample of the information, thereby introducing an element of uncertainty
- b) review the method and timeframe of reporting, including any grading of audit findings
- c) review CIRQ's process for handling nonconformities including any consequences relating to the status of the client's certification
- d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit
- e) CIRQ's post audit activities
- f) information about CIRQ's complaint and appeal handling processes.

All Areas of Concern or Non-Conformances need to be resolved by the client before the client is approved to move to a Stage 2 audit.

Note: Clients are advised to take approx. 3-4 weeks from the date of the Stage 1 Audit to have their Stage 2 Audit scheduled. This allowance provides the client with the ability to clear any findings reported by the Lead Auditor. However, this is only a recommendation. In determining the interval between stage 1 and stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during Stage 1.

Communications during the Audit.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader shall report this to the client and, if possible, to CIRQ to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the certification body.

The audit team leader shall review with the client any need for changes to the audit scope, which becomes apparent as auditing activities progress and report this to CIRQ. The CIRQ audit team will analyze all information and audit evidence gathered during stage 1 to review the audit findings and agree on the audit conclusions.

No Findings: If there are no findings, clients may choose to have their Stage 2 Audit scheduled sooner at a time that is convenient to both the client and the auditor. These cases are all determined on a case-by-case basis, in close consultation with the client, the auditor and CIRQ's Managing Director.

Findings: CIRQ and its auditor personnel may use the term "findings" as a general grouping of evidence from a client audit that includes Non-Conformances and Observations. CIRQ will review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable. CIRQ will verify the effectiveness of any correction and corrective actions taken when resolving a Non-Conformance from an audit. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed

of the result of the review by the Technical Advisor for Certification Decisions and CIRQ's Managing Director. CIRQ will inform the client if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.

NOTE Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually, this activity is done by a member of the audit team.

Required Records:

- FC 6000 2.3 CIRQ ISMS Audit Plan
- WBC 7000 2.0 ISO IEC 27001 Stage 1 Audit Report
- WBC 7005 1.2 CIRQ Closing Meeting Report
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 Audit Program Log MASTER

IS4 Conducting Stage 2 Audits

[ISO/IEC 17021-1:2015, Clause 9.3.1.3, 9.4.1, 9.5.3.2](#)

[ISO/IEC 27006-1:2024, Clause 9.3.2.2](#)

After all steps from IS3 are completed, the client is cleared for their Stage 2 Audit. In most cases, CIRQ will confirm and appoint the same Lead Auditor from the Stage 1 process. The purpose of Stage 2 Audit is to evaluate the implementation, including effectiveness, of the client's ISMS. Stage 2 shall take place at the office or other physical site(s) of the client.

Based on the findings documented in the Stage 1 audit report, the Lead Auditor develops an audit plan for the conduct of Stage 2. In addition to evaluating the effective implementation of the ISMS, the objective of Stage 2 is to confirm that the client adheres to its own policies, objectives and procedures.

To do this, the audit shall focus on the client's:

- a) top management leadership and commitment to the information security objectives;
- b) assessment of information security related risks; the audit shall also ensure that the assessments produce consistent, valid and comparable results, if repeated.
- c) determination of controls based on the information security risk assessment and risk treatment processes;
- d) information security performance and the effectiveness of the ISMS, evaluating these against the information security objectives.
- e) correspondence between the determined controls, the Statement of Applicability, the results of the information security risk assessment, the risk treatment process and the information security policy and objectives.
- f) implementation of controls taking into account the external and internal context and related risks, and the organization's monitoring, measurement and analysis of information security processes and controls, to determine whether controls declared as being implemented are actually implemented and effective as a whole.
- g) programmes, processes, procedures, records, internal audits and reviews of the ISMS effectiveness to ensure that these are traceable to top management decisions and the information security policy and objectives.

An Audit Plan is prepared by the auditor for Stage 2 and reviewed by the MD. The Stage 2 audit is conducted by the Audit Team onsite or remote using ICT, as previously agreed upon, and according to the Stage 2 Audit Plan. The Stage 2 Audit Plan is marked as a Draft and sent to the client, by the MD, for the client's review and approval. When approved by the client (email is acceptable) it is marked as Final, saved as a PDF.

The Lead Auditor will perform the entire audit per the pre-determined Audit Plan number of audit days and include a formal Opening and Closing Meeting for all locations in scope.

The Opening Meeting shall be held with the client's management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. As in Stage 1, the client is able to request Observers at their audit, and CIRQ may do the same. Both Client and CIRQ will communicate the request and obtain approval.

Note: If the CIRQ Auditor experiences excessive interruption/sidebars with Client Observers/Consultants during either Onsite or Remote Audits, the decision to pause the audit remains at the Lead Auditor's discretion, and the client runs the risk of increasing audit time and audit fees.

The Stage 2 process includes an introduction of the participants, including an outline of their roles, as well as formal communication throughout the audit and the client's ability to ask questions. Previous audit findings will be reviewed, as appropriate. The Lead Auditor will also share the methods by which information can be obtained, via interviews, observation of processes and reviewing documentation. The auditor will provide information about the conditions under which the audit may be prematurely terminated.

The Lead Auditor will conduct the audit using WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022, which contains all requirements and controls of ISO/IEC 27001:2022. This is an internal document for the auditor to capture and document all of their findings. Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained. Findings include Opportunities for Improvement, which are not documented as non-Conformities, which shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood.

Note: The auditor shall refrain from suggesting the cause of nonconformities or their solution, as this can be a threat to impartiality as auditors cannot serve as consultants at any time during the audit program.

The CIRQ lead auditor will end the Stage 2 audit with a formal closing meeting, where attendance shall be recorded, shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting is to present the audit conclusions, including the recommendation regarding certification presented in a brief written report. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.

The lead auditor will also:

- a) advise the client that the audit evidence obtained was based on a sample of the information, thereby introducing an element of uncertainty
- b) review the method and timeframe of reporting, including any grading of audit findings
- c) review CIRQ's process for handling nonconformities including any consequences relating to the status of the client's certification
- d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit
- e) CIRQ's post audit activities
- f) information about CIRQ's complaint and appeal handling processes.

The Lead Auditor will confirm that any additional client questions are asked and answered sufficiently. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to CIRQ.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader shall report this to the client and, if possible, to CIRQ to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the certification body.

The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to CIRQ.

The Stage 2 Audit Report Draft are uploaded by the Lead Auditor to the client folder on the CIRQ SharePoint site within 72 hours of the last scheduled day of the onsite audit.

The Stage 2 Audit Report will contain:

- a) identification of the certification body
- b) the name and address of the client and the client's representative
- c) the type of audit (e.g., initial, surveillance or recertification audit or special audits)
- d) the audit criteria & audit objectives, and confirmation that the audit objectives have been fulfilled.
- e) the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit, and a conclusion on the appropriateness of the certification scope
- f) any deviation from the audit plan and their reasons and any significant issues impacting on the audit program
- g) identification of the audit team leader, audit team members and any accompanying persons
- h) the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted
- i) audit findings reference to evidence and conclusions, consistent with the requirements of ISO/IEC 27001:2022
- k) significant changes, if any, that affect the ISMS of the client since the last audit took place
- l) any unresolved issues, if identified
- m) where applicable, whether the audit is combined, joint or integrated
- n) a disclaimer statement indicating that auditing is based on a sampling process of the available information
- o) recommendation from the audit team
- p) the audited client is effectively controlling the use of the certification documents and marks, if applicable
- q) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.
- r) a statement on the conformity and the effectiveness of the ISMS or ISMS/PIMS together with a summary of the evidence relating to:
 - the capability of the ISMS to meet applicable requirements and expected outcomes
 - the internal audit and management review process

It is the Lead Auditor's responsibility to alert the Managing Director that audit documents are ready for review. Once the audit documents are ready for review, the Managing Director alerts the Technical Advisor for Certification Review that an initial certification is ready for a technical review. The technical advisor has 72 hours to alert the Managing Director of their findings. The CIRQ audit team will analyze all information and audit evidence gathered during Stage 2 (including Stage 1) to review the audit findings and agree on the audit conclusions.

If there are no additional findings during the review, the Stage 2 Audit Report moves to the certification decision step (IS5).

However, if the Lead Auditor documents any Non-Conformances, the client will have 30 days* to resolve and submit a Corrective Action Report (form), maintained as a template within the Stage 2 Audit Report. This template can be duplicated within the same report for additional Areas of Concern or Non-Conformance findings.

*Note: If CIRQ is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of the Stage 2 Audit, the certification body shall conduct another Stage 2 prior to recommending certification.

Once the Corrective Action Report is ready for review, the Managing Director alerts the Technical Advisor for Certification Review that an initial certification is ready for a final technical review. The technical advisor will also review any Non-Conformances, and either reject or approve. The technical advisor has 72 hours to alert the Managing Director of their findings.

All versions of the draft audit report, containing certification decision review comments from Technical Advisor and Managing Director, with responses from the Lead Auditor, will be retained as individual records in the Client' CIRQ SharePoint site. Files will be named “_Draft (1, 2, etc., as appropriate)”. Only the approved audit report will be designated as “Final” in the file name in the Client Folder under Audit Report.

Note: This is the procedure for certification decisions pertaining to all client Stage 2 and Recertification Audit Reports and is recorded on the annual Audit Program Checklist and in the CIRQ ISMS Audit Program log.

The Audit Program Checklist is updated and filed in the Client Folder on the CIRQ SharePoint site.

Required Records:

- FC 6000 2.3 CIRQ ISMS Audit Plan
- WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022
- WBC 7005 1.2 CIRQ Closing Meeting Report
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 Audit Program Log MASTER
- FC 8001 1.5 CIRQ Client Feedback Form

Core Process IS5 Granting Initial Certification

[ISO 17021 Clause 7.2.8, 8.1, 8.2, 9.5.2, 9.5.3](#)

Upon completion of all steps in IS4, the final Stage 2 Audit Report is sent as a .pdf file to the client, along with the Client Feedback Form. Prior to making a formal decision to grant certification, the recommendation for certification by the Technical Advisor for Certification Decisions and Managing Director will be undertaken. The audit report will serve as an executive summary for the client, concluding overall compliance within the ISMS to ISO/IEC 27001:2022. Information provided during the Application Review will be confirmed by the Managing Director, as it will inform accuracy within the Audit Report and certification documents.

The information provided by the Lead Auditor will be deemed sufficient with respect to the confirmation that the audit objectives have been achieved, certification requirements have been met and the scope for certification, as well as major nonconformities and nonconformities including review and acceptance of the client's plan for correction and corrective action. The final Client Feedback form is filed within the Client Folder on the CIRQ SharePoint site; client feedback is shared with the Lead Auditor, as appropriate.

A draft 3yr Audit Plan is included in the final report, which is sent to the client for approval. The 3yr Plan gives an overview to the clauses and controls the client can expect for their surveillance and recertification audits and is kept in the Client Folder. The client is also provided dates for their next annual audit within this section of the

report.

The Audit Program Log MASTER is updated; the Annual Audit Program Checklist is closed out by the Managing Director and filed in the Client Folder on the CIRQ SharePoint site.

Maintaining Certification:

CIRQ maintains its clients' certification based on demonstration that the client continues to satisfy the requirements of the management system standard. Tracked in the Audit Program Log, this is based on a positive conclusion by the audit team leader at the time of audit without further independent review and decision, provided that:

- a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, CIRQ requires the audit team leader to report to the certification body the need to initiate a review by a CIRQ Technical Advisor, different from those who carried out the audit, to determine whether certification can be maintained
- b) CIRQ Technical Advisor monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.

Initial Certification for an ISO 27001 certificate

All CIRQ certification documents – CIRQ application, audit plans, audit reports, the CIRQ Registry and the accredited certificate containing the Statement of Applicability (SoA) – will identify that the organization is either or both a PII controller and a PII processor within the scope of the certification.

Certification documents shall include:

- a) the words privacy information management
- b) the role of the organization for each activity, product or service in scope (i.e. if the organization acts as PII controller and/or PII processor)

NOTE 1 An organization can deliver email services acting as PII processor and file sharing services acting as PII controller.

- c) the fact that the certified organization fulfils ISO/IEC 27001.

NOTE 2 The fact that the certified organization fulfils ISO/IEC 27001 can be satisfied by the inclusion of the identification of ISO/IEC 27001 (e.g. certification number of ISO/IEC 27001) in the certificate.

The certification documents may reference national and international standards as source(s) of control set for controls that are determined as necessary in the organization's Statement of Applicability. The reference on the certification documents shall be clearly stated as being only a control set source for controls applied in the Statement of Applicability and not a certification thereof.

Required Records:

- FC 6000 2.4 CIRQ ISMS Audit Plan
- WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 Audit Program Log MASTER
- FC 8001 1.5 CIRQ Client Feedback Form

Core Process IS6 Initial Certification Decision

ISO 17021 Clause 9.5

ISO/IEC 27006-1:2024, Clause 9.5

The certification decision shall be based on the certification recommendation of the audit team as provided in their certification audit report. Certification shall not be granted to the client until there is sufficient evidence to demonstrate that arrangements for management reviews and internal ISMS audits have been implemented, are effective and will be maintained.

When certification is granted (or renewed at the Re-Certification audit), the client's name, address, and Statement of Applicability are retrieved and confirmed from the client application and Stage 2 Audit Report.

Via email from CIRQ's Managing Director, the client will be sent the Certificate of Compliance as a .pdf document, along with the following document(s) & file:

- S1 1.4 Terms of Use for CIRQ Certification Mark(s).
- The CIRQ ISO/IEC 27001 Certification Mark (.jpg)

The newly certified company to the Certification Registry on the CIRQ website, and includes the organization's name, scope of certification, certificate dates and client identification number, and the CIRQ certification mark and the ANAB/IAF Accreditation Mark.

Whether certification is delayed or not granted (denied), a communication explaining why is sent to the client (e.g., email, phone call, ICT meeting, etc.). The annual Audit Program Checklist is updated and closed out.

Required Records:

- WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022
- S1 1.4 Terms of Use for CIRQ Certification Mark(s)
- The CIRQ ISO/IEC 27001 Certification Mark (.jpg)
- CIRQ Certificate of Compliance ISO/IEC 27001:2022 w/ANAB logo
- CLC 7002 1.0 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 ISO/IEC 27001:2022 Audit Program Log

Core Process IS7 Surveillance Audits

ISO/IEC 17021-1:2015, Clause 9.6

ISO/IEC 27006-1:2024, Clause 9.6.2

CIRQ performs annual surveillance audits to verify that the approved ISMS continues to be implemented, to consider the implications of changes to the ISMS initiated as a result of changes in the client's operational practices and to confirm continued compliance with certification requirements. Surveillance audit procedures shall be a subset of those for the certification audit of the client's ISMS as described in this Quality Manual.

Surveillance audit programmes shall cover at least:

- a) the ISMS maintenance elements such as information security risk assessment and control maintenance, internal ISMS audit, management review and corrective action;
- b) communications from external parties as required by ISO/IEC 27001 and other documents required for certification.

As a minimum, every surveillance audit by CIRQ shall review the following:

- a) the effectiveness of the ISMS with regard to achieving the objectives of the client's information security policy;
- b) the functioning of procedures for the periodic evaluation and review of compliance with relevant information security legislation and regulations;
- c) changes to the controls determined, and resulting changes to the SoA;
- d) implementation and effectiveness of controls indicated in the audit programme.

CIRQ shall be able to adapt its programme of surveillance activities to reflect the information security issues related to risks and impacts on the client and justify this programme. Surveillance audits may be combined with audits of other management systems. Audit reports shall clearly indicate the aspects relevant to each management system. During surveillance audits, CIRQ shall check the records of appeals and complaints brought before it. Where any nonconformity or failure to meet the requirements of certification is revealed, CIRQ shall check that the client has investigated its own ISMS and procedures and has taken appropriate corrective action.

A surveillance report shall contain, in particular, information on clearing of nonconformities revealed previously, the version of the SoA and important changes from the previous audit. As a minimum, the reports arising from surveillance shall build up to cover in totality the requirements listed above in points a) through b) and a) through d).

CIRQ shall maintain certification based on demonstration that the client continues to satisfy the requirements of ISO/IEC 27001:2022 as applicable. CIRQ shall conduct surveillance audits at least once a calendar year. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date. The following process documents both Surveillance 1 and Surveillance 2 Audit planning.

Each surveillance for the relevant ISMS standard shall obtain and verify information from various sources including interviews, observation of processes and activities, review of documentation and records from the following:

- a) internal audits and management review
- b) a review of actions taken on nonconformities identified during the previous audit
- c) complaints handling
- d) effectiveness of the ISMS with regard to achieving the certified client's objectives and the intended results of the respective ISMS(s)
- e) progress of planned activities aimed at continual improvement
- f) continuing operational control
- g) review of any changes
- h) use of marks and/or any other reference to certification.

Approximately 3 months before the certification anniversary, CIRQ will contact client to undertake an exchange of information relevant to planning surveillance audits. As part of this process, CIRQ will pay special attention to any changes documented by the client in the Pre-Surveillance Audit Questionnaire ISO/IEC 27001:2022, as applicable, which is emailed to the client at this time. This document is filed in the Client Folder on the CIRQ SharePoint site and informs the creation of a Surveillance Audit Plan. CIRQ and Lead Auditor will determine if changes to audit program are required based on responses in questionnaire.

It is also at this step that existing clients are asked to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. At that time, and in consultation with the client, CIRQ will determine if the client can be adequately audited in the absence of this information and will advise the client that the audit cannot take place until appropriate access to the information can be granted.

Note: Clients will undertake 2 surveillance audits within a 3-year certification cycle. This is documented within the approved CIRQ Management System Application.

The client is responsible for alerting CIRQ's Managing Director to any organizational changes that may impact its scope of certification (e.g., acquisition, staff reduction, etc.) that happen at any time – not just around annual audit planning.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader shall report this to the client and, if possible, to CIRQ to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the certification body.

The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to CIRQ.

The selection and appointment of the audit team is determined as in Section IS1. This is undertaken through evaluation of auditor knowledge, competence, removal of conflicts of interest and statement of confidentiality & non-disclosure. The Lead Auditor is also sent their Estimated Auditor Fee Form (FC4002) and a Confidentiality and Non-Disclosure Declaration. The Lead Auditor (and the assigned team, when applicable) must sign both and return them to the Managing Director within 72 hours of receipt. The confirmed fee estimate is filed in the Client Audit Folder, and the auditor will submit this form for payment. The signed Confidentiality and Non-Disclosure Declaration is filed in the ISO/IEC 27001:2022 Client planning folder.

The auditor's availability is checked, and the auditor is tentatively scheduled. Audit dates are suggested and confirmed with client and auditor, and Audit Program Checklist is updated.

The MD prepares an Internal Cost Quotation Worksheet and an Estimated Cost Quotation (external document), converted to a .pdf file for the client's consideration (approval/decline). The Estimated Cost Quotation will outline the costs for the Surveillance Audit and be communicated to the client.

Direct auditor expenses are not included in the Estimated Cost Quotation but can be drafted/estimated upon client request.

An Audit Plan is prepared by the auditor for 1st and 2nd annual Surveillance Audits and reviewed by the MD. Surveillance audits are conducted by the Audit Team onsite, with possible remote locations, as previously agreed upon, and according to the 1st/2nd Surveillance Audit Plan. It is marked as Draft and sent to the client, by the MD, for the client's review and approval. When approved by the client (email is acceptable) it is marked as Final, saved as a PDF.

The Lead Auditor will perform the entire audit per the pre-determined Audit Plan number of audit days and include a formal Opening and Closing Meeting.

The Opening Meeting shall be held with the client's management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The process includes an introduction of the participants, including an outline of their roles, as well as formal communication throughout the audit and the client's ability to ask questions. Previous audit findings will be reviewed, as appropriate. The Lead Auditor will also share the methods by which information can be obtained, via interviews, observation of processes and reviewing documentation. The auditor will provide information about the conditions under which the audit may be prematurely terminated.

The Lead Auditor will conduct the surveillance audit summarizing conformity, and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained and documented into an Audit Report. Findings include Opportunities for Improvement, which are not

documented as non-Conformities, which shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood.

Note: The auditor shall refrain from suggesting the cause of nonconformities or their solution, as this can be a threat to impartiality as auditors cannot serve as consultants at any time during the audit program.

The CIRQ lead auditor will end the 1st/2nd Surveillance audit with a formal closing meeting, where attendance shall be recorded, shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting is to present the audit conclusions, including the recommendation regarding certification presented in a brief written report. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.

The lead auditor will also:

- a) advise the client that the audit evidence obtained was based on a sample of the information, thereby introducing an element of uncertainty
- b) review the method and timeframe of reporting, including any grading of audit findings
- c) review CIRQ's process for handling nonconformities including any consequences relating to the status of the client's certification
- d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit
- e) CIRQ's post audit activities
- f) information about CIRQ's complaint and appeal handling processes.

The Lead Auditor will confirm that any additional client questions are asked and answered sufficiently. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to CIRQ.

The 1st/2nd Surveillance Audit Report Draft are uploaded by the Lead Auditor to the Client CIRQ SharePoint site within 72 hours of the last scheduled day of the onsite audit.

The surveillance audit reports will contain:

- a) identification of the certification body
- b) the name and address of the client and the client's representative
- c) the type of audit (e.g., initial, surveillance or recertification audit or special audits)
- d) the audit criteria & audit objectives, and confirmation that the audit objectives have been fulfilled.
- e) the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit, and a conclusion on the appropriateness of the certification scope
- f) any deviation from the audit plan and their reasons and any significant issues impacting on the audit program
- g) identification of the audit team leader, audit team members and any accompanying persons
- h) the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted
- i) audit findings reference to evidence and conclusions, consistent with the requirements of ISO/IEC 27001:2022
- k) significant changes, if any, that affect the ISMS of the client since the last audit took place
- l) any unresolved issues, if identified
- m) where applicable, whether the audit is combined, joint or integrated
- n) a disclaimer statement indicating that auditing is based on a sampling process of the available information
- o) recommendation from the audit team
- p) the audited client is effectively controlling the use of the certification documents and marks, if applicable

- q) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.
- r) a statement on the conformity and the effectiveness of the ISMS together with a summary of the evidence relating to:
 - the capability of the ISMS to meet applicable requirements and expected outcomes
 - the internal audit and management review process

It is the Lead Auditor's responsibility to alert the Managing Director that audit documents are ready for review.

If there are no additional findings during the review, the 1st/2nd Surveillance Audit Report is marked as final, is distributed to the client representatives, and is stored within the client folder for the specific year on the Client's CIRQ SharePoint site.

However, if the Lead Auditor documents any Non-Conformances, the client will have 30 days to resolve and submit a Corrective Action Report (e.g. root cause analysis) form, maintained as a template within the 1st/2nd Surveillance Audit Report. This template can be copied within the same report for additional Areas of Concern or Non-Conformance findings. The lead auditor will review the RCA to ensure that the analysis is sufficient, and the 1st/2nd Surveillance Audit Report is marked as final, is distributed to the client representatives and is stored within the client folder for the specific year on the Client's CIRQ SharePoint site.

The Audit Program Checklist is updated and filed in the Client Folder on the CIRQ SharePoint site. The 1st/2nd Surveillance Audit Program Checklist is updated.

Special audits:

CIRQ shall, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit.

Required Records:

- FC 8002 2.6 Pre-Surveillance Audit Questionnaire
- FC 1001 4.0 CIRQ MS Application
- FC 6000 2.4 CIRQ ISMS Audit Plan
- WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022
- WBC 7005 1.2 CIRQ Closing Meeting Report
- FC 4002 Estimated Auditor Fee Form
- FC 5001 Confidentiality and Non-Disclosure Declaration
- TC 1003 2.1 Internal Cost Quotation Worksheet
- TC 1002 Estimated Cost Quotation
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 Audit Program Log MASTER

Core Process IS8 Recertification Audit

[ISO/IEC 17021-1:2015, 9.6.3, 9.6.4](#)

[ISO/IEC 27006-1:2024, 9.6.3 IS 9.6.3](#)

Re-certification audit procedures shall be a subset of those for the initial certification audit of the client's ISMS as described in this document. The time allowed to implement corrective action shall be consistent with the severity of the nonconformity and the associated information security risk.

On or about 3 months prior to a client's Recertification Audit, CIRQ's Managing Director shall contact the Client to commence planning. CIRQ and the client shall conduct the audit before the certification expiration date. CIRQ shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of surveillance audits, the review of the ISMS over the period of certification and complaints received from users of certification.

The above-listed Core Processes IS1 – IS7 shall be followed throughout the Recertification Audit planning. Individual Audit Program Checklists will be drafted and completed for each audit format throughout the 3-year audit cycle.

During the recertification audit for ISO/IEC 27001:2022 the auditor shall obtain and verify information from various sources including interviews, observation of processes and activities, review of documentation and records from the following:

- a) internal audits and management review
- b) a review of actions taken on nonconformities identified during the previous audit
- c) complaints handling
- d) effectiveness of the ISMS with regard to achieving the certified client's objectives and the intended results of the respective ISMS(s)
- e) progress of planned activities aimed at continual improvement
- f) continuing operational control
- g) review of any changes
- h) use of marks and/or any other reference to certification

Note: Recertification audit activities may need to have a Stage 1 Audit in situations where there have been significant changes to the ISMS, the organization, or the context in which the ISMS is operating (e.g., changes to legislation).

CIRQ shall monitor the Audit Program, which shall be confirmed or adjusted with the appropriate audit follow-up and surveillance activities including the frequency and duration of audits.

When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.

Expiry rule: When the Re-Certification Audit cannot be conducted in the timeframe mentioned above, CIRQ will grant an extension of no more than 15 days.

In a situation where CIRQ has not completed the recertification audit or is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended, and the validity of the certification shall not be extended. The client shall be informed, and the consequences shall be explained.

Following expiration of certification, CIRQ can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

Short notice audits:

It may be necessary for CIRQ to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases, CIRQ will describe and make known in advance to the certified clients the conditions under which such audits will be conducted, and that CIRQ shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

Required Records:

- FC 8002 2.6 Pre-Surveillance Audit Questionnaire
- FC 1001 4.4 CIRQ MS Application
- FC 6000 2.4 CIRQ ISMS Audit Plan
- WBC 7001 1.10 CIRQ Audit Report ISO/IEC 27001:2022
- WBC 7005 1.2 CIRQ Closing Meeting Report
- FC 4002 Estimated Auditor Fee Form
- FC 5001 Confidentiality and Non-Disclosure Declaration
- TC 1003 2.1 Internal Cost Quotation Worksheet
- TC 1002 Estimated Cost Quotation
- CLC 7002 1.2 ISMS Audit Program Checklist – Annual per audit type
- FC 2005 1.0 Audit Program Log MASTER

Core Process IS9 Certification Body Transfers

*ISO 17021-1:2015, Clause 9.1.3.4, 9.5.2, 9.5.3.3
IAF MD 2:2023*

In the case where an ISO/IEC 27001:2013 or ISO/IEC 27001:2022 certified organization wishes to transfer its existing certification to CIRQ, all prospective Transfer Clients must go through a Pre-Transfer Review. The transferring client must provide the reasons for seeking a transfer, as well as the following:

- The previous certificate from the initial certification, previous audit report(s) (initial, surveillance, recertification)
- Documentation on nonconformities and corrective actions
- Complaints received and actions taken
- Any relevant consideration to legal compliance relevant to the certification scope
- Number of days of Initial Audit.

It is the transferring client's responsibility to authorize that the issuing certification body provides the information sought by CIRQ. The issuing certification body shall not suspend or withdraw the organization's certification following the notification that the organization is transferring to CIRQ if the client continues to satisfy the requirements of certification.

CIRQ's Managing Director will confirm CIRQ has obtained and retains in Client Folder all sufficient evidence to approve transfer. Once this documentation has been secured, the Managing Director, along with the technical advisor for certification decisions, will determine any additional concerns and make a decision on certification. This activity will happen before any surveillance, recertification or special audits are initiated.

Once all requirements are met, CIRQ will initiate an Audit Program, adhering to the ISMS/PIMS Core Procedures IS1 – IS8 as noted above in this Quality Manual.

Required Documents:

- FC 1001 4.4 CIRQ MS Application
- TC 4001 2.5 CIRQ Standard Certification Agreement
- CLC 7002 1.2 ISMS Audit Program Checklist – Including Certification Body Transfer review - Annual per audit type
- FC 2005 1.0 ISO/IEC 27001:2022 Audit Program Log
- Previous Certificate
- Previous Audit report(s) to complete the Master Client Audit Files/Client 27001 Folder

B. Support Process Definitions – for Core and Core IS Processes

S1. Terms of Use for CIRQ Certification

ISO/IEC 17021-1:2015, Clause 8.3

ISO/IEC 17065:2012, Clause 4.1.3, 7.10

The Insights Association’s Certification Institute for Research Quality, LLC. (“CIRQ”) has established these Terms of Use to allow for the use of the CIRQ Certification Mark(s) in a professional and legal manner by CIRQ-certified companies in their written and electronic literature and advertising. These Terms define the limitations of use by ISO 20252:2019 and ISO/IEC 27001:2022 (the “Standard(s)”) certified companies of the CIRQ Certification Mark(s); and will be administered by the CIRQ Managing Director and CIRQ Board Chair. These terms cover the use of the CIRQ Certification Mark(s) only. The CIRQ logo is a separate and distinct graphic and is restricted to CIRQ use only.

1. Only companies who have achieved a successful audit to the Standard and have received a Certificate of Compliance from CIRQ are permitted to use the CIRQ Certification Mark(s). The client conforms to CIRQ requirements when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents.
2. CIRQ does not permit its marks to be applied by certified clients to laboratory test, calibration or inspection reports or certificates.
3. The CIRQ Certification Mark(s) will be delivered to the certified company electronically in both a gif format for website use and a jpeg format for print use. Other formats will be made available as needed. Guidelines for size and color usage will be delivered with the Certification Mark(s).
4. Certification approval and use of the Certification Mark(s) is limited to the scope of audit determined by CIRQ and detailed on the Certificate of Compliance in the Statement of Applicability. Companies who have achieved certification will use the Certification Mark(s) only in such a way so as not to create confusion between matters referred to in the scope of certification and other matters and does not make or permit any misleading statement regarding its certification.
5. Divisions, parents, subsidiaries, sister companies and other affiliated companies are **not** permitted to use the CIRQ Certification Mark(s) unless they have individually received certification by CIRQ to the Standard(s).
6. Companies that have achieved certification but are **not** Insights Association members may only use the CIRQ Certification Mark(s) and are not entitled to use the separate and distinct Insights Association logo in their materials.
7. The use of CIRQ’s name and/or the Certification Mark(s) and/or the use of the Insights Association name and/or logo are not an endorsement of the organization that use any such name, Certification Mark(s), or logo. The CIRQ name and Certification Mark(s) and the Insights Association name and logo shall in no way imply that the product, process or service is certified by this means.

The CIRQ Certification Mark(s) applies only to certification of either/both the company’s research project management system (ISO 20252:2019) or information security management system (ISO 27001:2022) according to the Statement of Applicability. The statement of certification is limited to:

- identification (e.g., brand or company name) of the certified client

- the type of management system (e.g., research process or information security) and the applicable standard
- CIRQ as the certification body issuing the certificate

Note: Specific to ISO/IEC 27001:2022 the client does not allow reference to its management system certification to be used in such a way as to imply that CIRQ certifies a product (including service) or process.

8. The use of the CIRQ Certification Mark(s) following initial certification is subject to annual review based on the successful result of subsequent annual surveillance audits or the re-certification audit. The client shall amend all advertising material when its scope of certification has been reduced.
9. CIRQ is also accredited to ISO/IEC 17065:2012, ISO/IEC 17021-1:2015 and ISO/IEC 27006-1:2024 through the ANSI National Accreditation Body (ANAB). As such, CIRQ shall authorize each organization under its accredited certification system only so long as the organization continues to operate in conformance with its certified management system to apply the ANAB accreditation symbol with CIRQ's own symbol only on those organization documents that relate to the certified management system and not on a product or in any way that could imply product, process, or service certification.
10. CIRQ reserves the right to suspend or withdraw a company's certification under the Standard and its use of the CIRQ Certification Mark(s) based on failure to comply with the Standard as determined by the outcome of a CIRQ audit, violation of conformance to the standard, or misuse of the Certification Mark(s). Upon withdrawal of its certification, the client discontinues its use of all advertising matter that contains a reference to certification, as directed by CIRQ.
11. These Terms of Use are subject to review and revision, the continued use of the Certification Mark(s) after any such revision will be subject to such revised Terms of Use.
12. The CIRQ name and Certification Mark(s) are trademarks of CIRQ. CIRQ and Insights Association reserve the right to require that an organization in violation of trademark usage remove them from the organizational website and discontinue use of them should it be determined there is a breach of any conditions laid out in these Terms.
13. CIRQ recommends the following language for use in promotional materials in relation to a company's CIRQ certification: [Insert company name]
 - a. *is committed to industry quality and maintains certification to **ISO 20252:2019** the International Standard for Market, Opinion and Survey Research including Insights and Data Analytics. This certification covers [insert Statement of Applicability].*
 - b. *is committed to industry quality and maintains certification to **ISO/IEC 27001:2022** the International Standard for Information technology — Security techniques — Information security management systems. This certification covers [insert Statement of Applicability].*

References:

- CIRQ logo (for internal CIRQ use only):



- Certification Institute for Research Quality aka CIRQ Certification Mark(s) (for use by certified companies according to the Terms outlined above):



S2. Complaint Dispute Appeal and Corrective-Preventive Action Procedure

ISO/IEC 17065:2012, Clause 7.13

ISO/IEC 17021-1:2015, Clauses 9.7, 9.8

a). From Applicants or Certified Companies regarding CIRQ

In the event a customer or Applicant lodges an appeal regarding any application or certification-related decision, or complaint about the staff of CIRQ or its activities related to the auditing and certification process, or a dispute arises, the Managing Director along with two members of the CIRQ Board he/she selects (other than the Insights Association CEO and Insights Association's General Counsel), will form a Review Panel, hereinafter referred to as the Panel. No member of the Panel shall have a direct interest in the subject of the appeal, complaint or dispute in any form. The Managing Director serves as the chairperson of this Panel and documents the fact that all members of the Panel, including him/herself, are free from any financial, commercial or any other pressures that might influence the results of the process. The Managing Director will make the company lodging the appeal, complaint, or dispute aware of this fact.

This Panel will review the appeal to determine its validity or review the complaint or dispute to substantiate its content. If valid or substantiated, the Panel will proceed with the review process, and make the company lodging the appeal, complaint or dispute aware of the timeline for the review process. Submission, investigation and decision on complaints/disputes/appeals shall not result in any discriminatory actions against the complainant.

CIRQ strongly prefers that appeals, complaints or disputes be submitted in writing to the Managing Director of CIRQ by registered mail, or equivalent, within reasonable timeframes following the occurrence of the event which caused the appeal, complaint or dispute. Upon receipt, the Managing Director will acknowledge receipt to the sender and convene the Panel as soon as is reasonably possible.

If requested by members of the Panel to provide information in relation to an appeal, complaint or dispute, the

staff involved in the event or audit of a company, or a decision related to an application shall do so. The provision of information will be without prejudice toward all others.

Panel members shall have an obligation of confidentiality concerning anything that might come to their knowledge during their function on this Panel, with regard to the certified company or applicant. They have the right to consult experts and to take all measures and make all provisions, including the convening of one or more sessions, deemed necessary for a sound judgment.

All communications regarding the appeal, complaint or dispute must be documented in writing and kept in the appropriate Appeal/Complaint/Dispute file on the CIRQ SharePoint site. Members of the Panel shall judge in all fairness. The members are, however, bound by all applicable policies and procedures as documented in CIRQ's Quality Manual. The Panel decides on the appeal, complaint or dispute by a majority of votes and the Managing Director informs the parties concerned, in writing, of the judgment including the rationale for the decision, and any subsequent corrective actions required. The judgments of the Panel are considered binding. The Managing Director shall follow up to ensure that recommended actions have been taken and are effective according to the Corrective Action procedures, document the outcome in the appropriate Appeal/Complaint/Dispute file, inform the other Panel members, and update the appropriate register.

Note: The decision to be communicated to the complainant shall be made by, or reviewed and approved by, CIRQ personnel not previously involved in the subject of the complaint.

b). From companies or from individuals about a certified company

Individuals participating in a research project conducted by a certified company or another company that becomes aware of a certain practice employed by a certified company may contact CIRQ to file a complaint about the certified company. In these instances, a number of steps will occur:

1. The individual or company will be requested to contact the Insights Association, so that the Insights Association can review the situation against the Insights Association Code of Standards and Ethics for Survey Research and take appropriate action.
2. The complaint will be passed on to the certified company and they will be asked to take appropriate action to address the complaint; and
3. A record of the complaint will be saved in the Client Master file on the CIRQ SharePoint site and entered into the Complaint/Appeal/Dispute Log.

Depending on the severity of the complaint as it relates to the requirements of the ISO standard to which the company is certified, it may be followed up on at the next audit (for less severe complaints) or a random audit may be scheduled to follow up on it prior to the next scheduled audit (more severe complaints). CIRQ shall determine, together with the certified client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution shall be made public.

Required Records:

- Appeal/Complaint/Dispute Forms (FS2001) submitted to CIRQ
- Complaint/Dispute/Appeal and Corrective & Preventive Actions Log (FS2002)

References:

- S2 Complaint Dispute Appeal AND Corrective-Preventive Action Procedure
- WBC 7001 1.9 CIRQ Audit Report ISO/IEC 27001:2022

S3. Internal Audits and Corrective Actions

ISO/IEC 17065:2012, Clauses 8.6, 8.7, 8.8

ISO/IEC 17021-1:2015, Clause 10.2.6

Internal Audits: CIRQ will conduct annual internal audits of its Quality System in order to ensure that:

- a. all policies and procedures are being implemented as described in this manual and in the more detailed S (support) series process and procedure descriptions.
- b. the CIRQ Management System remains suitable, adequate, and effective; and
- c. opportunities for improvement are identified and acted upon.

When the level of customer activity reaches a substantive level, more specific procedures may be identified to address the frequency, style and quantity of additional internal audits to be conducted. As for this version of the Quality Manual, internal audits are performed annually at 12-month intervals and result in effective findings that help to improve CIRQ's management system.

Internal auditors may be employees of CIRQ or may be consultants used by CIRQ. In either case, they shall be thoroughly familiar with CIRQ's Management System, and ISO 17065:2012 and ISO/IEC 17021-1:2015 on which it is based.

Prior to each annual audit, the audit scope shall be defined, and auditors assigned so that (where possible) they will not audit their own work and will not have direct responsibilities for the activities to be audited. When audits take place, they shall consider the results of previous audits, the importance of the activities to be audited to the Management System, as well as the maturity and stability of the MS. When and if Non-Conformances are discovered or customer complaints occur, the audit frequency should be increased, as appropriate.

Corrective Actions: CIRQ will review the corrections, identified causes and corrective actions submitted by the internal auditor to determine if these are acceptable. CIRQ will verify the effectiveness of any correction and corrective actions taken. The evidence obtained to support the resolution of nonconformities will be recorded in the Internal Master Audit Schedule.

Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually, this activity is done by a member of the internal audit team.

Required Records

- Complaint/Dispute/Appeal and Corrective & Preventive Actions Log (FS2002)
- CIRQ Management System Review (GLS 4001 1.3)
- CIRQ Internal Audit Report (GLS 5001 1.0)

References:

- S3 Level 2 procedures on the CIRQ SharePoint site
- CIRQ Quality Manual

S4. Management Reviews

ISO/IEC 17065:2012, Clauses 8.5.2-8.5.3

ISO/IEC 17021-1:2015, Clauses 10.2.5.2-10.2.5.3

CIRQ's Managing Director shall periodically review the continuing suitability, adequacy and effectiveness of the MS with the CIRQ Board and CIRQ MS Operation Committee, a subgroup of the Board comprised of the CIRQ Managing Director, the IA CEO and the CIRQ Board Chair. These management reviews shall include:

- An assessment of improvement opportunities for CIRQ based on:
 - internal audits
 - process performance
 - status of preventive/corrective actions
 - customer feedback
- Discussion and agreement regarding any change to the Management System, including the quality policy and quality objectives
- Update on the Info. Technology support for CIRQ
- Recent and upcoming audit activity with customers
- Status of certifications (granted, denied, suspended, or withdrawn)
- Status and trends related to complaints, disputes and appeals
- Review Risk Register and actions to address risks
- Review of CIRQ's finances

Outputs from Management Reviews shall include decisions and actions related to:

- a) Corrective actions needed,
- b) Improvement to the MS and its processes,
- c) Improvement in service, related to meeting customer requirements, and
- d) Resource needs.

The Managing Director shall ensure that agreed upon corrective actions are implemented and report the outcomes back to the CIRQ Board within an agreed upon timeframe.

Management Reviews shall be held once each year, at a minimum. In addition, the Managing Director or the CIRQ Board may review quality issues periodically and may decide to hold additional Management Reviews as needed. Results of all Management Reviews are recorded by the Managing Director and retained on the CIRQ SharePoint site.

Required Records:

- CIRQ Management System Review (GLS 4001 1.3)
- CIRQ Internal Assessment Report

References:

- CIRQ Management System Review (GLS 4001 1.3)
- CIRQ Internal Assessment Report
- Quarterly CIRQ Board Meeting presentations & minutes
- Complaint/Dispute/Appeal and Corrective & Preventive Actions Log (FS2002)

S5. Handling, Control, Retention and Security of Records/Documents

ISO/IEC 17065:2012, Clauses 7.12, 8.3, 8.4

ISO/IEC 17021-1:2015, Clause 8.2, 8.5, 10.2.4

ISO/IEC 27006-1:2024, Clause 8.4

This procedure covers the document retention, control and security procedures, in compliance with the above noted clauses of ISO/IEC 17065:2012, ISO/IEC 17021-1:2015 and ISO/IEC 27006-1:2024 and includes:

- CIRQ SharePoint site security and controls – CIRQ utilizes the cloud-based solution for all management system and client files.
- Record maintenance system
- Record retention
- Confidentiality of information obtained during certification
- Record destruction
- Third party disclosure

CIRQ shall maintain the following types of records, which will be continuously updated on the secure, password protected CIRQ SharePoint site.

1. Updated information regarding the annual moderation of CIRQ and CIRQ processes
2. The CIRQ Quality Manual
3. CIRQ Procedures for operating a certification body, Core, Core IS and Support procedures
4. Forms, checklists, templates and other support documentation that become required records
5. Actual records required by ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015 including records relating to CIRQ rules and procedures for granting, maintaining, suspending, or revoking certification
6. CIRQ personnel documentation

Records relating to the certification management processes and outcomes of ISO 20252:2019 and ISO/IEC 27001:2022 certified companies.

References:

- The S series support procedure in the S Folder on the CIRQ SharePoint site, CIRQ Mgmt System folder.

S6. Documentation

ISO/IEC 17065:2012 - Clause 8.2

ISO/IEC 17021-1:2015, Clause 8.2, 8.5, 10.2.4

ISO/IEC 27006-1:2024, Clause 8.4

The following information will be documented and maintained by CIRQ, updated at least annually by the Managing Director and made available upon request. Information regarding the fact that CIRQ is an accredited certification body established to certify survey research providers to the ISO 20252:2019 and ISO/IEC 27001:2022 standards and explain why this accreditation is necessary. This information will also indicate that CIRQ's Management System is audited by external audits assigned by the American National Standards Institute's National Accreditation Body (ANAB), and that it will be audited in the same fashion annually.

- A statement briefly describing its product certification system which will include the rules and procedures for granting, extending, maintaining, suspending or withdrawing certification.
- An overview of the steps involved in the auditing and certification process.
- A directory of certified companies and their scope of certification (Certification Register)

- CIRQ Audit & Certification Fees.
- CIRQ finances.
- Rights and duties of applicants and certified companies regarding the use of the Certification Mark(s) and the acceptable ways a Company shall refer to the certification granted.
- Information regarding the handling of complaints, appeals, and disputes.

To support auditing and certification services, CIRQ has established, documented, and maintains a Management System. Documentation for this system exists at several levels that start with a very broad and general perspective and become more detailed and specific as each document, process or procedure is mapped to the applicable requirements. A Document Register will be maintained to track versions and will be stored on the CIRQ SharePoint site in CIRQ Records. These document levels are described below:

Management System Documents: Consist primarily of the Quality Policy, the Quality Objectives and this Quality Manual, along with several other documents that are controlled and only change on a very infrequent basis such as the Schedule of Fees. The Quality Manual contains the Quality Policy and the Quality Objectives and also references other policies and the processes constituting the Quality System, which have been established to conform to the requirements of ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015.

The Quality Manual contains references to all Management System procedures, which further detail the processes defined later in this document and include the detailed procedures required by ISO/IEC 17065:2012 and ISO/IEC 17021-1:2015. They define steps taken to ensure the quality of services offered by CIRQ, show who is responsible for implementing the procedure, and indicate timelines for key steps of various procedures. Related forms, checklists, templates, etc., reference materials, and required records are referenced in the procedures. This level covers both Core and Support procedures.

In this Quality Manual, CIRQ has identified:

- 11 Core Procedures for ISO 20252:2019
- 10 ISMS Core Procedures for ISO/IEC 27001:2022
- 11 Support processes needed for its Management System to provide consistent auditing and certification services to its customers.

Note: The CIRQ MD maintains all client folders on a company-owned, password protected laptop as a temporary space until completed/finalized documents can proceed to being uploaded into the Client Folder(s) on the CIRQ SharePoint site. During annual internal audits, it should be considered that client-specific audit documents are not missing; rather, they have been placed in the temporary client folder to be reviewed and approved for completion. Full review of the annual CLC Annual Audit Checklist serves as the guide (on CIRQ's OneDrive) to ensure all documentation is migrated to the CIRQ SharePoint client folder at the completion of an audit.

CIRQ's OneDrive

To further control and maintain CIRQ documentation the following rules shall apply:

- Each applicant shall be assigned a unique identifying number upon receipt of their completed Request for Quotation (or Application) and will retain this number throughout the 3-year cycle and beyond. The numbering format shall start with a four-digit sequential number beginning with 1000, followed by the date the Request for Quotation (Application) is received in a 6-digit format (xxxxxx). EXAMPLE: If the first Request for Quotation is received on March 5, 2010, that company would be numbered as '1000030510'.

Certificates of Compliance for ISO 20252:2019 and ISO/IEC 27001:2022, as applicable will be numbered with the first 4 digits of the unique client number described above plus the client ID number issued by CIRQ.

- Electronic records specific to a particular company shall be labeled starting with the company name, followed by the company number followed by the document name, followed by the date the record was created. An EXAMPLE follows:
 - XYZ Research '1000030510_ Audit Report_YYYY
- Only the CIRQ Managing Director shall have the right to make revisions to any controlled document and shall notify all appropriate CIRQ personnel when a revision occurs.
- Access to the CIRQ SharePoint site will be controlled to CIRQ personnel as follows
 - The CIRQ Managing Director is the only person who shall have read and write privileges
 - The Training and Audit Advisor, The Technical Advisor, and the Auditors will have read only rights and will be able to save records to their personal folder, or to assigned client folders on this site on an ad hoc basis. At the discretion of the Managing Director, the Training and Audit Advisor may be given read and write privileges to assist with internal audits or other updates to the quality system.

References:

- CIRQ SharePoint
- S6 Documentation procedure on the SharePoint site

S7. Human Resource

ISO/IEC 17065:2012, Clause 6.1

ISO/IEC 17021-1:2015, Clause 7.3, Annex A (normative)

The policies and procedures contained in the CIRQ Organization Handbook apply to employees of CIRQ. In addition, there are Level 2 procedures in S7 that shall apply to CIRQ staff as listed below:

- Hiring procedures including Confidentiality & Conflict of Interest Orientation
- Training of staff (new and existing) regarding CIRQ's Management System
- Performance Evaluations
- Sub-contracting / vendors

Required Records:

- Training Records on CIRQ SharePoint site
- Independent Contractor/Consultant Agreement Template (TS7001, TS7002, TS7003)
- New Auditor Training Assessment Report (FS7001)
- Auditor Assessment (FS5001)

References:

- S7 procedure in Level 2 on the CIRQ SharePoint site
- Independent Contractor/Consultant Agreement Template (TS7001, TS7002, TS7003)
- FS 7003 Competencies of Personnel involved in the ISO 20252 Audit & Certification process
- TS 7006 1.3 ISO 27001 Comprehensive Auditor Competence Form
- Table A.1 Knowledge for ISMS Auditing and Certification
- Auditor Assessment Form (FS5000)

S8. Changes in Certification Requirements

ISO 17065:2012, 7.4, 7.5, 7.6, 7.7, 7.8, 7.10, 7.12

This procedure describes the steps that shall be taken when changes occur in ISO 20252 or ISO/IEC 27001 or in CIRQ's certification scheme applying to these standards. These changes may require notification to clients and/or CIRQ staff.

CIRQ will communicate changes affecting certification and shall include, if required, the following:

- Overview of changes to impact current and prospective clients as outlined in accreditation resources (e.g., ANAB/IAF) Accreditation Rules and/or Mandatory Documents
- Initial, surveillance and recertification audits
- Audit report review
- Audit report and certification decision
- Issuance of revised formal certificate to extend or reduce the scope of certification
- Issuance of certification documentation of revised surveillance activities

CIRQ shall include the rationale for excluding any of the above activities (e.g. when a certification requirement that is not a product requirement changes, and no evaluation, review or decision activities are necessary).

Required Records:

- Written communications to clients describing change stored in Client folder on CIRQ SharePoint site
- Written communications to staff describing change stored in Personnel folder on CIRQ SharePoint site
- Updates to Changes in Certification Requirements Register (DS8001) on CIRQ SharePoint site (specific to ISO 20252)
- Updates to Changes in Certification Requirements are dictated by ANAB and IAF MDs

References:

- S8 Procedure on the CIRQ SharePoint site

S9 Australia Audit & Certification Procedure

*Note: This support process is not in effect beginning February 2022. CIRQ made the decision to place ADIA partnership on hold and may resume in the future.

This procedure describes the steps that shall be taken when an Australian small to medium sized market research company, who is also a member in good standing of the Australian Data and Insights Association (ADIA), completes an ISO 20252:2019 RFQ with CIRQ and is approved by ADIA to participate.

Required Records:

- Request for Quotation and client Quality Manual
- Completed WBC 3003 1.6 ISO 20252 2019 Client Self-Assessment Quality Manual and RFQ & Standard Cert Agreement and Auth to Proceed
- CLC 7001 1.4 Audit Program Checklist

References:

- ADIA CIRQ MOU Dec 2021 – ISO 20252:2019 Guidelines (expired)
- S9 Procedure on the CIRQ SharePoint site

S10 Expiration of Certification Procedure

ISO/IEC 17021-1:2015 9.6.3.2.5

This procedure describes the steps that shall be taken when a company is approaching the expiration date of their ISO 20252:2019 certification. It also covers the process in which a client may withdraw its certification, or suspension, in cases where its ISMS has persistently or seriously failed to meet requirements.

For ISO/IEC 27001:2022, following suspension, withdrawal, or expiration of certification, CIRQ can restore certification within 6 months provided that the outstanding recertification activities for ISO/IEC 27001:2022 are completed, otherwise at least a stage 2 audit shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on the prior certification cycle.

Note: This requirement is also used for expired certificates, and the certification documents will also show the gap in certification.

The process for CIRQ suspending a client certification can occur in cases when, for example:

- the client’s certified ISMS has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the ISMS, as discovered during the course of an audit, receipt of a complaint from a clients’ customer, etc.
- the certified client does not allow surveillance or recertification audits to be conducted at the required annual frequencies as set forth in the 3yr audit plan
- the certified client has voluntarily requested a suspension

During the suspension process, which is unlikely to exceed 6 months, the client’s management system certification is temporarily invalid. CIRQ’s managing director will schedule a phone call with the client representative to review the S1 Terms of Use of CIRQ Certification Marks to review all sections relevant to claims, statements, and text indicating ISO/IEC 27001:2022 certification. A .pdf letter emailed to the client and appropriate representatives will follow to document the terms of the suspension (e.g., steps the clients must take to cease and immediately terminate all claims of its certification) as well as the process to restore certification.

As mentioned above, the client can request restoration of its certification within 6 months, in cases of suspension, withdrawal or expiration. In cases of suspension, the client must resolve all issues that caused the suspension, follow the CIRQ process and all requirements for doing so.

CIRQ shall restore the suspended certification if the issue that has resulted in the suspension has been resolved. Failure to resolve the issues that have resulted within 45 days shall result in withdrawal or reduction of the scope of certification. CIRQ will reduce the scope of certification to exclude the parts not meeting the requirements when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification.

For clients who decide to seek certification after withdrawal of certification CIRQ will require the client to start the application through certification process over again. The Core Process Definitions for ISMS Certification, which covers the certification process in detail, begins on page 38.

Required Records:

- Written communication to client notifying them of upcoming expiration date, stored in Client folder on CIRQ SharePoint site
- FC 2005 Audit Program Log MASTER
- CLC 7001 1.4 Audit Program Checklist
- S1 Terms of Use of CIRQ Certification Marks

References:

- S10 Procedure on the CIRQ SharePoint site

S11. Risk Management Procedure

ISO/IEC 17021-1:2015, Clause 5.2.3

In order to maintain the impartiality and credibility of CIRQ as an auditing and certification body, an assessment of risks will be undertaken on an as needed basis, and minimally at least once a year. Identified risks and the threats posed will be documented on the Risk Register along with an assessment of the level of risk (High, Medium, Low) and steps taken to prevent or correct situations that occur.

Required Records:

- Risk Register on CIRQ SharePoint site, Level 2 in the Document Vault

References:

- S11 Procedure on the CIRQ SharePoint site

XII. APPENDIX

A. References

- ISO/IEC 17065:2012
- ISO 20252:2019
- ISO/IEC 17021-1:2015
- ISO/IEC 27006-1:2024
- ISO/IEC 27001:2022
- *Accreditation requirements for organisations providing certification services to ISO 20252:2019 Market, opinion and social research including insights and data analytics within the territorial jurisdictions of Australia, UK and USA (2020)*
- CIRQ Organization Handbook
- Insights Association's Code of Standards and Ethics for Marketing Research and Data Analytics
- Insights Association's Employee Handbook
- Federal legislation in the U.S.
 - HIPPA
 - SOC/SOC2
 - GLB
 - COPPA
- Data Privacy Framework requirements
- GDPR

CIRQ Quality Manual for Personnel Signature

I acknowledge that I have reviewed the most current available revision of the CIRQ Quality Manual, containing the full scope of CIRQ's audit processes, certification requirements and other relevant requirements, available in PDF file format and on the CIRQ.org website.

Print name

Signature

Date