

COS-2-04

REQUIREMENTS FOR ACCREDITATION OF AUDIT SERVICE PROVIDERS PERFORMING SEMS AUDITS

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**SEMS AUDIT &
CERTIFICATIONS**



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1. SCOPE / APPLICATION

This document defines the Center for Offshore Safety (COS) requirements for an organization to become an accredited Audit Service Provider (ASP) to perform audits of an auditee's Safety and Environmental Management System (SEMS) to the requirements of API Recommended Practice 75¹ *Safety and Environmental Management System for Offshore Operations and Assets* and COS-2-03² *SEMS Auditing Requirements*.

2. ACRONYMS

- **AB** - accreditation (accrediting) body
- **API** - American Petroleum Institute
- **ASP** - Audit Service Provider
- **ASPMS** - Audit Service Provider Management System
- **APM** - Accreditation Program Manager
- **COS** - Center for Offshore Safety
- **IEC** - International Electrotechnical Commission
- **ISO** - International Organization for Standardization
- **RP** - recommended practice
- **SEMS** - Safety and Environmental Management System

3. DEFINITIONS

- **Accreditation (Accredit)** - The process of evaluating an organization and if meeting the requirements defined herein, approving them as an ASP.
- **Accreditation (accrediting) body** - An independent third-party organization (the COS) that accredits ASP with qualifying management systems and processes for performing SEMS audits, the COS.
- **Accreditation Program Manager** - The COS representative responsible for administering the accreditation program.
- **Accreditation review panel** - Independent panel convened by the APM to consider information about an ASP and cast a ballot on the APM's (or designate's) recommendation concerning accreditation. The panel shall be made up of subject matter experts who have not been involved with the applicant or ASP within the past 24 months.

¹This document applies to either the 3rd or 4th Edition of API RP 75 depending on the scope of the audit.

²This document applies to either the 1st or 3rd Edition of COS-2-03 depending on the scope of the audit.

- **Applicant** - An independent third-party entity that is seeking accreditation from the COS to be able to perform SEMS audits.
- **Accreditation assessment (assessment)** - The COS process of evaluating an applicant/ASP's management system for performance of SEMS audits, performance of audit teams/auditor(s) and audits to API RP 75, COS-2-03, and their referenced documents. Assessments include Initial assessments of applicants, surveillance assessments of ASP during their term of accreditation, Special assessments when deemed necessary by the APM, and re-accreditation assessments of ASPs seeking re-accreditation.
- **Affiliated company** - Any organization presenting a threat to the ASP's impartiality (see Note 1 to Section 5.2.3 of ISO/IEC 17021-1), or other entity under the organizational control of the ASP (see Section 5.2.5 of ISO/IEC 17021-1).
- **Assessment team/assessor(s)** - The COS representative(s) performing assessment of ASP.
- **Asset** - The equipment (individual items or integrated systems) or software used offshore.
- **Audit** - A systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which a company's SEMS has been established, implemented, and maintained.
- **Audit Service Provider (ASP)** - A COS-accredited, independent third-party organization contracted by a company to audit its SEMS to the requirements of API RP 75 and COS-2-03. An ASP must be accredited or provisionally accredited.
- **Audit Service Provider Management System (ASPMS)** - An applicant/ASP's management system for conducting SEMS audits, meeting applicable requirements of ISO/IEC 17021-01 and the COS.
- **Auditee** - The company for whom the SEMS audit is being performed.
- **Office assessment** - An objective evaluation of an applicant/ASP's management system for SEMS auditing normally performed at the ASP's office.
- **Portal** - The COS computer system accessed by applicants, ASPs, assessors, and the COS contains applications, assessments, findings, corrective actions, and accreditations decisions.
- **Provisional accreditation** - Temporary accreditation of an ASP that has satisfied application and office assessment requirements, and for which a witness assessment of their SEMS audit will be conducted.
- **Witness assessment** - An objective evaluation of an ASP's ability to perform a SEMS audit in accordance with applicable requirements.

4. REFERENCES AND GENERAL INFORMATION

- 4.1 The referenced documents, or parts of the referenced documents, shown in Appendix 1, Part A shall constitute provisions of this document.

Note: Additional documents shown in Appendix 1, Part B contain useful information.

- 4.2 As new editions of the referenced and additional documents are published, the AB shall issue guidance on their implementation.

5. CONFIDENTIALITY OF INFORMATION

The ASP shall treat all information or data, in any format, obtained in conducting SEMS audits as confidential business information. The ASP shall not share or disclose such information or data with any third party unless agreed to in writing by the auditee or other owner of such information or data, except as required by applicable law or pursuant to this document.



6. GENERAL REQUIREMENTS

Only ASPs that are accredited by the COS or have been granted provisional accreditation by the COS shall be eligible to conduct SEMS audits in accordance with API RP 75 and COS-2-03.

6.1 Applicants shall:

- 6.1.1. Sign an agreement with the COS and comply with the requirements of that agreement;
- 6.1.2. Declare whether they intend to conduct SEMS audits for operations solely within the United States Outer Continental Shelf (US OCS), or within and outside the US OCS;
- 6.1.3. Appoint a contact person responsible for coordinating and/or communicating with the COS regarding all matters related to its accreditation, and notify the COS within 15 business days if the contact person is replaced;
- 6.1.4. Provide evidence to the COS that it has established, implemented, and is maintaining an Audit Service Provider Management System (ASPMS) that conforms to ISO/IEC 17021-1, COS-2-03, and other COS requirements, as applicable (see Appendix 3, COS Requirements);
- 6.1.5. Undergo initial office assessments as required by the COS to verify that their ASPMS meets the requirements of ISO/IEC 17021-1 and the requirements for COS accreditation, and that the applicant/ASP is operating in conformance with its ASPMS;
- 6.1.6. Undergo special office assessments if required by the COS with a scope defined by the COS (e.g., a subset of the ASPMS);
- 6.1.7. Not provide SEMS-related consultancy services and/or training to SEMS auditees³; and
- 6.1.8. Notify the COS of any significant changes to its ASPMS policies and/or procedures, critical processes, ownership, legal name, organization, location, and other significant changes that may impact its competence, impartiality, or credibility to perform SEMS audits, including the loss of existing accreditation to ISO 17021-1 by other accreditation bodies.

6.1 ASPs shall:

- 6.2.1. Comply with requirements of their signed agreement with the COS;
- 6.2.2. Undergo surveillance, re-accreditation and special office assessments as required by the COS to verify that ASP's ASPMS meets the requirements for COS accreditation and that the ASP is operating in conformance with its ASPMS;
- 6.2.3. Notify the COS of planned SEMS audits;
- 6.2.4. Undergo initial, surveillance, re-accreditation and special witness assessments as required by the COS of the ASP performing a SEMS audit to verify that the ASP can perform an effective SEMS audit in conformance with its ASPMS;

³This does not prohibit an applicant from providing SEMS training that is open and available to the public.

- 6.2.5. Submit a signed declaration to the COS, by January 31st of each year, that during the prior calendar year all requirements for accreditation have been met in performing SEMS audits, referencing conformance to COS-2-03, COS-2-04, and their ASPMS;
 - 6.2.6. Not provide SEMS auditing services to an organization that the ASP or ASP-affiliated company provided SEMS-related consultancy or SEMS internal audits within two years;
 - 6.2.7. Notify the COS within 15 business days of changes to their contact person;
 - 6.2.8. Report any complaints received by the ASP during the course of the SEMS audit about the safety and environmental operations of the auditee to the auditee;
 - 6.2.9. Arrange with the auditee (and their contractors as applicable) for COS assessor(s) to be present on the auditee's property when necessary to perform witness assessments of the ASP;
 - 6.2.10. Notify the COS of any significant changes to its ASPMS (e.g., management system policies and/or procedures, critical processes, ownership, legal name, organization, location) and other significant changes that may impact its competence, impartiality, or credibility to perform SEMS audits, including the loss of existing accreditation to ISO 17021-1 by other accreditation bodies; and
 - 6.2.11. When authorized by the auditee, the ASP shall submit to the COS a summary of the good practice(s) identified during the SEMS audit.
- 6.3. The COS shall have the right, in its sole discretion, to decide if a special office assessment or witness assessment is required, or whether to change the status of an accreditation (e.g., reduce to provisional, suspend, etc.).
 - 6.4. Applicants/ASPs shall develop an action plan to address COS-identified nonconformities (e.g., from review of an application or a COS assessment) and enter them into the COS-ASP portal within 30 days of having been notified that nonconformity(-ies) were posted in the portal.
 - 6.5. Unless a longer timeframe is otherwise approved by the COS, applicants/ASPs shall complete their action plan within four months to the COS's satisfaction and keep the COS assessor and APM apprised of progress and/or delays.
 - 6.6. Lack of a response or not completing corrective action(s) that address the underlying cause(s) within the time frame may, at the discretion of the COS:
 - require resubmission of information describing the ASPMS;
 - require another assessment; or
 - result in downgrading the accreditation status to provisional, suspension, or cancellation.

7. APPLICATION FOR ACCREDITATION

- 7.1 Applicants shall describe their ASPMS to the COS by completing an application in the portal and providing supporting documentation.
- 7.2 The ASPMS shall include the information specified in Appendix 3.
- 7.3 Initial applicants shall complete at least one internal audit and management review of their ASPMS prior to the COS review noted in 7.4.
- 7.4 The COS shall review the ASPMS for content and conformance with COS and ISO/IEC 17021-1 requirements.
- 7.5 The COS shall have the right to issue nonconformities requiring additional or clarifying information associated with the application that the applicant shall address to COS's satisfaction as part of the process for accreditation.

8. ASSESSMENTS

- 8.1 Office assessments shall be conducted by the COS to confirm that the applicant or ASP has implemented and maintained their ASPMS. Initial office assessments shall be conducted on applicants. Surveillance office assessments shall be conducted on ASP during their term of accreditation. Special office assessments shall be conducted when deemed necessary by the APM. Re-accreditation assessments shall be conducted on ASP seeking re-accreditation.
- 8.2 Witness assessments shall be conducted by the COS to confirm the ASP's ability to perform a SEMS audit in accordance with their ASPMS, API RP 75, and COS-2-03. Initial witness assessments shall be conducted on ASP's with provisional accreditation. Surveillance witness assessments shall be conducted on ASP during their term of accreditation. Special witness assessments shall be conducted when deemed necessary by the APM. Re-accreditation witness assessments shall be conducted on ASPs seeking re-accreditation.
- 8.3 Notification shall be provided of the assessor(s) assigned to conduct the assessment. The COS shall consider requests by the applicant or ASP to assign a different assessor, but the COS has the ultimate authority to assign assessors.
- 8.4 The applicant or ASP shall be provided with an assessment plan in advance of, and an assessment report following the assessment. The report, any COS-identified nonconformities, and supporting documentation shall be entered into the portal.
- 8.5 Any nonconformities identified by the COS shall be addressed by the applicant or ASP to the satisfaction of the COS (see 6.4 and 6.5 above).

9. ACCREDITATION

9.1 Provisional accreditation can be granted to applicants that have completed the:

- Application process described in Section 7; and
- Office assessment process described in Section 8.

9.2 Provisional accreditation can be advanced to accreditation if:

- The ASP completes the witness assessment process described in Section 8; and
- Is approved for accreditation through COS's internal decision process described in 9.3.

9.3 Accreditation Decisions

9.3.1 A decision on accreditation shall be to:

- 9.3.1.1 grant or deny accreditation to an applicant; or
- 9.3.1.2 grant or deny re-accreditation to an existing ASP; or
- 9.3.1.3 downgrade an accreditation to provisional; or
- 9.3.1.4 suspend accreditation; or
- 9.3.1.5 cancel accreditation.

9.3.2 The COS Senior Director in consultation with the APM, shall determine whether to downgrade or suspend accreditation for cause (e.g., non-payment of fees, undue delay in communications or corrective action, actions contrary to promoting confidence in SEMS auditing or accreditation).

9.3.3 Absent cause for immediate action, accreditation decisions shall be made by:

- 9.3.3.1 The APM (or designate) recommending an accreditation decision to an accreditation review panel.
- 9.3.3.2 The information recorded in the portal relevant to the applicant or ASP (e.g., ASPMS, assessments, corrective actions, and other information presented by the APM) shall be reviewed by the accreditation review panel to approve or disapprove the APM recommendation or request additional information.
- 9.3.3.3 The COS Senior Director affirming or rejecting the majority vote of the accreditation review panel.

9.4 Unless otherwise specified, accreditation shall be granted for a three-year term.

9.5 Maintaining Accreditation

- 9.5.1 ASPs shall comply with all COS requirements for accreditation and SEMS auditing, including provisions of the COS/ASP agreement.
- 9.5.2 ASPs shall be subject to two surveillance assessments as described in Section 8 during the first and second years of accreditation. In some situations, a surveillance assessment may be delayed or not performed, such as when an ASP does not have a SEMS audit to be witnessed.
- 9.5.3 ASPs shall be subject to special assessments at the sole discretion of the APM.

9.6 Re-accreditation

- 9.6.1 An ASP's term of accreditation shall expire at the end of their three-year term. The ASP shall no longer be able to perform SEMS audits if not re-accredited. An ASP's term of accreditation can be extended at the discretion of the APM if the ASP is working in good faith to complete the re-accreditation process and the APM has no reason to believe there are any threats to the ability of the ASP to conduct SEMS audits in accordance with requirements.
- 9.6.2 At least 6 months prior to the end of an ASP's 3-year term of accreditation, the ASP shall declare their interest in being re-accredited by creating a new application file in the portal and acknowledging ongoing agreement to comply with the COS agreement.
- 9.6.3 At least 5 months prior to the end of an ASP's 3-year term of accreditation, the ASP shall complete a new application in the portal describing their ASPMS and providing supporting documentation as described in 7.1 and 7.2 above.
- 9.6.4 The COS review of applications for re-accreditation and applicant's resolution of any nonconformities shall be completed as described in steps 7.3 and 7.4 above, before COS will conduct an office assessment for re-accreditation.
- 9.6.5 ASPs shall complete Step 9.6.2 before the COS will conduct witness assessment for re-accreditation.
- 9.6.6 Office and witness assessments for re-accreditation shall be completed as described in Section 8 prior to being re-accredited.
- 9.6.6 A decision to re-accredit shall be made as described in Section 9.3 or the organization will no longer be authorized to conduct SEMS audits in accordance with API RP 75 and COS-2-03.

10. CHANGES TO ACCREDITATION

- 10.1 The COS can change an accreditation by reassignment to provisional status, suspension, cancellation or withdrawal in the event an ASP fails to meet the COS requirements specified in this document and/or any provision of the accreditation agreement.
- 10.2 Suspension or loss of accreditation from another accreditation body can result in changing the accreditation status of the ASP.
- 10.3 Failure to be reinstated within six months of suspension shall result in the APM submitting a recommendation to an accreditation review panel for cancellation of the accreditation.
- 10.4 Withdrawn and cancelled accreditation shall require re-application for future consideration into the accreditation program.
- 10.5 An ASP whose accreditation is cancelled for cause shall only be allowed to re-apply for accreditation after one year from the date of cancellation.

11. USE OF THE COS MARKS AND/OR LOGO

An ASP shall use the COS marks and/or logos only as permitted under its accreditation agreement with the COS.

APPENDIX 1 - REFERENCES AND GENERAL INFORMATION

A. REFERENCED DOCUMENTS

1. **API Recommended Practice 75, 3rd Edition:** *Recommended Practice for Development of a Safety and Environmental Management Program for Offshore Operations and Facilities*; May 2004.
2. **API Recommended Practice 75, 4th Edition:** *Safety and Environmental Management System for Offshore Operations and Assets*; December 2019.
3. **Center for Offshore Safety Publication COS-2-01, 2nd Edition:** *Qualification Requirements for Audit Service Provider Personnel Involved in Performance of SEMS Audits*; January 2024.
4. **Center for Offshore Safety Publication COS-2-03, 1st Edition:** *Requirements for Third-party SEMS Auditing and Certification of Deepwater Operations*; October 2012.
5. **Center for Offshore Safety Publication COS-2-03, 3rd Edition:** *Requirements for Third-party SEMS Auditing*; May 2023
6. **Center for Offshore Safety Publication COS-1-06 for RP 75 3rd Edition:** *Guidance for Developing a SEMS Audit Plan*; Second Edition; May 2023.
7. **Center for Offshore Safety Publication COS-1-06 for RP 75 4th Edition:** *Guidance for Developing a SEMS Audit Plan*; First Edition; August 2023.
8. **Center for Offshore Safety Publication COS-1-08 for RP 75 3rd Edition:** *SEMS Audit Report Format and Guidance*; Second Edition; May 2023.
9. **Center for Offshore Safety Publication COS-1-08 for RP 75 4th Edition:** *SEMS Audit Report Format and Guidance*; First Edition; August 2023.
10. **ISO/IEC 17021-1:** *Conformity Assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements*; First Edition; June 2015 (certain exceptions apply, see Appendix 2).

B. DOCUMENTS CONTAINING USEFUL INFORMATION

1. **Center for Offshore Safety Publication COS-1-07 for RP 75 3rd Edition:** *Guidance for Developing a SEMS Corrective Action Plan*; Second Edition; May 2023.
2. **Center for Offshore Safety Publication COS-1-07 for RP 75 4th Edition:** *Guidance for Developing a SEMS Corrective Action Plan*; First Edition; August 2023.
3. **Center for Offshore Safety Publication COS-1-09/RP 75 3rd Edition:** *Guidance for Conducting SEMS Audits – For API Recommended Practice 75 3rd Edition*; Second Edition; June 2023.
4. **Center for Offshore Safety Publication COS-1-09/RP 75 4th Edition:** *Guidance for Conducting SEMS Audits*; First Edition; May 2023.
5. **Center for Offshore Safety Publication COS-1-10:** *Guidance for Remote Audits*; First Edition; May 2023.
6. **Center for Offshore Safety Publication COS-2-05:** *Requirements for COS SEMS Certificates*; First Edition; July 2020.
 - i. International Addendum, May 2023
7. **Center for Offshore Safety Publication COS-2-06;** *Requirements for Audit Service Providers Issuing SEMS Certificates*; First Edition; January 2024.
8. **International Accreditation Forum Mandatory Document IAF MD 5: 2023:** *Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems*; Issue 1, Version 3; June 2023
9. **International Accreditation Forum Mandatory Document IAF MD 11: 2023:** *Application of ISO/IEC 17021 for Audits of Integrated Management Systems*; Issue 1, Version 4; June 2023.
10. **ISO 19011: Guidelines for auditing management systems;** Third Edition; July 2018.
11. **ISO/IEC TS 17023 (2013) Technical Specification Conformity Assessment –** *Guidelines for determining the duration of management system certification audits (reviewed and confirmed in 2016).*

APPENDIX 2 - EXCLUSIONS FROM REQUIREMENTS

ISO/IEC 17021-1 Exclusions

The following sections of ISO/IEC 17021-1 shall not apply to this document:

1. Sections relating to surveillance audits; and
2. Sections relating to decisions on certification and issuance of certificates

APPENDIX 3 - COS AUDIT SERVICE PROVIDER MANAGEMENT SYSTEM REQUIREMENTS

The following information and/or documentation supporting establishment of an Audit Service Provider Management System (ASPMS) meeting the requirements of ISO 17021-1 and the COS shall be provided to the COS:

1. List of Applicable Documents – Identifying name and version number and/or applicability date for documents supporting the ASPMS⁴;
2. Copy of the ASPMS Manual or associated documents that addresses applicable requirements of ISO 17021-1 and the COS;
3. Copy of ISO 17021-1 Accreditation certificate or signed declaration to the COS that all requirements for accreditation will be met when performing SEMS audits;
4. Example of the agreement between the ASP and an auditee noting how the auditee is on notice that the COS may observe the ASP during COS witness assessments;
5. The ASP's Policy and procedures for safeguarding impartiality;
6. Organizational structure showing functional groups/individuals involved in the ASPMS process and relationship to other legal entities under the same management;
7. A documented process for ensuring the competence of personnel involved in the ASPMS, including initial evaluation and ongoing monitoring of competence meeting the requirements of COS-2-01;
8. Outsourced processes, if any, and the documented process for selection and monitoring of organizations providing outsourced processes;
9. Confidentiality agreements for personnel and contractors involved in the ASPMS, and a process for ensuring that any auditee-specific requirements are addressed for that engagement;
10. A code of ethics or code of conduct for auditors and other personnel involved with the ASPMS;
11. A documented process for overall SEMS audit planning, including determination of local requirements and incorporation into the audit scope;
12. A documented process for the selection of auditor(s)/audit teams;
13. A documented process for determining SEMS audit duration;
14. A documented process for facility selection, including sampling the required number of facilities to be audited;

⁴Note: The list of applicable documents must be kept current (e.g., when documents are updated as a result of review of an application, or in response to assessment nonconformities).

15. A documented process for conducting audits, including preparation of specific objectives during each phase of the audit;
16. A documented process for reviewing an auditee's corrective action from the prior SEMS audit, and verifying the effectiveness of those corrective actions;
17. A documented process for responding to an auditee objections to findings;
18. A documented process for reporting audit results and approving a final report;
19. A documented process for handling complaints from or about auditees;
20. A documented process for document/records control;
21. A documented process for corrective/preventive actions;
22. A documented process for obtaining feedback from auditees about SEMS audit performance;
23. A documented process for internal audits of the Audit Service Provider Management System;
24. A documented process for conducting management reviews of the ASPMS;
25. A statement whether the ASP wishes to be considered for SEMS audits outside the US OCS;
26. A documented process to determine the applicable regulation to be considered by the SEMS audit team in the geographical area of the auditee's SEMS being audited; and
27. Written procedures on the use of the COS and ASP marks.



