CODE OF PRACTICES (COP)

for certifying facilities to

THE SUSTAINABLE ELECTRONICS REUSE & RECYCLING (R2) STANDARD

Requirements for Certification Bodies and Auditors Relating to the R2v3 Certification Process

A certification program of

SERI

Version 2.4
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Responsibility for these Requirements

SERI holds responsibility for this document and its contents.

Disclaimer

The official language of this document is English. This document is a live document and may be revised from time to time. The definitive version can be accessed from the SERI website.

About this Document

This Code of Practices (COP) is applicable to the Accreditation Body (AB), Certification Bodies (CB) and Auditors certifying facilities to the R2v3 Standard (interchangeably referred to herein as both "R2" and the "R2 Standard"). It defines the normative requirements for the certification process over and above the requirements of ISO/IEC 17021-1:2015, and is designed to facilitate certification process consistency, including requirements related to SERI's oversight of the R2 Certification Program. This document is intended to be used by the SERI-authorized Accreditation Bodies for determining if a CB is meeting the requirements of the COP to recognize facilities meeting the R2 Standard requirements with an R2 certificate.

SERI may issue a COP Clarification when needed to offer further explanation of complex requirements in the R2 COP. However, a COP Clarification, itself, is not auditable and cannot be cited in relation to any nonconformity. The explanations within such COP Clarifications are intended to prevent misinterpretation of the R2 COP, not to add to, subtract from, or modify the R2 COP.

At a minimum annually, there will be a formal review of the COP to address any changes needed to be made. SERI may also make changes to the COP outside of the formal review process as needed. Changes to the requirements will be determined by SERI and circulated to the Accreditation Bodies and Certification Bodies for comment prior to finalizing. If there are significant changes to the COP that could potentially impact the R2 Certified Facilities themselves, then the changes may also be circulated to the R2 Technical Advisory Committee (TAC) for comment.

About SERI

SERI is a United States-based non-profit organization with a purpose to protect the planet and enrich lives by championing sustainable actions with electronics all throughout their lifecycle.

SERI's vision is responsible management of used and end-of-life electronics world-wide. SERI works to create a world where electronic products are reused and recycled in a way that results in resource preservation, the well-being of the environment, and the health and safety of employees and communities.

R2 Standard

The R2 Standard is the leading sustainability standard for the global management and processing of used electronics to achieve a more circular economy through the reverse supply chain.

The R2 Standard is developed by SERI, an ANSI-Accredited Standards Developer, through a multi-stakeholder group. The standard is developed through an open, transparent, and consensus-based approach in conformity with the ANSI Essential Requirements. Facilities that are certified to the R2 Standard through an accredited third-party Certification Body can use such R2 Certification to demonstrate their ability to help IT asset managers, sellers of used electronics, and prospective purchasers of IT asset disposition, refurbishment, remarketing, and recycling services (among others) make informed decisions and have increased confidence that electronic equipment is managed in an environmentally responsible manner, protective of the health and safety of employees and the public, and that all data on all devices is secure and effectively destroyed.

Descriptive terms such as “sufficient,” “effective,” or “protective” throughout the R2 Standard (and which may be referred to within this COP) are used to describe the requirement objectives and are not intended to convey that an R2 Auditor’s assessment of such methods is conclusory validation or verification of all conditions present. Each situation is unique, every audit affords only a sampling, and no amount of compliance efforts with any standard can ever guarantee a particular result in practice. The R2 Standard should be viewed only as one of various methods and tools that can be utilized by an organization, and by those evaluating an organization. The R2 Standard is thus offered “AS-IS” and without warranty, to R2 Facilities, Certification Bodies and the Accreditation Bodies that approve them, as well as to any third parties who may look to R2 Certification in the process of evaluating R2 Facilities. Any reliance otherwise is expressly disclaimed by SERI.

Roles and Responsibilities

SERI, Certification Bodies (CBs), Auditors and Accreditation Bodies (ABs) all have a role within the certification process.

SERI is responsible for:

- Overseeing the development, revision, and publication of the copyright-protected R2 Standard.
- Developing and revising the COP to ensure it remains relevant and fit for purpose.
- Developing and overseeing the R2 Certification Program to ensure its quality, consistency, and credibility.
- Training R2 Auditors.
- Providing resources to guide R2 Facilities.
- Delegating by contract with responsible parties (CBs or ABs) to address concerns, complaints, and appeals.
- Issuing complaints to CBs directly.
- Issuing complaints to ABs regarding the CB, for follow-up by the AB.
- Granting licenses for R2 Facilities to certify to the R2 Standard upon entering into enforceable license agreements with SERI for the use and display of R2 Certification Marks.
- Withdrawing licenses for R2 Facilities for cause.
- Monitoring and reporting the impact of the R2 Certification Program.

CBs are responsible for:

- Conducting R2 audits, making certification decisions and issuing certificates.
- Maintaining the CB Certification Agreement with SERI.
- Maintaining accreditation to audit and certify facilities under the R2 Certification Program.
- Demonstrating conformity to the COP requirements as part of their internal management systems
- Ensuring competent persons are conducting audits, audit package reviews and making certification decisions.
- Participating in training as required by SERI.
- Determining the eligibility of an organization to be certified to the R2 Standard as provided in the scope of the R2 Certification and accurately calculating the applicable audit times.
- Verifying through the audit process that the R2 Facility is adhering to the R2 Standard for all used electronic equipment, components, and materials that pass through the R2 Facility or its control and within the scope of the R2 Certification.
- Issuing nonconformities (NCs) when and where an R2 Facility is not meeting the requirements of the R2 Standard.
- Verifying corrective actions (CA) are implemented before closing NCs.
- Ensuring quality controls are implemented and are effective in achieving consistent conformity outcomes at each R2 Facility with the same level of rigor.

- Following a corrective action process for closing NCs issued to the CB.
- Cooperating in the resolution of concerns and complaints as requested.
- Maintaining roles/responsibilities as outlined in this COP and in contractual agreements entered with SERI.
- Issuing R2 certificates displaying approved Certification Marks, including both as related to an R2 Facility's conformance to the R2 Standard, as well as use of the SERI-authorized CB Certification Mark for the CB's conformance to R2 Certification Program requirements in the COP.
- Avoiding conflicts of interest that appear to undermine the credibility of the R2 Certification Program.

Auditors are responsible for:

- Evaluating each R2 Facility's implementation of the R2 Standard for conformity based on the relevant scope of R2 Certification.
- Documenting evidence of outcomes conforming to the R2 Standard that demonstrate successful implementation of plans, policies, and processes.
- Applying the R2 Standard consistently to each R2 Facility.
- Writing NCs where and when they are found, and where there is an absence of evidence to demonstrate conformity to the R2 Standard.
- Avoiding conflicts of interest that appear to undermine the credibility of the R2 Certification Program.
- Maintain competence to conduct audits to the R2 Standard.
- Maintaining roles/responsibilities as outlined in this COP.

ABs are responsible for:

- Oversight of the Certification Bodies that provide R2 Certification to ensure accreditation requirements are maintained.
- Follow up on verifying effectiveness of corrective actions taken by CBs on any complaints issued by SERI on CB performance, during the annual CB audit conducted by AB.
- Receive, investigate, and resolve complaints from SERI.
- Avoiding conflicts of interest that appear to undermine the credibility of the R2 Certification Program.
- Maintaining roles and responsibilities as detailed in this COP and the AB Agreement with SERI.
- ABs shall report to SERI any complaints pertaining to the R2 Certification Program received about an R2 Accredited CB.

R2 Audit Types

R2 Certification includes five different types of audits, undertaken at different stages in the certification cycle:

- **Certification Stage 1 audit** (Section 7.2) – Occurs after successful completion of a Readiness Review (Section 6.5).
- **Certification Stage 2 audit** (Section 7.5) – Occurs after successful completion of the Stage 1 audit.
- **Surveillance audit** (Sections 8.1 and 8.2) – Annual; the CB can increase the frequency of surveillance audits if they deem it necessary. If SERI issues a probationary license to an R2 Facility, the CB shall increase the frequency of surveillance audits to a semi-annual schedule.
- **Recertification audit** (Section 8.6) – Before the end of the 3-year certification cycle and is a full system audit.
- **Special audits** (Section 15) – As required, when there is a change in the R2 Facility's certification scope, or another required follow-up outside of the normal audit schedule.

Normative Documents

CBs and Auditors shall utilize and operate in conformity to the most recent editions of the following documents in conjunction with the SERI COP:

- R2v3 Standard – The Sustainable Electronics Reuse and Recycling Standard (English version is the official version of the standard)
- R2v3 Standard Formal Interpretations
- ISO/IEC 17021-1:2015 Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: requirements
- Relevant IAF Mandatory Documents
- SERI License Agreement for R2 Certification
- CB Certification Agreement with SERI

Supporting Documents

These are the reference documents that CBs and Auditors utilize to assist with implementation of a R2 program.

- R2 Equipment Categorization (REC)
- COP Clarifications
- Knowledge Base section on SERI's website
- Management system standards as identified on SERI's website

Terms and Definitions

Term	Definition
Accreditation Body (AB)	Independent third-party entity that assesses and evaluates the competence of a Certification Body to conduct R2 audits and maintain an R2 Certification Program. Continually monitors performance of the Certification Body in conforming to the requirements outlined in the COP.
Allowance	Removes the applicability of a specific R2 Standard requirement(s) in the scope of certification and associated audits where requirements are clearly not applicable to the R2 Facility, and where allowances shall not negatively impact the validity of the certification. Permitted allowances are defined in the COP or in subsequent advisories.
Audit Package Reviewer (APR)	The responsible person within a Certification Body who reviews the quality of the R2 audit package to ensure evidence of conformity to the R2 Standard and COP.
Brokering	The management of R2 Controlled Streams from the customer or supplier directly to the downstream vendor.

Term	Definition
Campus	A campus is a certification structure that is made up of one or more locations. Locations are distinguished with different addresses; this is not meant to be the same numerical address with separate suites. Locations have interconnected operations with a single primary processing location (Main Processing Location) and one or more support locations. The purpose of a campus is to jointly process electronic equipment, components, or material streams. Joint processing is evidenced by movement of materials between the locations and/or meeting contractual obligations for a supplier together. Each location has its own unique scope of operations, but the combined operations of the Main Processing Location and all support locations together are required to fulfill the requirements under the scope of R2 Certification. All locations in a campus operate under the same management system and structure and shall be audited by the CB at each audit. The campus certification structure does not apply to stand-alone facilities that primarily source, process, and manage electronic equipment, components, or materials independent of the Main Processing Location, and that can otherwise be R2 Certified as a single-site facility (Refer to Table 3-Determining the Applicable R2 Certification Structure).
Candidate Facility	Is a prospective organization that is undergoing the R2 Certification process to become R2 Certified.
Certification Body (CB)	Is an organization accredited in accordance with the requirements specified in this SERI R2 Code of Practices to audit and certify facilities to the R2 Standard.
Certificate Decision Maker (CDM)	Person or committee that makes the decisions for granting or refusing certification, expanding, or reducing the scope of certification, suspending, or restoring certification and withdrawing certification.
Clarification	An explanation of requirements in the COP. Not auditable.
Common Parent Facilities	Multiple organizations owned by the same parent organization operating within one facility under the same management system.
Complaint	A statement clarifying a potential or actual unsatisfactory situation that requires investigation and determination of actions.
Concern	Any issue that is not urgent in nature but still requires an investigation at the next audit or before the next audit to determine the depth of the problem and what action, if any, needs to be taken.
Consultant	Any professional that assists the organization in implementation, management, and oversight of requirements. A consultant can be a contractor or be an employee of the Candidate Facility or R2 certified Facility.
Correction	Correction is the action to eliminate the identified nonconformity. Correction is the first step in resolving a nonconformity.
Corrective Action (CA)	Corrective actions are the changes put in place to address the cause of a nonconformity to prevent recurrence of the nonconformity.

Term	Definition
Corrective Action Process	When a nonconformity is identified, the corrective action process is required to fully resolve and prevent recurrence. A Corrective Action Process includes, in order, the following phases: 1. Correction 2. Cause Analysis 3. Corrective Action 4. Verification
Days	Where days are referenced throughout the COP, it is in reference to calendar days.
Employee	Individual working part-time or full-time partially or fully in R2 scope, including those working on shifts, administrative, and all categories of office staff (marketing, sales, etc.) or working as a contractor.
External Activities	Off-site activities, such as but not limited to brokering, collection, decommissioning, and additional storage or processing buildings, that while not at the same location, are required activities to fulfil the electronics recycling processes of the R2 Facility within the scope of the R2 Facility's Certification.
Formal Interpretation	Formal explanation of the meaning or intent of a specific requirement of the R2 Standard.
Group	Multiple organizations are centrally managed and operate together to fulfill R2 processes irrespective of ownership. It may be located in one facility or multiple facilities.
Main Processing Location	Location within a campus certification structure with primary responsibility and authority to conduct the key R2 Process Requirements/Appendices and ensure those requirements are implemented, monitored, and maintained.
Nonconformity (NC)	Non-fulfilment of a requirement in the R2 Standard, including, but not limited to, by insufficient affirmative evidence of such conformance. During a CB audit the Auditor shall only record nonconformities to the R2 Standard, and not the COP.
Organization	Legal entity or name as per R2 Standard Core 1(b)(4).
Remote Audit	Audit carried out virtually using information and communication technology (ICT), maintaining the requirements and vigilance of an on-site audit.
R2 Process Requirements	R2v3 Section 2-R2 Process Requirements (Appendices). Required as applicable to the R2 Facility's scope of operations.
Shared Facilities	Different R2-certifiable organizations operating independently in one location irrespective of ownership. They do not have to be physically separated.
SERI Assurance Activities	SERI's oversight activities, including monitoring of activities and review of relevant documentation of both the R2 Facility and its CB, to assure the integrity of the R2 Certification Program. Such activities are provided for and consented to in enforceable agreements entered between SERI and R2 Facilities, as well as between SERI and CBs (Refer Section 18).
SERI License Acknowledgement	Document that shows proof of payment of annual license fee.

Term	Definition
SERI License Agreement	Legal agreement between an R2 Facility and SERI granting license to use SERI's R2 Certification Mark upon meeting and maintaining the R2 Standard requirements and the terms and conditions therein.
Spot Inspection	An announced or unannounced assessment conducted by SERI or its designee of an R2 Facility.
Virtual Workspace	An established virtual platform between SERI and the CB to manage communications.
Witness Inspection	An announced assessment conducted by SERI or its designee in conjunction with a planned Certification Body R2 Facility audit.

1 GENERAL REQUIREMENTS

1.1 **Authorization**

1.1.1 Accreditation Bodies are authorized by SERI through the AB Agreement, which authorizes each to accredit Certification Bodies on the terms and conditions therein.

1.1.2 Certification Bodies are authorized to use the SERI-authorized Certification Body Mark, which is legally registered in the United States of America and issued to a CB that:

- Is accredited by a SERI-authorized Accreditation Body to conform with this R2 COP and continues to adhere to such requirements.
- Has entered and maintains a contractual agreement with SERI to conduct R2 audits and issue R2 certificates, and which includes a license granted by SERI for the CB's issuance of R2 certificates displaying the SERI Certification Mark.
- Pay fees, if applicable, to SERI and adheres to the other terms and conditions specified in the Certification Body agreement.

1.1.3 SERI-authorized Certification Bodies are the only organizations authorized to issue SERI's registered Certification Marks, which recognize those R2 Facilities conforming to the R2 Standard, as well as to publish and display the SERI-authorized Certification Body Mark on issued R2 certificates for the CB's demonstrated conformance to the SERI R2 COP.

1.1.4 The CB shall maintain active AB accreditation and the aforementioned SERI contractual relationship to be authorized to issue R2 Certifications, and to use and publish the SERI Certification Body Mark.

1.2 Confidentiality

1.2.1 Each CB shall include in its contracts with the R2 Facility to allow the confidential sharing of R2 Facility information relative to their R2 Certification with SERI and the AB for oversight of the R2 Certification Program. Such CB contracts shall also allow for SERI to witness the CB audits and for the CB to abide by the other terms and conditions of CB's agreement with SERI.

1.2.2 The CB and the Auditors shall utilize confidentiality agreements and other means to protect and maintain confidentiality of information relating to an R2 Facility and not disclose the information acquired while auditing to any other parties not authorized within the R2 Certification process. Such confidentiality and data protection measures include, at a minimum, those required in the CB's agreement with SERI.

1.2.3 The CB and the Auditors shall include in such confidentiality agreements the maintaining of the confidentiality of communications and information between SERI regarding an R2 Facility, complaints, or other R2 Certification matters.

1.3 SERI Complaints about an R2 Facility

1.3.1 CBs shall maintain and follow a process to record and investigate, all complaints about an R2 Facility issued by SERI.

1.3.2 These complaints shall be investigated and managed by incorporating the actions and time frames required in Table 1. All updates and evidence shall be uploaded to the agreed-upon virtual workspace. Emailing updates and evidence is not acceptable.

1.4 SERI Complaints on CB Performance

1.4.1 CBs shall maintain and follow a process to record and investigate all complaints issued by SERI about a CB's performance where requirement(s) of the COP are not met.

1.4.2 CBs shall report their actions on their own Nonconformity/Corrective action forms.

1.4.3 SERI shall keep the AB informed of relevant complaints.

1.4.4 While the closure of the complaints (s) will be tracked by SERI, the AB will ensure the effectiveness of the corrective action(s) with the CB at the CB's annual audit for any complaints(s).

1.4.5 If there is a recurrence of complaint(s) or a complaint is issued against the CB agreement, it could impact the accreditation status of the CB. Refer to Table 1.1 for timelines associated with management of complaints issued by SERI to CBs.

1.4.6 If CB does not resolve the complaint, then SERI will also issue a complaint against the CB to the AB.

1.4.7 These complaints shall be investigated and managed by incorporating the actions and time frames required in Table 1.1. All updates and evidence shall be uploaded to the agreed-upon virtual workspace. Emailing updates and evidence is not acceptable.

1.5 SERI Concerns about an R2 Facility

1.5.1 CBs shall maintain and follow a process to investigate all concerns issued by SERI about an R2 Facility.

1.5.2 Upon initial investigation of a concern about an R2 Facility, the CB shall determine whether the concern warrants an immediate special audit or can be evaluated at the next audit. All updates and evidence shall be uploaded to the agreed-upon virtual workspace. Emailing updates and evidence is not acceptable. Refer to Table 1.2 for timelines to address concerns.

Table 1: Requirements for Managing R2 Facility Complaints

Due Date	Action
7 days from receipt of the complaint	**Notification:** The CB shall document the complaint and notify SERI within 7 days of receipt of the complaint.
21 days from receipt of complaint	**Preliminary Review:** The CB shall complete a review of whether there is merit to the complaint. Merit can be determined with information provided in the complaint, the source of the complaint, and review of publicly available information. Complaints without merit need not be further investigated provided a record is maintained of the reason why the complaint was not with merit. Reviews shall not rely solely upon asking an Auditor or the R2 Facility to respond to the complaint. This may be one source of information but does not eliminate the responsibility of the CB to conduct its own independent review using: · Information from the complainant, R2 Facility, or Auditor · Communication with the complainant, R2 Facility, or Auditor · Public business records · Public websites, including the R2 Facility's website(s) · Online sales websites used by the R2 Facility · Previous audit report and records · Records requested from the R2 Facility · Information available from SERI
30 days from receipt of the complaint	**Investigation:** The CB shall identify the course of action and appropriate time frames to investigate, if necessary, and address the complaint. Recommended actions may include: · Records review · On-site or remote audit · Issuance of a major or minor NC to the R2 Facility · Suspension of an R2 Facility's certificate · Withdrawal of an R2 Facility's certificate · CB Auditor/employee training and correction The CB shall inform SERI of the action(s) to be taken and the time frame.
60 days from receipt of the complaint	**Resolution:** The CB shall complete the investigation and send the following information to SERI: · A summary report documenting the investigation and action taken. · If a minor NC has been issued – R2 Facility's evidence of correction and corrective action plan. · If a major NC has been issued – R2 Facility's CA Plan and evidence of implementation of correction and progress on corrective action. · Any change of status in certification · Any change in Auditor status or competencies If evidence of correction cannot be obtained from the R2 Facility and verified by the CB within 60 days of issuance of NCs, the CB shall suspend the R2 certificate. The timing for NCs should follow requirements as specified in Section 7.9 in this document.

Due Date	Action
Extensions	If the CB is unable to close the complaint owing to the complexity of the complaint within the 60-day time frame, the CB shall request an extension of time from SERI directly. If an extension is granted, CB shall keep SERI updated on the progress of the investigation.
Monthly	**Status Updates:** The CB shall provide a monthly status report to SERI for any open complaints until they are satisfactorily closed. The monthly status report shall be uploaded to the agreed-upon virtual workspace.

Table 1.1: Requirements for Managing Complaints from SERI on CB Performance

Due Date	Action
7 days from receipt of the complaint	SERI will document complaints against one or more requirements in the COP and notify the CB and the AB. The CB shall acknowledge the receipt of the complaints within 7 days of receiving them.
21 days from receipt of complaint	**Preliminary Review:** The CB shall complete a review of the complaints and provide SERI with a corrective action plan (CAP), including root cause, correction, and corrective actions.
30 days from receipt of the complaint	CB shall provide evidence of correction to SERI. SERI will approve or reject correction in a written format.
60 days from receipt of the complaints	**Resolution:** The CB shall provide evidence to close the complaints.
Extensions	If the CB is unable to close the complaints within the 60-day time frame owing to the complexity of the complaints, the CB shall request an extension of time from SERI directly. If an extension is granted, CB shall keep SERI updated on the progress of the investigation.
Approvals/Rejections	SERI will provide written feedback to the CB on the approval or rejection of the evidence of CAP. If there is a rejection, SERI will work with the CB to define timelines for resubmission of evidence to support CAP.

Table 1.2: Requirements for Managing Concerns from SERI to the CB

Due Date	Action
7 days from receipt of the concern	SERI will document concerns in written form. The CB shall acknowledge the receipt of the concern within 7 days of receiving it.
6-months	The CB shall complete an investigation of the concern and provide SERI with a response within 6 months of the concern. Response shall address the validity of the concern and whether actions were taken. The review can be done at the next audit, or remotely, so long as the concern is investigated within the 6-month period.
Extensions	If the CB is unable to provide a preliminary review of the concern or requires more time to investigate the concern within the 6-month time frame, the CB shall request an extension of time from SERI directly. If an extension is granted, CB shall keep SERI updated on the progress of the investigation.

1.6 **Communications to SERI**

1.6.1 CBs shall meet the communications deadlines defined in Table 1.3.

Table 1.3: Table for Communications to SERI

Action	Due Date
General Communication	
The CB shall upload a list of scheduled audits for the following 6 months to the agreed virtual workspace. A format for the report shall be provided by SERI.	Every 60 days
Nonconformities /Disputes	
The CB shall upload listing all R2 audits that have occurred and their corresponding NCs (minors and majors) to the agreed virtual workspace. A format for the report shall be provided by SERI.	Every 30 days
If a CB receives a formal dispute and/or appeal from an R2 Facility arising from an audit, the CB shall submit a summary of the R2 Facility's dispute and/or appeal to SERI.	Within 7 days of receiving the formal dispute and/or appeal from the Facility.
Legal violations	
Any regulatory order or legal violation reported by the R2 Facility to the CB based on the Core 4(d)(5) requirement of the R2v3 Standard will be uploaded to the virtual workspace.	Within 7 days of receipt from the Facility
Audits	
If a CB identifies that an R2 surveillance or recertification audit was missed for any reason, the CB shall communicate the infraction to SERI.	Within 7 days of the CB learning audit was missed
CB Personnel and Auditors	
Changes in the R2 status of CB personnel, as required in Table 2, shall be communicated to SERI.	Within 7 days of CB personnel status
Any concerns that arise from a CB's evaluation of an Auditor's performance on R2v3 audits that affect the competency of an Auditor shall be communicated to SERI.	Within 7 days of concerns arising
Complaints	
If a CB receives a complaint against an Auditor or an R2 Facility, irrespective of the complaint, it shall be communicated within 7 days.	Within 7 days of receipt by CB
Changes to Certification Status	

Action	Due Date
CB shall inform SERI within 7 days of a change in certification status. Changes include but are not limited to suspension, withdrawal, voluntary withdrawal by the R2 Facility, and reinstatement of a R2 Facility's certification. The reason for changes shall be clearly communicated to SERI.	Within 7 days of change
Changes to a Facility	
When a CB receives notification that an R2 Facility has changed its location, name or certification structure the CB shall inform SERI and keep on file the notification from the R2 Facility.	Within 7 days of receipt by CB

2 MANAGEMENT SYSTEM REQUIREMENTS

2.1 General

2.1.1 The R2 Certification processes and associated management systems of the CB shall be effective in maintaining the credibility of the R2 Certification Program for all interested parties.

2.1.2 The CB shall implement policies, procedures, and quality controls to manage conformity with the COP, ISO/IEC 17021-1 requirements, and any other normative references.

2.1.3 The CB shall implement the COP requirements and demonstrate conformity by the established effective dates.

2.1.4 The CB personnel shall sign and operate in conformance with the SERI Code of Ethics Policy.

3 RESOURCE REQUIREMENTS

3.1 Competence of Certification Body Personnel

3.1.1 The CB shall maintain competence and training records of all CB personnel involved in the R2 Certification Program, as required in Table 2.

3.2 Competencies for Certification Body Personnel

3.2.1 To manage the R2 Certification Program, the R2 Program Manager shall meet the competence specified in Table 2a).

3.2.2 To conduct R2 audits, Auditors shall meet the competences specified in Table 2 b) and/or c), in conjunction with Annex A of ISO/IEC 17021-1, and:

- Be honest, impartial, ethical and conduct R2 audits with objectivity.
- Be thorough and provide clear communications in all audit activities.

3.2.3 To review R2 audit packages, the APR shall meet the competencies specified in Table 2d).

3.2.4 To make certification decisions, the CDM shall meet the competencies specified in Table 2e).

3.2.5 Where audits are required to meet the competence criteria in Table 2, remote audits are acceptable unless otherwise noted as "on-site."

3.2.6 It is the CB's responsibility to evaluate if the audit team has competence to audit Core 4-Legal and other Requirements.

3.2.7 If the audit team is auditing in a country with legislation the team is not familiar with, then the audit team shall be supported by a technical expert who has familiarity with the legal requirements of that country. It is at the CB's discretion to determine how much time the technical expert spends at an audit to support the audit team.

Table 2: Minimum Competence Requirements for Certification Body Personnel

a) R2 Program Manager	1. Minimum 2 years of professional experience in a relevant discipline e.g., business ethics, due diligence, environmental management, environment protection, environmental science, occupational health and safety, natural resources, and/or sustainable development. Internships in any of the above-mentioned categories are also acceptable. 2. Successful completion of the SERI R2v3 Auditor course and exam. 3. Successful completion of R2 Continuing Education training directed by SERI, including any associated exam. 4. Working knowledge of English.
b) R2 Auditor	1. Minimum 2 years of professional experience in a relevant discipline e.g., business ethics, due diligence, environmental management, environment protection, environmental science, occupational health and safety, natural resources, and/or sustainable development. 2. Successful completion of the SERI R2v3 Auditor course and exam. Should an Auditor fail to do the training and/or fail the exam, the Auditor shall not conduct any R2v3 audits until they pass the exam. An Auditor is allowed only one re-take of the SERI exam. If Auditor fails the re-take, the Auditor shall repeat the relevant SERI R2v3 Auditor course. If an Auditor does not get qualified to do R2v3 audits within 1 year of successfully passing the SERI R2v3 Auditor course, the Auditor shall repeat the SERI R2v3 Auditor course before the Auditor can be considered for further qualification. 3. For any Auditor wanting to conduct a remote R2v3 audits, the Auditor will have to complete SERI's Remote R2v3 Audit course. The CB can qualify an Auditor to do remote R2v3 audits based on the certificate issued by SERI for remote Auditor training. Passing the SERI R2v3 Lead Auditor course is a pre-requisite for the SERI R2v3 Remote Audit Course. 4. Successful completion of the SERI R2 Continuing Education training course and exam by the deadline set by SERI to maintain their minimum competency requirements to conduct R2v3 audits. Should an Auditor fail to complete the R2 Continuing Education training and/or fail the exam by the designated date, they shall not conduct any R2v3 audits until they pass the exam (if SERI has made the modules/exam available after the deadline). One re-take of the SERI R2 Continuing Education training exam is permitted. If the Auditor fails the

	exam a second time, they shall re-take the SERI R2v3 Auditor course to get requalified. 5. For initial competence as an Auditor, completion within the last 3 consecutive years of four third-party audits as a Lead Auditor or under the direction and guidance of a Lead Auditor. This can be fulfilled by completing audits in any standard like R2, ISO 14001, ISO 9001, ISO 45001, AS9100, RIOS, etc. 6. Completion of one remote or on-site observation R2v3 audit prior to auditing as an Auditor/Team Member. 7. To maintain competencies as an R2v3 Auditor, in subsequent years, the Auditor shall conduct a minimum of one on-site R2v3 audit within a calendar year. Any Auditor who does not maintain the minimum audit requirements, shall retake the SERI R2v3 Auditor Course, if they choose to come back into the program for auditing. 8. Special audits, and Stage 1 audits, cannot be used to complete audit requirements.
c) Lead Auditor	1. For initial competence as a Lead Auditor, the qualified Auditor shall meet all the R2 Auditor requirements as spelled out in 2b), and in addition complete within the last 2 consecutive years a minimum of two R2v3 audits, at least one of them conducted on-site. One of the two R2v3 audits shall have the Auditor being witnessed as an Acting Lead Auditor by a qualified R2v3 Lead Auditor. 2. To maintain Lead status, on subsequent years, the Lead Auditor shall complete a minimum of two third-party R2v3 audits within a calendar year, one of them being an on-site audit. 3. If a Lead Auditor is unable to fulfil the subsequent yearly R2v3 audit requirement, the Auditor shall not serve as the Lead Auditor for R2v3 audits until the number of audit requirements is met. 4. If the Lead Auditor is unable to fulfil the audit requirements within 1 calendar year, the CB shall change the status of the Lead Auditor to Auditor. 5. Special audits, and Stage 1 audits, cannot be used to complete audit requirements.
d) Audit Package Reviewer (APR)	1. Meets the requirements of a Lead Auditor initially and 2. Maintains the requirements for an Auditor. **Or** 3. Meets **all** the following competence criteria: • Successfully completes the relevant SERI R2v3 Auditor training. • Has observed at least three R2v3 Audits when getting qualified as an APR. • Within the last 3 years, experience performing a minimum of 30 package reviews of approved EHSMS/QMS Standards recognized on the SERI website. • Yearly, to maintain competence, reviewer shall observe a minimum of one R2v3 audit a year. • CB shall submit to SERI a list of all APRs that are qualified using these alternative criteria.

e) Certification Decision Maker (CDM)	Qualified in accordance with ISO/IEC 17021-1, including competence to ensure accredited process was followed (e.g., check if NCs are closed, etc.). The CDM and the APR can be the same person if competencies in d) and e) are both met.

3.3 **Qualifications for a new R2 Auditor**

The SERI Auditor Application Form is required to be filled out for all new Auditors as part of the initial qualification process at a CB. This will also apply to those Auditors who are moving from one CB to another or those who would like to work for more than one CB. SERI will determine the Auditor's prior Auditor status, and the Auditor shall only be qualified to work for the new CB at that same status level or lower. For example, if an Auditor previously worked as a Lead Auditor, then they cannot be immediately qualified to work as a Lead Auditor at the new CB. Only after SERI approves the SERI Auditor Application Form shall the CB proceed with qualifying the new Auditor.

3.4 **Code of Ethics Violations**

If SERI disqualifies an Auditor from auditing to R2 because of a Code of Ethics violation, including but not limited to fraud and deceit, then that Auditor shall be disqualified from conducting any integrated management system audit related to R2 for any CB.

3.5 **Code of Ethics Policy**

All CB personnel, including but not limited to Auditors, Audit Package Reviewers and Certification Decision Makers, shall abide by the code of ethics criteria by signing the SERI Code of Ethics. This form will be distributed annually by SERI for signatures, through the R2 Continuing Education program. If there are personnel identified by the CB who need to sign the form but are not undertaking R2 Continuing Education courses, the form can be signed and returned to SERI.

3.6 **Conflict of Interest**

The CB and any Auditor shall ensure that they have not engaged in a paid or reciprocal relationship with consultants and/or their family members, owners, or employees working for the R2 Facility before, during, or after the R2 audit. This also applies to the R2 Facility's QMS/EHSMS audits that are required to maintain R2 certification.

3.6.1 The CB shall document and manage any allegations of bias or conflicts of interest in accordance with their complaints process and/or internal corrective action process

3.6.2 R2 Facility personnel shall be the primary participants in support of the R2 audit. It is imperative that the R2 Facility's personnel be actively participating during the audit process. At no time shall a consultant act on behalf of the R2 Facility or unduly influence the audit process.

3.7 **Performance**

In addition to meeting the competence requirements set in Table 2 above, the CB shall monitor the Auditors' performance as they conduct R2 audits. Any concerns that arise from a CB's evaluation of an Auditor on R2 audits that affects the competency requirements of Table 2, shall be communicated to SERI.

SERI will provide feedback to the CB based on the results of the oversight activities under the SERI Assurance Program. Issues identified by SERI shall be communicated to the CB in the form of concerns and complaints, which shall follow the reporting and response requirements in the Complaints and Communications sections above. The CB shall communicate actions taken to

resolve issues that arise from SERI's feedback. Actions may include, but are not limited to, the following:

- Developing and implementing a training plan to help improve an Auditor's performance.
- Demoting an Auditor's status where the Auditor shall be accompanied by a Lead Auditor until performance improves.
- Removal of the Auditor from the R2v3 Program if Auditor violates Code of Ethics policy.

4 CERTIFICATION PROCESS REQUIREMENTS

4.1 Contract Review – Determining Eligibility and Certification Scope

4.1.1 The CB shall verify with SERI whether the Candidate Facility was R2 Certified within the previous 3 years. If the Candidate Facility's certification was withdrawn, the CB shall note the reasons for withdrawal. If the withdrawal was associated with unresolved NCs or complaints, the CB shall investigate them at the certification audit.

4.1.2 Contract reviews shall also be done for an R2 Facility transferring its R2 certification from another CB and the CB shall check for requirements under 4.1.4.

4.1.3 CB shall verify whether the Candidate Facility has been listed on the 1(d) Deceptive Practices List within the previous 24 months. If the Candidate Facility has been listed, then it would prevent it from getting certified to R2.

4.1.4 Upon signing a contract with a Candidate Facility, the CB shall determine if the Candidate Facility is eligible for R2 Certification. To be eligible for R2 Certification, the CB shall determine if the Candidate Facility meets the following conditions, in addition to defining the structure of the Candidate Facility, outlined in Table 3 (Where there are organizations that do not fit the exact requirements of a certification structure, the CB shall contact SERI to authorize the structure assignment):

- Be engaged in the processing and/or management of electronic equipment, components, and/or materials, specialty equipment, or PV modules as defined by the R2 Standard and the R2 Equipment Categorization (REC) guide.
- Be a legally established entity; individuals are not eligible. Have a business license from, or be registered as a business entity with, a government entity or entities with jurisdiction over such matters. The CB shall obtain and keep a record of this business license and/or registration.
- Have a signed SERI License Agreement for R2 Certification that was provided by SERI.
- Not be operating under potentially confusing trade names aligning with the R2 license agreement, like "Certified" or "R2" etc.
- Be at an address zoned for commercial or industrial activity.
- Be certified or in the process of certification to the necessary environmental, health and safety management systems (EHSMS) issued by a CB that is accredited by an IAF MLA signatory AB. Any EHSMS certificate presented to CB shall be validated.
- Be certified or in the process of certification, as applicable, to a quality management system (QMS) by a CB that is accredited by an IAF MLA signatory AB. Any QMS certificate presented to CB shall be validated.

4.1.5 Should a Candidate Facility have more than one legal entity or name operating at its location, or have multiple locations, the CB shall review and maintain records of the outcome of the review as related to the following to determine the validity of the name and locations and whether the associated activities are part of the R2 scope of certification:

- Physical locations/addresses and relationships between them (refer to Determining the Applicable R2 Certification Structure Table 3).
- Business licenses/registrations.

- Website and/or any advertising or publicly available information of Candidate Facility.
- Legal registration of other names under which the Candidate Facility is branded and widely known by customers and/or the general public (DBAs, fictitious names, seller names, trade names).
- Ownership of each.
- Any other form of documentary evidence that supports the validity of name/location.
- Details of the QMS/EHSMS certifications, including names and addresses, which shall match the Candidate Facilities' names and addresses, as well as QMS/EHSMS certification scopes that align with – and do not contradict – the R2 certifiable activities and processes that are taking place at the facilities.

4.1.6 The CB shall determine the Candidate Facility's scope of certification including:

- The electronic equipment, components, and material streams managed through title, physical possession, or contractual control.
- The applicable R2 Process Requirements performed for the specific electronic equipment, components, and materials defined to be included in the scope of certification.
    - If Broker Only, verify that no equipment is received or processed at the site.
    - If Broker Only, verify that Broker is not located at the site of an electronics processor, for example, a Shared Facility.
- External locations, processes, and activities.
- Employee count (shifts, seasonal variations, etc.) and DSV count.

4.1.7 Planned future additions of processes/activities or electronic equipment, components, and materials associated with scope of certification are not eligible for certification. Only existing additions that are already operational and have evidence of implementation are eligible for certification.

4.1.8 When requested, the CB shall provide SERI with a copy of the evidence reviewed during contract review/application review that was used to determine the validity of the multiple legal entities or names and locations to be contracted.

4.1.9 The CB shall review any potential conflicts of interest (COI) that exists between the CB and Candidate Facility in accordance with SERI's COI Section 3.4, 3.5, and 3.6. The CB shall continue to periodically review COI during the certification cycle of the R2 Facility.

4.1.10 The CB shall document, if applicable, the consultant's name and consultant's company in the contract review records, irrespective of whether the consultant is an employee or a contractor. This includes but is not limited to all types of QMS/EHSMS/R2 consultation.

Table 3: Determining the Applicable R2 Certification Structure (All Certification structures shall be identified on the R2v3 Certificate)

Certification Structure	Description	Applicability	Management System	SERI R2 Facilities License	Auditing	R2 Certificate
Single Facility	· One organization ownership (legal entity with one single owner) · One location	All R2 certifiable operations – proof of registered business(es)	One management system	One license agreement	All R2 certifiable operations are audited	One certificate with all associated legal entities and names
Campus	· One organization ownership · Multiple locations with different addresses (not meant to be for an organization with multiple suites at the same numerical address) with joint processing to fulfill the entirety of the R2 certifiable processes/activities in a single scope.	See Campus definition	One management system shared by all locations	One license agreement covering all the locations	All locations shall be audited on every audit	· One combined R2 certificate – no individual certificates. · The R2 certificate lists the Main Processing Location. · Additional support locations are uniquely identified as to their address and scope on additional pages of certificate (See Sections 9.0 and 10.0).

Certification Structure	Description	Applicability	Management System	SERI R2 Facilities License	Auditing	R2 Certificate
Shared Facilities	· Different organizations operating independently within one location, irrespective of ownership	· All organizations with R2 certifiable processes/activities shall be certified for any one organization to be certified · Proof of registered businesses	Each organization operates under its own management system	Separate license agreement for each organization	Each organization shall be independently audited and certified*	· Separate R2 certificates shall be issued for each organization. · Since R2 Certification is facility based, if one organization loses or withdraws certification, the other organizations cannot remain certified
Common Parent Facilities	· Multiple organizations ***owned by the same*** parent operating within one facility	· All processes/activities for organizations applicable to R2 Certification are certified. · Proof of relationship between parent facility and legal entities and names.	One management system used by all organizations	One license agreement signed by the parent for all organizations listed	One audit of all processes/activities for all organizations	· One combined R2 certificate – no individual certificates · The R2 certificate lists the common parent first as the primary name, alongside any other registered names of the sub- organizations.

Certification Structure	Description	Applicability	Management System	SERI R2 Facilities License	Auditing	R2 Certificate
Group	· Multiple organizations are centrally managed and operate together to fulfill the R2 processes/activities in a single scope on a single certificate · May be located in one facility or multiple facilities	· Legal agreements shall be entered into to establish a relationship between organizations and one organization shall be assigned as the controlling legal entity · All facilities in the agreement shall certify all R2 applicable processes/activities at the listed facilities or under their control	One management system centrally controlled and shared by all organizations	Each facility has a license agreement	All organizations and locations are audited on every audit*	· One certificate with the group name or controlling organization name as the primary and each member facility uniquely identified as to their address and scope · No individual certificates · Nonconformities of any one facility affects the entire group

***Multi-site sampling is not permitted.**

5 CALCULATING AUDIT TIME

5.1 General

5.1.1 The CB shall use the audit times given in Tables 4 and 5, as applicable, to determine the total audit time for any R2 audit at each R2 Facility.

5.1.2 The CB can determine how to allocate the total certification audit time for Stage 1 and Stage 2.

5.1.3 The CB can determine how to allot audit time between the various Core and Process requirements.

5.1.4 Audit time shall be used for auditing of R2 requirements only. It is at the CB's discretion to add additional off-site time to cover any non-audit activities, including travel time, audit planning, etc.

5.1.5 Audit time shall be used to audit on-site or remotely. Audit activities include:

- 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.
- Preparing audit report.
- Conducting the closing meeting.

5.1.6 The calculated R2 Certification Audit time cannot be reduced in any way, including the duration of an integrated audit. Exceptions to this rule will be established in this section.

5.1.7 The CB shall apply other factors it deems relevant for determining increases in audit time where necessary to collect evidence and document conformity, for closure of corrective actions, changes in scope of certification, complex processes/activities, facility size, and employee counts.

5.1.8 Refer to Determining the Applicable R2 Certification Structure Table 3 for audit time as applicable to Certification Structure.

5.1.9 Audit time for any special audits shall be determined by the CB.

5.1.10 For those facilities already certified to the E-waste Scheme AS/NZS 5377 that choose to certify to R2, a 20% discount can be given on the R2 Core certification time from Table 4.

5.1.11 For those facilities already certified to the EN 50625 series of standards that choose to certify to R2, a 20% discount can be given on the R2 Core certification time from Table 4.

5.1.12 **Calculating Audit Time for Campus**

5.1.12.1 – Calculating Audit Time

- Determine total employee count of all locations including Main Processing Location and support locations.
- Calculate the Core time required for the total employee count and assign the Core time to the Main Processing Location.
- Additional audit days shall be allotted to each campus support location that is not the Main Processing Location, based on Table 4.
- The Main Processing Location and each support location are allotted their own individual time for Process Appendices that apply to each location's employee count.

- If a campus support location is added during a regularly scheduled audit of the Main Processing Location, then Table 4, Campus – Additional R2 Audit Time (days)**, shall apply for all R2 Core Requirements. R2 Process Requirements shall be audited using Table 5, R2 Process Requirements Audit Time, as applicable to the new location based on the new location's employee count.

5.1.12.2 If a campus location is added outside a regularly scheduled audit of the Main Processing Location, then Table 4, R2 Core Requirements Audit Time Calculations, and Table 5, R2 Process Requirements Audit Time, shall be used to determine audit time required to add the new campus location; use the employee count of the new location to determine Core Requirement and Process Requirement audit time.

5.1.12.3 A support location may be closed and removed from a campus structure provided the other interconnected locations on the certificate support the scope of certification of the Main Processing Location. The CB shall determine if an audit is necessary to reassess the scope of the remaining campus locations as well as verify the closure of the location being removed from the campus.

5.1.12.4 When a campus structure becomes a single facility certification, the CB shall adjust the Core and Process requirements audit times accordingly, based on the number of employees and type of upcoming audit, as specified in Tables 4 and 5.

5.2 **Calculating audit time for Shared Facilities**

5.2.1 The employee count of each organization is identified, and audit time is calculated for each organization separately using Tables 4 and 5 for Core and Process requirements.

5.3 **Calculating audit time for Common Parent Facilities**

5.3.1 The employee counts of each organization under the same parent are combined and audit time for the total employee count is calculated using Tables 4 and 5 for Core and Process requirements.

5.3.2 Each additional organization, other than the parent, add 0.25 days.

5.4 **Calculating audit time for Group certification**

5.4.1 The employee count of each organization is identified, and audit time is calculated for each organization separately using Tables 4 and 5 for Core and Process requirements.

5.5 **Calculating audit time for a Fully Remote Audit Protocol**

5.5.1 An R2 Facility is only eligible for the Fully Remote Audit Protocol if no equipment components and materials are ever received at the site being certified.

5.5.2 Office shall be verified as zoned industrial or commercial with a physical address.

5.5.3 The CB shall determine whether an R2 Facility is eligible for Fully Remote auditing as outlined in 8.2, 8.3, 8.4 and 8.5.

5.5.4 The CB shall add an additional 1.0 day to the total audit time while an R2 Facility is participating in the Fully Remote Audit Protocol.

5.5.5 The CB shall report to SERI those R2 Facilities who are being audited as part of the Fully Remote Protocol.

5.6 **Applicable R2 Core Requirements Audit Time Calculations**

Audit times for auditing Core Requirements shall be calculated using Table 4.

Table 4: R2 Core Requirements Audit Time Calculations

# Employees*	Certification R2 Audit Time (days)	Surveillance Audit Time (days)	Recertification Audit Time (days)	Campus – Additional R2 Audit Time (days)**
1 – 25 employees	1.0	0.5	0.75	+ 0.25 / each location
26 – 175 employees	1.25	0.5	1.0	+ 0.5 / each location
176+ employees	1.5	0.5	1.0	+ 0.5 / each location
**Includes all employees associated with the certified processes, activities, and locations.* ***Campus – Additional R2 Audit Time cannot be reduced for any audit in the certification cycle. No multi-site sampling is permitted.*				

5.7 **Applicable R2 Process Requirement Audit Time Calculations**

Times are identified by each individual R2 Process Requirement. Audit time within the R2 Process Requirement category is not cumulative. Select only one applicable option per Appendix.

Table 5: R2 Process Requirements Audit Time

Table 5a): R2 Audit Time for *1 – 25 Employees*

R2 Process Requirement	R2 Audit Time (days) 1 – 25 Employees		
Appendix A – Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0.25	0.25	0.25
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B – Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	0.5	0.25	0.5
Physical Only	0.25	0.25	0.25
Logical and Physical, Both	0.5	0.25	0.5
Appendix C – Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	0.5	0.25	0.5
Test and Repair NOT Integrated with QMS Audit	1.0	0.75	1.0
Appendix D – Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.25	0.25	0.25
Appendix E – Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only – Integrated with EHSMS Audit	0.25	0.25	0.25
Manual Dismantling Only – NOT Integrated with EHSMS Audit	0.75	0.75	0.75
Other Processing Integrated with EHSMS Audit	0.5	0.25	0.5
Other Processing NOT Integrated with EHSMS Audit	1.0	0.75	1.0

Appendix F – Brokering*	Certification	Surveillance	Recertification
Brokering as a Process, Integrated with QMS Audit	0.25	0.25	0.25
Brokering as a Process, NOT Integrated with QMS Audit	0.75	0.25	0.5
Brokering Only, No Facility and QMS is Integrated, F(3)	0.75	0.25	0.5
Brokering Only, No Facility and QMS is NOT Integrated, F(3)	1.25	0.5	1.0
Appendix G – Photovoltaic (PV) Modules	**Certification**	**Surveillance**	**Recertification**
Control of PV Modules	0.25	0.25	0.25

**Brokering is the management of R2 Controlled Streams from the customer or supplier directly to the downstream vendor.*

Table 5b): R2 Audit Time for *26 – 175 Employees*

R2 Process Requirement	R2 Audit Time (days) 26 – 175 Employees		
Appendix A – Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0.25	0.25	0.25
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B – Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	1.0	0.5	0.75
Physical Only	0.5	0.25	0.5
Logical and Physical, Both	1.0	0.5	0.75
Appendix C – Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	1.0	0.5	0.75
Test and Repair NOT Integrated with QMS Audit	1. 5	1.0	1.25
Appendix D – Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.5	0.25	0.5
Appendix E – Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only – Integrated with EHSMS Audit	0.5	0.25	0.5
Manual Dismantling Only – NOT Integrated with EHSMS Audit	1.0	0.75	1.0
Other Processing Integrated with EHSMS Audit	0.75	0.25	0.5
Other Processing NOT Integrated with EHSMS Audit	1.25	0.75	1.0
Appendix F – Brokering*	**Certification**	**Surveillance**	**Recertification**
Brokering as a Process, Integrated with QMS Audit	0.25	0.25	0.25
Brokering as a Process, NOT Integrated with QMS Audit	0.75	0.25	0.5

Brokering Only, No Facility and QMS is Integrated, F(3)	0.75	0.25	0.5
Brokering Only, No Facility and QMS is NOT Integrated, F(3)	1.25	0.5	1.0
Appendix G – Photovoltaic (PV) Modules	**Certification**	**Surveillance**	**Recertification**
Control of PV Modules	0.5	0.25	0.5

**Brokering is the management of R2 Controlled Streams from the customer or supplier directly to the downstream vendor.*

Table 5c): R2 Audit Time for *176+ Employees*

R2 Process Requirement	R2 Audit Time (days) 176+ Employees		
Appendix A – Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0.25	0.25	0.25
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B – Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	1.25	0.5	1
Physical Only	0.75	0.25	0.5
Logical and Physical, Both	1.25	0.5	1
Appendix C – Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	1.25	0.5	1.0
Test and Repair NOT Integrated with QMS Audit	1.75	1.0	1.5
Appendix D – Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.5	0.25	0.5
Appendix E – Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only – Integrated with EHSMS Audit	0.75	0.25	0.5
Manual Dismantling Only – NOT Integrated with EHSMS Audit	1.25	0.75	1.0
Other Processing Integrated with EHSMS Audit	1.0	0.5	0.75
Other Processing NOT Integrated with EHSMS Audit	1.5	1.0	1.25
Appendix F – Brokering*	**Certification**	**Surveillance**	**Recertification**
Brokering as a Process, Integrated with QMS Audit	0.25	0.25	0.25
Brokering as a Process, NOT Integrated with QMS Audit	0.75	0.25	0.5
Brokering Only, No Facility and QMS is Integrated, F(3)	0.75	0.25	0.5
Brokering Only, No Facility and QMS is NOT Integrated, F(3)	1.25	0.5	1.0
Appendix G – Photovoltaic (PV) Modules	**Certification**	**Surveillance**	**Recertification**

Control of PV Modules	0.5	0.25	0.5

**Brokering is the management of R2 Controlled Streams from the customer or supplier directly to the downstream vendor.*

6 PLANNING

6.1 Audit Planning

Stage 1 & 2

6.1.1 The Stage 1 audit is the first part of the certification audit. Auditing of the requirements in Stage 1 do not have to be repeated in the Stage 2 provided there are no nonconformities related to the requirements.

6.1.2 All R2 Core Requirements and applicable R2 Process Requirements shall be audited by the completion of the Stage 2 audit.

Surveillance

6.1.3 At each surveillance, in addition to surveillance audit requirements in ISO/IEC 17021-1, the Auditor shall audit R2 Core Requirements based on 8.1.3 and sample the remaining R2 Core Requirements based on the following:

- Results of previous audits.
- Maturity of the specific processes/activities.
- Shipments since the previous audit.
- Key DSVs.
- Volume of electronic equipment, components, and materials.
- Previous NCs.
- Complaints received by the CB or SERI.

6.1.4 At each surveillance, all applicable R2 Process Requirements shall be audited. The number of examples or the size of sample reviewed to demonstrate conformance may be reduced, but all applicable R2 Process Requirements shall be covered.

6.1.5 One surveillance audit during the 3-year cycle can be conducted entirely remote. The remote audit shall cover both R2 Core Requirements and applicable R2 Process Requirements. The minimum audit time for remote audits shall stay the same as on-site audits. The other surveillance shall be done on-site.

Recertification

6.1.6 All R2 Core Requirements and applicable R2 Process Requirements shall be audited during the recertification audit.

6.1.7 Recertification audits shall be done on-site.

6.2 Campus Structure Planning

Where the scope of certification is carried out through additional locations as part of campus, a site sampling process is not permitted. Each location shall be audited at each audit for the R2 Core Requirements and applicable R2 Process Requirements.

6.3 Audit Plan

6.3.1 An audit plan shall include the Applicable R2 Certification Structure from Table 3.

6.3.2 An audit plan shall include all applicable legal entities and names as demonstrated on the R2 certificate or, for Candidate Facilities' entities and names, as demonstrated on the audit assignment.

6.3.3 An audit plan shall be created for Stage 1, Stage 2, surveillance, and recertification R2 audits.

6.3.4 An audit plan shall follow ISO/I EC 17021-1 guidelines.

Campus Structure Audit Plan

6.3.5 An audit plan shall document each location with the following:

- specific address,
- employee count,
- scope, and
- audit activities.

6.4 Audit Time

The audit team shall fulfil the audit time requirements as defined by the CB for the assigned audit. An audit plan shall indicate the time allocated for auditing Core Requirements and applicable R2 Process Requirements at each location.

6.4.1 The Auditor has the flexibility to allocate the total audit time to Core or Process requirements as they deem necessary per the audit trails.

6.4.2 An audit day is 8 hours; an Auditor can conduct a maximum of 10 R2 audit hours in an audit day. Other QMS/EHSMS standards may have their own criteria for audit day hours.

6.5 Initial Certification Audit – Readiness Review for Stage 1

6.5.1 Prior to conducting a Stage 1 audit, the CB shall confirm that the Candidate Facility has completed:

- Certification or is in the process of certification to the necessary environmental, health and safety management (EHSMS) systems issued by a CB that is accredited by an AB that is an IAF MLA signatory. Any EHSMS certificate presented shall be validated.
- Certification or is in the process of certification, as applicable, to a quality management system by a CB that is accredited by an AB that is an IAF MLA signatory. Any QMS certificate presented shall be validated.
- A full-system internal audit of the entire scope of its operations, including all R2 Core Requirements and applicable R2 Process Requirements.
- Legal compliance audit.
- FM Management Plan.
- 100% due diligence of downstream vendors (final disposition or first R2v3).
- Data Sanitization Plan.
- Closure Plan.
- Financial Instruments for closure.
- Worker-related injury and illness coverage.
- Pollution insurance/guaranteed reserves/government guarantee, as applicable (Appendix A/negative-value streams and Appendix E).
- 3 months of implementation records of conformity to the R2 Core Requirements and R2 Process Requirements.

6.5.2 If a CB determines that a Candidate Facility is not ready to proceed to Stage 1 because of deficiencies in meeting documentation requirements, the Stage 1 audit shall be postponed until all documentation to satisfy the requirements of the R2 Standard is met.

6.5.3 The CB shall assess and decide whether Stage 1 of the audit is to be conducted on-site, partially on-site, or remotely, basing its decision on the following factors:

- Size.
- Location.
- Complexity of operation.
- Complaints received.
- Feedback from SERI.
- Ability to perform a virtual tour through applicable media.
- A review of the Readiness Review information.
- Other risk factors determined by the CB.

6.5.4 The Stage 1 audit may be conducted remotely unless the Candidate Facility:

- Was previously R2 Certified, and the certification was revoked, lapsed, etc. within the last 3 years.
- Has had regulatory compliance issues, complaints, or other similar issues identified within the last 3 years.

7 CONDUCTING AUDITS

7.1 **General**

At a minimum, CB shall conduct audits in accordance with ISO/IEC 17021-1 after meeting the additional requirements of this COP.

7.2 **Stage 1**

7.2.1 CB shall assign an R2 Auditor or audit team to conduct the Stage 1 audit in accordance with the defined audit plan:

- Collecting and documenting evidence of conformity with the R2 requirements and other Stage 1 objectives as required by ISO/IEC 17021-1, and
- Issuing any identified NCs.

7.2.2 Auditor shall include in the Stage 1 audit a review of the following documented information:

- The proposed scope of certification in accordance with Core Requirement 1.
- Physical locations/addresses. Verification of Table 3 R2 Certification Structure.
- The electronic equipment, components, and material streams managed through title, physical possession, or contractual control.
- The applicable R2 Process Requirements performed for the specific electronic equipment, components, and materials defined to be included in the scope of certification.
- External processes and activities.
- Employee count (shifts, seasonal variations etc.) and DSV count
- Names, as applicable to the scope of certification
- Internal R2 audit of the entire scope of certification, including all R2 Core Requirements and applicable R2 Process Requirements
- Internal audit corrective actions for any identified nonconformities
- Legal compliance audit
- Implemented legal compliance audit corrections for any identified non-compliances.

- FM Management Plan
- Due diligence records of all approved vendors
- Summary report covering all inbound electronic equipment, components, and materials, as required by Core 5(a)(3).
- Summary report covering all outbound electronics equipment, components, and materials, as required by Core 5(c)(3).
- Closure plans
- Financial instrument
- Data Sanitization Plan and procedures
- Internal Data Security and Sanitization Audit
- R2 Reuse Plan (Appendix C)
- Signed SERI License Agreement

7.3 Integrated Management System Audit

7.3.1 The R2 Standard requires R2 Facilities to maintain a certified Environmental Health and Safety Management System (EHSMS) and in certain cases, a certified Quality Management System. The CB may integrate the QMS/EHSMS portion of the R2 audit with other management system audits where the R2 Facility operates an integrated management system that incorporates QMS/EHSMS (Quality Management System/Environment Health and Safety Management System) Standards.

7.3.2 R2 audit times as identified in Table 4 and 5 shall not be reduced and are not cumulative as identified in Tables 4 and 5.

7.3.3 For QMS/EHSMS certifications qualified under same certification body, the Auditor shall document the following:

- details of validation of the QMS/EHSMS certificate scopes in the R2 audit report.
- QMS/EHSMS Certifications, where a certificate has yet to be issued or cannot be verified as being valid, shall be recorded as a Major NC.

7.4 Non-Integrated Management System Audits with Other CBs

7.4.1 For QMS/EHSMS certifications qualified under another certification body, the Auditor shall document the following:

- details of the QMS/EHSMS certifications, including names and addresses, shall match the R2 Facility names and addresses, and the QMS/EHSMS certification scopes shall align with – and cannot contradict – the R2 certifiable activities and processes that are taking place at the facilities. As one example, a broker may have a QMS certificate with a scope of “management of used electronics and e-commerce sales,” but that such a scope would not align with R2 certifiable activities unless the QMS scope also specified “brokering” activities. As a second example, an EMS certificate might specify “testing of mobile phones,” but the facility also tests laptops, tablets, and smartwatches – such a scope would not align with the types of equipment tested at the facility. Documentation validating the QMS/EHSMS certification details shall be included in the R2 audit report.
- QMS/EHSMS Certifications, where a certificate is not valid, shall be recorded as a Major NC. Invalid certificates are any certificates issues including, but not limited to: name, address, scope, issuance by a CB that is accredited by an AB that is not an IAF MLA Signatory.

7.4.2 R2 audit times as identified in Table 4 and 5 shall be followed for non-integrated time.

7.4.3 CBs shall maintain a calendar, list, or other similar record that tracks the expiration dates of EHSMS and QMS certificates issued by other CBs.

7.4.4 If an EHSMS/QMS certificate is found to be invalid (suspension, expired, revocation, withdrawal) the CB shall consider suspending the R2 certificate per the suspension criteria under Section 16.1.

7.5 Stage 2

7.5.1 During a Stage 2 audit the CB shall evaluate all the R2 Core Requirements and applicable R2 Process Requirements to the Candidate Facility.

7.5.2 Scope of certification as determined in Stage 1 shall be audited for the specific processes, electronic equipment, components, and materials defined to be included on the R2 certificate

7.5.3 Should a Candidate Facility have more than one legal entity or name, the CB shall, at a minimum, review and document in the audit documents, implementation of the R2 Core Requirements and applicable R2 Process Requirements as applicable to each name and entity to ensure the various names have been included in the scope of certification.

7.5.4 The CB shall conduct Stage 2 audits on-site at all the location(s) performing processes/activities covered within the scope of certification.

7.5.5 In exceptional circumstances the CB may conduct Stage 1 and 2 audits back-to-back where justification is provided and documented by the CB and the following conditions are met: An additional 1-day remote R2 audit has been conducted by the CB to confirm the readiness for a back-to-back audit prior to scheduling the on-site Stage 1/Stage 2 back-to-back audit.

7.5.6 If the CB determines the Candidate Facility is not ready to proceed with the on-site audits, the CB shall re-schedule until such time that they demonstrate readiness for on-site audits.

7.6 Remote Audits

7.6.1 The CB may conduct certain R2 audits remotely (in part or in full) as defined in the COP including:

- Stage 1
- Special audit
- Facility Move audit
- Name Change audit
- Structure Change audit
- Surveillance audit (one surveillance within the certification cycle)
- All Audits – Fully Remote Audit Protocol

7.6.2 All requirements for remote audits shall follow documentation and record keeping requirements as they would for on-site audits.

7.6.3 Prior to conducting a remote audit, the CB shall ensure that the R2 Facility has the information and communication technology capabilities to proceed with such an audit.

7.6.4 When conducting remote audits, the CB shall ensure:

- Appropriate technology is used that allows the Auditor to assess the applicable R2 Standard requirements (e.g., Skype, FaceTime, or other video conference applications)
- Sufficient audit time is spent on-line with the auditee in addition to any off-line documentation review.

- If there are issues that hinder the Auditor's ability to conduct a remote audit successfully (e.g., Poor internet connection, lack of clarity in video or audio, etc.) the CB may re-schedule the audit or conduct it on-site.

7.6.5 While a remote audit is an option, it is at the discretion of the CB to choose remote auditing.

7.6.6 CBs may conduct remotely those surveillance and recertification audits that would otherwise be required to be conducted on-site if they have legitimate concerns about the safety of an Auditor traveling to a particular country or region to conduct an audit. Situations giving rise to legitimate concerns may include widespread crime and violence, political upheaval, natural disasters, rampant spread of communicable diseases, government oppression against foreign visitors (including discrimination that may or may not be unique to the specific Auditor's nationality or demographic factors), and other crises.

7.6.7 To exercise this provision for remote auditing, the CB shall notify and provide to SERI documentary evidence of the unsafe conditions as soon as practicable before the scheduled surveillance or recertification audit, and the CB shall receive written approval from SERI in advance of the audit. Documentary evidence may include advisories from ABs, warnings from government authorities, credible news coverage, or other documentation.

7.6.7.1 In cases where the unsafe conditions persist over multiple audit cycles, the CB shall go through the process of notifying, providing evidence to, and receiving approval from SERI for each remote audit that would otherwise be required to be on-site.

7.7 Campus Audits

7.7.1 The CB shall audit each location within a campus structure on every audit within the audit cycle: Stage1/Stage 2, surveillance and recertification audit.

7.7.2 When conducting a Campus Audit, the Auditor shall document, in the audit documentation, audit evidence for the unique processes/activities, R2 Core Requirements, and applicable R2 Process Requirements for each location.

7.8 Audit Interviews

7.8.1 The audit team shall conduct interviews at each function and level of the R2 Facility.

7.8.2 If the audit team speaks a different language than the interviewees, the audit team shall use an interpreter. The interpreter shall be on-site/remotely present during the interviews. Presence of an interpreter shall be documented in the audit plan and audit report.

7.9 Classification and Closure of NCs

7.9.1 All nonconformities that are discovered during all types R2 audits shall be documented as NCs.

7.9.2 During an integrated audit, when an Auditor identifies an NC that could be written under the R2 Standard and one or more QMS/EHSMS standards, the Auditor shall also identify the R2 requirement and follow NC requirements as part of this COP.

7.9.3 A NC that is written by the R2 Facility or other Auditors shall not preclude the CB audit team from identifying the same finding. The CB audit team shall document specific open internal audit nonconformities, related to meeting the requirements of R2 Standard, as part of their own audit NCs, during Stage 1/Stage 2 and recertification audits. A general finding against the internal audit is not acceptable. Individual NCs shall be recorded for each open R2 NC from the internal audit.

7.9.4 A minor NC shall be issued by a CB for incidents where an R2 Facility is unable to demonstrate conformity to a requirement or part of the requirement in the R2 Standard.

7.9.5 A major NC shall be issued by the CB audit team when an R2 Facility is unable to demonstrate conformity to a requirement in the R2 Standard under one or more of the following conditions:

- A group of related or repetitive NCs have been identified, indicating an inadequate or complete absence of implementation of a R2 Standard requirement.
- NC where the corrective action has not been effectively maintained from the previous audit.
- Failure to provide evidence of implementation and maintenance of a material stream (equipment, components, or materials) in Core 1.
- Failure to provide evidence of implementation and maintenance for a defined Process Requirement.
- Failure to identify a Focus Material stream in the FM Management plan.
- Failure to identify a Downstream Vendor in the flowchart of the downstream recycling chain.
- Failure to register and/or update registration of the downstream recycling chain with SERI, when R2 Facility is following Appendix A(4)(b) to demonstrate transparency of their recycling chain.
- Due diligence has not been performed effectively for shipments of Controlled Streams. In accordance with R2 Process Requirement Appendix A – Downstream Recycling Chain
- Failure to maintain a valid SERI Licensing Agreement.
- Misrepresentation of any aspect of the certification scope, including the existence or status of any facility/seller name/location affiliated with the organization.
- Failure to maintain certification to necessary environmental, health and safety management (EHSMS) systems and/or quality management system issued by a CB that is accredited by an AB that is an IAF MLA signatory. This includes inadequate scope of QMS/EHSMS Certificates as related to scope of R2 certificate. *See section 16.1 for suspension criteria.*
- Failure to identify and implement legal and regulatory requirements.
- Failure to audit compliance periodically and effectively with legal and regulatory requirements.
- Failure to report a violation requiring action within 30 days to the CB in accordance with Core 4(d)(5).

- Failure to readily provide and maintain requested records and documentation under Core 3(c) Lack of records to demonstrate implemented and maintained conformance to the Standard, process failure to provide records or documents.

7.9.6 The CB shall follow all NC- and certificate expiration-related deadlines established in Table 6 below.

7.9.7 If major/minor NC(s) are identified by an APR during the review of an audit package the timeline to close the NC(s) will follow the original deadlines established to close the NCs depending on the type of audit. Based on this requirement, it will serve the CB and the R2 Facility a review earlier rather than later in the process. The deadline of closure cannot be extended for the NCs identified by the APR.

7.9.8 NC deadlines shall not be extended for any reason, including NCs in the dispute process or those where the R2 Facility initiates feedback from the SERI or the TAC. A deadline for an NC can only be extended where a formal interpretation is in the process of being written by the TAC. If a NC is written to a requirement where the TAC in the process of writing a Formal Interpretation, the CB can extend the deadline for the closure of that NC to the next scheduled audit or until the Formal Interpretation is released, whichever comes sooner. The extension in closure timeline will not be applied to other NCs issued during the same audit.

7.9.9 During a CB audit the Auditor shall only record nonconformities to the R2 Standard, and not the COP or License Agreement. Issues related to "other requirements" shall be written against Core 4-Legal and Other Requirements.

7.9.10 Certificate suspension process shall follow the requirements specified in Section 16 of this COP.

Table 6: Timelines to close Nonconformities

Activity	Action	Due Date
Corrections	The CB will collect evidence of correction of all NCs, majors and minors, issued at any CB audit (except for Stage 1 and Stage 2 audits) within 60 days from issuance. The CB shall suspend the certificate if the R2 Facility is unable to submit evidence of corrections within 60 days of issuance of NCs. If the APR writes a post-audit finding, the R2 Facility has a maximum of 60 days, depending on how much time has passed from the audit date to accomplish the 6-month timelines.	Within 60 days from issuance of NC
Stage 1 audits	For Stage 1 audits, the CB shall verify corrections of all NCs identified at the Stage 1 audit prior to conducting the Stage 2 audit. The CB shall determine whether an audit is required to verify corrections of NCs on-site or remotely. Whether an audit is required to verify corrections is at the sole discretion of the CB.	Closure prior to Stage 2
Stage 2 audits	For Stage 2 audits, a remote or on-site audit shall be scheduled and completed to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision.	Closure of NCs prior to audit package approval or certification decision

Activity	Action	Due Date
Issuance of Certificate	The certificate shall be issued within 8 months of the Stage 1 audit. If the certificate is not issued within that time frame, then the Candidate Facility shall repeat the Stage 1 and 2 audits. If a repeat Stage 1 is conducted the time frame for issuance of a certificate starts with the repeat Stage 1.	Within 8 months of Stage 1 audit
Surveillance Audits	For surveillance audits in which NCs were issued, a remote or on-site audit shall be scheduled by the CB within 6 months to verify that CAs for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision.	Within 6 months of surveillance audit with NCs
	For surveillance audits in which the Auditor issued no NCs, the CB shall review the audit package within 3 months of the audit.	Within 3 months of surveillance audit without NCs
Package Review/Surveillance	If the CB issues NCs through a package review of a surveillance audit in which no NCs were issued, the CB shall have until 6 months following the original audit to schedule a remote or on-site audit to verify that the CAs have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision.	Within 6 months of issuing NCs during package review
Recertification Audits	For recertification audits, a remote or on-site audit shall be scheduled by the CB to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision.	Prior to audit package approval/certification decision
	After the recertification audit, if the certificate expires, the remote or on-site revisit audit to close the NCs cannot be scheduled more than 6 months after the last day of the recertification audit. If the R2 Facility fails to complete the remote/on-site audit within the stipulated time frame or if the NCs from the recertification audit cannot be closed and verified at the remote/on-site audit by the CB, the CB will have to schedule a Stage 1 and Stage 2 audit, using Core Requirements R2 Certification Audit Time in Table 4 and applicable R2 Process Requirement Audit Time in Table 5.	Up to 6 months after the last day of the recertification audit
	Following expiration of certification, the CB can restore certification, with a certification decision, within 6 months provided that the outstanding recertification	Within 6 months of certificate expiration if recertification audit

Activity	Action	Due Date
	audit is completed. 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.	is completed before expiration
	If the recertification audit is not completed prior to the expiration of the certificate, the CB can conduct a Stage 2 audit within 6 months of the expiration of the certificate should the R2 Facility desire to be certified. The cycle will follow the original certificate. If a R2 Facility does not do the Stage 2 within 6 months of the expiration of the certificate and stills want to be certified, the R2 Facility shall complete a full certification, Stage 1 and Stage 2 audit, with a new 3-year cycle.	Within 6 months of certificate expiration if recertification audit is not completed before expiration
Special Audits	It is at the CB's discretion to conduct an on-site or remote audit to close any NCs that may result from a special audit. Closure of NCs is acceptable without an on-site or remote audit.	Within 6 months of the issuance of NCs from special audit.
Outside the audit process	CBs shall issue NCs outside the normal audit process and audit package review process when they discover a nonconformity in between required audits. The CB shall close the NCs within 90 days of the issuance. Failure to close NCs within the 90 days will results in a suspension. Closure of NCs is acceptable without an on-site or remote audit.	Within 90 days of an NC issued between required audits

7.10 **Audit Report**

7.10.1 The audit team shall not copy statements from the R2 Facility's written procedures as evidence of implementation and performance.

7.10.2 The audit team shall document evidence implementation and maintenance of the R2 Facility's specific documents, records, and performance measurables to demonstrate the R2 Facility has maintained its R2 requirements (see Table 7).

7.10.3 The audit team shall not state R2 Standard requirements in the affirmative tense as evidence of fulfilling the requirement. An excerpt from an R2 Facility's written procedure may be used where the R2 Standard requires a written document as evidence. An excerpt alone is not sufficient evidence of implementation of documented requirements.

7.10.4 The audit report shall cover the following as applicable:

- Criteria as defined in Table 7, in addition what is required in ISO/IEC 17021-1.
- A summary of evidence to each of the requirements audited per the audit plan.

7.10.5 The audit report is to be provided to the R2 Facility by the CB. The required report content can be in one document or a set of documents, but the documentation shall meet the requirements of Table 7 below, as well as ISO/IEC 17021-1.

Table 7: Audit Report Criteria

R2 Facility Name	• Verify and record names of the R2 Facility and ensure they match the following: o R2 certificate o Name used in the audit documents. o Name on the R2 Facility's website. o R2 Applicability of names (involved with the R2 processes/activities) o R2 License Acknowledgement Note: The audit report shall clearly record the use, scope, and objective evidence associated with each legal entity or name as applicable to the scope of R2 operations. Note: All sales website names shall be recorded in the audit report, in addition to the URLs that are associated with the sales websites.
R2 Facility Location	• Verify and record the location(s) of the R2 Facility matches the following: o R2 certificate o Location used in the audit documents. o Location used in the audit plan. o Location on the R2 Facility's website o R2 License Acknowledgement
R2 Facility Consultant	• Consultant(s) name and consultant(s) company name shall be recorded in the audit report, irrespective of whether they are an employee or contractor. This includes but is not limited to all types of QMS/EHSMS/R2 consultations, whether present at the audit or not.
Core Requirement 1 – Scope	• Verify and record the acceptability of the certificate scope based on the following: o R2 specific scope, see Section 10 Scope Statement for guidelines. o Scope as applicable to the FM Management Plan. o Scope as applicable to website/marketing material. o Core Requirements and applicable R2 Process Requirements are identified and audited in audit report notes and evidence of implementation as applicable to the scope. o Verification and Evidence of R2 Certification Structure – Table 3 The Auditor shall provide evidence of implementation and performance of the specific processes/activities as related to the electronic equipment, components, and materials managed.
Core Requirement 2 – Hierarchy of Responsible Management Strategies	• Verify and record evidence of evaluation for Reuse. If there is test and repair, evidence of R2 Process Requirement – Appendix C is required. • If reuse is done at the DSV level, verify and record competence of DSV Refurbisher(s) in accordance with Appendix A. • Verify and record claims for land disposal (landfilling), energy recovery, or incineration, verify that these processing techniques are used because no reuse or recycling options are viable, or law requires such methods. If the Auditor states that law requires land disposal, energy recovery or

	incineration, the Auditor shall describe in detail the specific legal requirements requiring these methods. A simple statement that a government requires or allows these methods or a reference to a law is not sufficient evidence. The R2 Standard does not allow land disposal, energy recovery, or incineration unless there is no viable option. If any legal requirement supersedes the R2 Standard, it shall be clearly proven on every audit.
Core Requirement 3 – EH&S Management System	• Verify and record open internal audit NCs as part of the CB audit at Stage 2 and recertification audits. Note: This is not a blanket NC against the internal audit, or COP; these are unique findings for each of the open internal audit NCs. • Verify and record the last evaluation of risk exposure to hazardous substance for mercury, lead, beryllium, cadmium, PCBs, phosphor compounds, flame retardants, silica dust, and hexavalent chromium; and listed which of the above are applicable to the R2 Facility.
Core Requirement 4 – Legal and Other Requirements	• Verify and record legality of import/export shipments of electronic equipment, components, and materials directly transferred by the R2 Facility. • Verify and record legality of import/export shipments ofR2 Controlled Streams for the entire recycling chain, or to the first R2v3 DSV. The statement "does no direct exports," is not acceptable. • Verify and record compliance audit details as completed by a competent Auditor and covered the applicable legal requirements for environmental, health and safety, data security, and import/export compliance (including shipments by downstream vendors).
Core Requirement 5 – Tracking Throughput	• Verify and record transactions on the *R2 Transaction Sheet.* • Verify and record transactions/shipments/invoices/packing lists related to the scope. • Verify, and record sample of transactions from the "summary" of transactions. Sample transactions SHALL corroborate the scope. • If a shipment is transboundary/international, an Auditor shall record the bill of lading number and container number on the Transaction Sheets. This is not a booking number. • Verify and record evidence of in-process inventories. • Verify and record that the outputs are consistent with the inputs and processes/activities. • Verify and record transactions as correlated to the FM Management Plan and associated DSVs. • Verify and record received electronic equipment, components, and materials were processed within the required time frames, as required by contractual requirements or internal requirements.
Core Requirement 6 – Sorting, Categorization, and Processing	• Verify and record on the *R2 Transaction Sheet* the REC category for each transaction. • Verify and record unique details as to how the electronic equipment, components, and materials are sorted, categorized, and processed.

	• Verify and record unique details on how the REC, or equivalent categories, are implemented and maintained. Note: Most sorting, categorizing, and processing will be unique to the electronic equipment, components, and materials processing.
Core Requirement 7 – Data Security	• Verify and record detail with regards to the unique types of equipment and components being received and their types of data (beyond hard drives). • Verify and record specifically how the unique types of data destruction processes are controlled. If the data destruction is being conducted internally, verify and record samples to demonstrate data destruction performance and implementation, for the unique shipments, on the *R2 Transaction* Sheets, or internally on other documents. Verify and record linkage to NIST from Core Requirement 7 or R2 Process Requirement – Appendix B-Data Sanitization for logical and/or physical. • Verify and record specifics on how the unique types of data destruction processes are validated.
Core Requirement 8 – Focus Materials	• *Attachments Required: FM Management Plan and Flowchart of DSV Names and Locations* • Verify and record implementation and maintenance of the FM Management Plan to ensure all DSVs are included in required due diligence. • Verify the demonstrated expertise and capabilities and planned methods and demonstrated capacity required/needed to process each type of electronic equipment containing an FM are detailed in the FM Management Plan. • Verify and record HOW equipment, components, and materials containing FMs and the FMs themselves are processed both internally and by the DSVs, and these details are included in the FM Management Plan.
Core Requirement 9 – Facility Requirements	• Verify and record processes/activities. Auditor notes should provide details to as which processes/activities were audited live. Verbiage on the certificate scope should be relatable to the audit notes. • Verify and record specifics related to how the closure is carried out, and by which commercial businesses. • Verify and record financial assurances to be consistent with the risks for the types of equipment, components, and materials received, volumes received and shipped, and the processing techniques used. • Verify and record applicable insurance policies. • Verify and record names and addresses on policy are the same as what is displayed on the R2 certificate.
Core Requirement 10 – Transport	• Verify and record how transporters were qualified and the associated legal and other requirements as applicable.

Appendix A – Downstream Recycling Chain	• Verify and record that 100% of DSVs actively being used were approved at Stage 1/Stage 2. At surveillance time the focus of DSV approval should be based on the specific sample of transactions. DSVs should not be sampled from the FM Management Plan or other lists. DSVs should be identified from the Summary of outgoing transactions, from Tracking Throughput, and then used to follow the audit trails for conformity to due diligence requirements. Verify and record how the FM Management Plan and DSV Listing are consistent with the shipments for entire recycling chain to final disposition or first R2v3 Facility.
	• Verify and record detailed notes on how each one of the sampled DSVs were qualified by the R2 Facility. A deep dive into a DSVs file should be based on usage, or other risk-based factors.
	• Verify and record DSVs' role; include vendors receiving equipment, components, and materials containing FMs for all types of downstream processes/activities (test and repair, data sanitization, materials recovery, brokering).
	  ○ Verify DSVs for data destruction were audited by the R2 Facility for competencies to Appendix B.
	  ○ Verify DSVs for Test and Repair were audited by the R2 Facility for competencies to Appendix C.
	  ○ Verify the DSVs for Brokering were audited by the R2 Facility for competencies to Appendix F.
	• Verify and record Pollution Liability Insurance if negative value equipment, components, or materials are part of the scope. There is no exclusion for pollution liability insurance if an R2 Facility sends negative-value equipment, components, or materials to a DSV.

Appendix B – Data Sanitization	• Verify and record all the media and/or media-containing equipment that has undergone logical and/physical sanitization. • Verify and record a sample of specific media and/or equipment documents that were audited in accordance with the Data Sanitization Plan. • Verify and record the model and brand of equipment used to carry physical sanitization. • Verify and record the brand of software program used to carry out logical sanitization or verify and record how the R2 Facility meets the requirements of R2v3 Formal Interpretation #1–Data Sanitization Software where there is no software available to sanitize that device type. • Verify and record method used for the 1-5% data recovery attempt of logically sanitized devices. If a commercial software program is being used for the data recovery attempt, record the brand of software, or verify and record how the facility meets the requirements of R2v3 Formal Interpretation #1–Data Sanitization Software where there is no commercial software available to make attempts at data recovery for that device type.

Appendix C – Test and Repair	• Verify and record details related to Quality Management Systems Certificate including verification that testing, repairing and refurbishment as applicable are included in the scope. • Verify and record transactions to identify audit trails from reuse (testing and repair). • Verify and record specific transactions of each of the categories an R2 Facility uses (refer to REC) as applicable. • Verify and record specifics on how testing was conducted, as well as the results of testing, competences of employees, etc. in accordance with the R2 Reuse Plan. • Verify and record failed/broken equipment or components are included to demonstrate proper management.
Appendix D – Specialty Electronics Reuse	• Verify Appendix C is part of the audit scope. • Verify and record Quality Management System Certificate. • Verify and record specific transactions for equipment that was processed via verification.
Appendix E – Materials Recovery	• Verify and record operational controls for R2 Controlled Streams and how they are processed with Materials Recovery. • Verify and record Pollution Liability Insurance, Guaranteed Reserves, or a Government Guarantee was audited and details of such included.
Appendix F – Brokering	• Verify Quality Management Systems Certificate of the R2 Broker including verification that brokering/trading as applicable are included in the scope. • Verify and record details for all R2 Core Requirements have been audited, excluding 3 or 9 if there is NO facility/NO physical handling of R2 controlled streams. • Verify and record transactions/sales and purchase documents to identify broker transactions where the equipment, components, and materials are not received at the R2 Facility, on the Broker Specific Transaction Sheet • Verify and record Broker is not at the same location as their DSV. • If auditing Appendix F, Core 10 shall be audited every audit.
Appendix G – PV Modules	• Verify and record documented process for protection of PV modules – Appendix G(5) • *Verify and record Test and Repair Specific* – Quality Management System Certificate or equivalent that includes the words PV modules or solar panels (refer Accepted Standards List on SERI's website). • ***Appendix G(8)(a), referring to Appendix C.*** • *Verify and record Brokering Specific* – Quality Management System Certificate or equivalent that includes the words PV modules or solar panels (refer Accepted Standards List on SERI's website). • ***Appendix G(8)(a), referring to Appendix F.*** • *Verify and record Core 3 Specific* – Environmental Health and Safety Management System Certificate (s) or equivalent that includes the words PV modules or solar panels (refer Accepted Standards List on SERI's website).

7.11 Audit Package Attachments

7.11.1 The audit team shall collect and include the documents outlined in Table 8 as well as the R2 Transaction sheets mentioned in Table 7 in their audit package.

7.11.2 The audit package attachments (Table 8) shall be in a language understandable to the APR.

7.11.3 EHSMS and QMS Certificates shall be checked for validity during every audit.

Table 8: Documents to include with the Audit Package

R2 Standard Requirement	Document
Core Requirement 3 – EH&S Management System	EHSMS Certificates certified by CB that is accredited by IAF MLA Signatory AB
Core Requirement 4 – Legal and Other Requirements	Legal Compliance Plan
Core 5 – Tracking Throughput	Auditor's Transaction Sheets
Core 5 – Tracking Throughput	Summary of Incoming and Outgoing Transactions for last 12 months, or 3 months for Candidate Facilities in the certification process
Core Requirement 7 – Data Security	Data Sanitization Plan
Core Requirement 8 – Focus Materials	FM Management Plan
Core Requirement 8 – Focus Materials	Flowchart of the DSV Names and Locations
Core Requirement 9 – Facility Requirements	Insurance Policy or Certificate of Insurance
Appendix C – Test and Repair	R2 Reuse Plan
Appendix C – Test and Repair	QMS Certificate certified by CB that is accredited by IAF MLA Signatory AB
Appendix F – Brokering	QMS Certificate certified by CB that is accredited by IAF MLA Signatory AB Broker Transaction Sheet
Appendix G(5) – PV Modules	Documented process for protecting PV modules from conducting electricity

7.12 Audit Package Quality

7.12.1 The qualified Audit Package Reviewer (APR) shall conduct a review of the audit report, all audit documents and audit attachments including those for surveillance audits.

7.12.2 The APR shall ensure the audit report contains the applicable information listed in Table 7 and the audit package contains the applicable attachments listed in Table 8.

7.12.3 Table 8 documents shall be reviewed and used by the APR to corroborate the validity of the R2v3 Certificate Scope.

7.12.4 The audit report, documents, and audit attachments (Table 8) shall be in a language understandable to the APR.

7.12.5 The APR shall verify that each R2 audit package meets the following quality requirements:

- Responses are not copied from other packages, where unique evidence as applicable to the R2 Facility is provided.
- Responses are not simply affirmative statements of the R2 Standard requirements.
- Evidence is backed by objective documents which detail unique information about the R2 Facility.
- The R2 requirements were audited as documented in the audit plan.

- In the case of a surveillance audit, the APR shall include the criteria relevant to the requirements that were audited by the Auditor.

7.12.6 Where the audit package lacks evidence of any of the audit document criteria, the audit team shall be tasked with providing additional evidence, that shall be reviewed and approved by the APR, prior to any certification decision.

7.12.7 The APR shall record NCs that are apparent during the audit package review that were not identified by the Auditor. Audit NCs or observations made by the APR shall be dealt with prior to approving the package. They shall not be saved for review during the next audit.

8 MAINTAINING CERTIFICATION

8.1 **Surveillance Activities**

8.1.1 The CB shall conduct the first annual surveillance audit no later than 12 months after the certification decision date of the Stage 2 or the recertification decision date. The two subsequent surveillance audits during the 3-year certification cycle shall be held within 24 months and 36 months of that initial certification or recertification decision date. As long as the R2 Facility is certified, the same format for scheduling surveillance audits will continue through subsequent certification cycles. The CB may ask for a 60-day extension from SERI for those rare circumstances when the CB is running into scheduling issues.

8.1.2 Should the CB find that the R2 Facility is not conforming with the rules above (8.1.1), the CB should follow their suspension process to suspend the R2 Facility.

8.1.3 At a minimum, the CB shall audit the following R2 Standard requirements in addition to ISO/IEC 17021-1 requirements at an annual surveillance audit:

- Core Requirement 1 – Scope
- Core Requirement 4 – Legal and Other Requirements
- Core Requirement 5 – Tracking Throughput
- Core Requirement 7 – Data Security
- Core Requirement 8 – Focus Materials
- All certified Appendices for R2 Processes
- If auditing Appendix F, Core 10 is required to be audited.
- EHSMS and QMS Certificates shall be checked for validity.

8.2 **R2v3 Remote Surveillance Audits**

8.2.1 The remote audit process shall be divided into the following six phases which incorporate the following activities:

- Phase 1 – Pre-Qualification
- Phase 2 – Information Gathering
- Phase 3 – Opening Meeting, Facility Tour
- Phase 4 – Documentation and Record Review
- Phase 5 – Interviews, Follow-up
- Phase 6 – Closing Meeting

Typically, each phase is successfully completed before starting the next phase. However, it is understood that Phases 4 and 5 are iterative and may be conducted non-sequentially if objectives of each phase and the audit can be achieved. In Phase 4, the Auditor may be required to interview the R2 Facility to gain a better understanding of documentation and records being reviewed. The Auditor may also move to Phase 5 interviews to test and verify information assessed through Phase 4. It is highly recommended to be flexible with the

scheduling of Phase 4 and 5; scheduling should be based on the flow of records and documents between the Auditor and the auditee, and accommodate additional time as needed.

8.2.2 **Phase 1 – Pre-Qualification**

Phase 1 ensures that the R2 Facility meets the following set of pre-requisites, which shall be confirmed by the CB.

- Valid certification to the necessary environmental, health and safety management (EHSMS) systems, acceptable to SERI, (refer to Accepted Standards List on SERI's website)***, as well as issued by a CB that is accredited by an AB that is an IAF MLA signatory.***
- Valid Quality Management System (QMS) acceptable to SERI, (refer Accepted Standards List on SERI's website), a***s well as by a CB that is accredited by an AB that is an IAF MLA signatory.***
- Active R2 Certification and License Acknowledgement in good standing.
- Have completed a full-system internal audit of the entire scope of its operations, including all R2v3 Core Requirements and applicable R2v3 Process Requirements.
- Have completed a compliance audit by a competent Auditor knowledgeable in the operations and all applicable requirements.
- Continue to operate within the verified scope of certification.
- Continue to operate at the same address as listed on the existing certificate.
- Maintain an electronic file-sharing application or system where the R2 Facility can securely share documents with the Auditor (some examples are Dropbox, Box, Google Drive, etc.) and/or applications containing evidence (some examples are CycleLution, Makor, RazorERP, etc.).
- Provide the Auditor read access to all relevant documentation and records, in the electronic file-sharing application, ***at least 10 days BEFORE Phase 3 of the remote audit.***
- Collect and allow access in the electronic file-sharing application to documents and records throughout all phases of the audit, without limitations for the Auditor to explore and follow audit trails on their own. A sampling of specific documents and records required are identified in Phase 2 and is only a starting point for the Auditor. The Auditor may request additional records and documents at any time during the audit process.
- Utilize a portable video communications application (FaceTime, Google Duo, WhatsApp, MS Teams, etc.) capable of conducting live, on-the-job worker interviews and a visual tour(s) and assessment(s) of all areas indoors and outdoors at the R2 Facility's location(s).
- Establish and be able to support a reliable and secure connection for all document, record, and video sharing.
- Test all areas of the site for adequate connectivity (cellular or Wi-Fi) and ensure there are no dead spots where video or other information sharing is limited or not possible, including outdoor areas of the property (e.g., storage, parking lot, and perimeter).
- Ensure all necessary employees are available for participation in the remote audit to support the audit objectives and scope.

Phase 1 CB Responsibilities:

- Confirm the accuracy of names, employee count, and DSV count.
- Confirm operations are at the same address(es) as listed on the R2 certificate.
- Confirm that no significant changes in the R2 Facility or its operations have taken place. If the R2 Facility has undergone any significant changes in its organization or operations, the CB shall plan for an on-site verification of the changes.
- Test and confirm suitable functionality of file-sharing applications.
- Test and confirm suitable functionality of video-communications applications.
- Ensure that the R2 Facility will provide online access to documents and records 10 days prior to the Phase 3 of the scheduled remote audit.
- Verify the audit time allocated for the R2v3 remote audit is adequate. It is imperative to be able to add time as needed, to ensure an effective audit including consideration of any additional time needed for using ICT. Integrated audit time with other management systems is not permitted.

Breaks, pauses or other adjustments in audit time or format may be necessary to fully complete the remote audit, especially when there are technical issues. The CB shall add time to the audit to accommodate adjustments and ensure full audit time is accomplished. Timely R2 Facility responses for information are required throughout the audit process.

Phase 1 Milestones: Pre-qualification authorization completed.

8.2.3 **Phase 2 – Information Gathering**

Phase 2 CB's Responsibilities:

The CB shall ensure that the R2 Facility gathers and uploads the documents in Table 9 for the Auditor to access, in the file sharing application. The Auditor in Phase 2 is only ensuring the documents are available to be able to begin Phase 3. If some documents and records are in paper copy format, the R2 Facility scans and uploads these documents to the File Sharing application.

Table 9 lists the expected documentation and records that are to be uploaded, by the R2 Facility, at least 10 days prior to Phase 3. These documents and records shall remain available during all the phases. *Sharing documents and records, as required in Table 9, via video conferencing is not permitted.*

Not all documents in Table 9 will be applicable to every surveillance (see Section 8.1.3). Other documents will be dependent on Audit Planning outputs.

Table 9: Electronic Documents

R2 Requirement	Documents to Review
1	• **Website Addresses: Sales websites (eBay, Amazon, etc.); Advertising Sites; Organization websites (LinkedIn, Facebook, Corporate Sites, etc.); All areas where an R2 Facility publicizes or conducts related business.** ***Core 1(b)(4)***
2	• Hierarchy of Responsible Management Strategies Policy ***Core 2(a)***
3	• Environmental Health and Safety Management System Certificate (refer Accepted Standards List on SERI's website). ***Core 3(a)*** • R2v3 Internal Audit Results (Plans, Reports, NCs, Corrective Actions) ***Core 3(b)*** • Hazards Identification and Assessment (Environmental, Health, and Safety) ***Core 3(d)(2) and (3)***
4	• Legal Compliance Plan/List of Compliance Requirements. ***Core 4(a) and (b)*** • Evidence supporting the legality of transboundary shipments made by the R2 Facility and its downstream vendors through the entire recycling chain or the first R2v3 Certified DSV. This includes all shipments, including any non-working or untested equipment and components, as well as plastics from electronics, circuit boards, and other materials controlled by international trade agreements. ***Core 4(c)*** • Legal Compliance Audits, not facility inspection reports. (Plans, Reports, NCs, Corrective Actions) ***Core 4(d)(3)*** • Competency records of legal compliance auditor ***Core 4(d)(3)*** • Regulatory orders or notices of violation, received in the 3 months prior to the R2v3 Audit. ***Core 4(d)(5)*** • Non-Discrimination Policy ***Core 4(g)***
5	• **Summary of ALL incoming and outgoing transactions. Summary shall include at a minimum, transaction dates, descriptions of types and quantities, supplier/buyer/DSVs. This shall include shipments, invoices, sales, etc. for the last 12 months.** ***A summary of transactions is NOT a sample of transactions. An R2 Facility may need to provide more than the last 12 months if transactions do not corroborate the scope.*** ***Core 5 (a) and (c)***
6	• Documented Process for evaluation, sort, and categorization. ***Core 6(a)(1)-(5)***

R2 Requirement	Documents to Review
7	• **Data Sanitization Plan and Destruction Procedures – All Forms of Destruction (Physical and Logical)** ***Core 7 (a)(1)(A)-(M)*** • **Records of Data Destruction Process Validation for the last 12 months. (Not to be interchanged with data destruction records or quality control records).** ***Core 7(c)(3)*** • **DSV Qualification Records for Data Destruction** ***Core 7(c)(2)(C)***
8	• **FM Management Plan – Shall be clear as to which DSVs are R2v3 vs. non-R2. If the designation of R2v3 and non-R2 DSVs is not in the plan, include a list of DSVs designating R2v3 and non-R2.** ***Core 8(a)(1)-(3)*** • **DSV Flow (list of vendors through the entire recycling chain – this includes all equipment, components, and materials containing FMs).** ***Core 8(a)(3)***
9	• Closure Plan ***Core 9(e)(1)-(5)*** • Financial Instrument Required. ***Core 9(e)(4)*** • Financial Instrument, Not Required. If an R2 Facility is claiming an exclusion under Core 9(f). ***Evidence of meeting all three requirements shall be uploaded.*** ***Core 9(f)(1)-(3)*** • Insurance Policy Declaration(s) ***Core 9(d)(1)-(2)***
10	• Qualified Transporters Records (All Types; Land, Air, Train, Ship) ***Core 10(d)***
Appendix A	• Registration Letter of DSVs with SERI, if applicable ***Appendix A(4)(b)*** • Qualification Records for Non-R2 DSVs; only R2v3 DSVs are considered "R2 Certified" ***ALL evidence of qualification of non-R2 DSVs.*** ***Appendix A(8)(a)-(h)***
Appendix B	• Data Sanitization Plan ***Appendix B(1)(a)-(d)*** • Test results for Data Security Controls ***Appendix B(5)(e)***
Appendix C	• Quality Management System Certificate or equivalent (refer to Accepted Standards List on SERI's website). ***Appendix C(1)*** • R2 Reuse Plan or other as identified below: Test and Repair Instructions Competency Requirements for test, repair, and verification of equipment

R2 Requirement	Documents to Review
	Product Safety Plans Test Plans Quality Assurance Plan Product Return Plan ***Appendix C(2)(a)-(f)***
Appendix D	• Specialty Equipment Verification Procedures ***Appendix D(2)(b)***
Appendix E	• Industrial Hygiene Monitoring Program ***Appendix E(4)(i)*** • Pollution liability insurance, guaranteed reserves, or government guarantee. ***Appendix E(8)***
Appendix F	• Quality Management System Certificate or equivalent (refer Accepted Standards List on SERI's website). ***Appendix F(1)(c)***
Appendix G	• Documented process to protect PV modules from conducting electricity – Appendix G(5) • *Test and Repair Specific* - Quality Management System Certificate or equivalent that includes the words PV modules (refer Accepted Standards List on SERI's website). ***Appendix G(8)(a), referring to Appendix C.*** • *Brokering Specific* - Quality Management System Certificate or equivalent that includes the words PV modules (refer Accepted Standards List on SERI's website). ***Appendix G(8)(a), referring to Appendix F.*** • *Core 3 Specific* - Environmental Health and Safety Management System Certificate (s) or equivalent that includes the words PV modules (refer to Accepted Standards List on SERI's website).

The CB shall provide ***a min. 0.25 days*** to the Auditor to verify that the required information has been uploaded prior to Phase 3. The Auditor is not expected to audit the details or check for the completeness of the documents/records. This audit time is in addition to the calculated R2v3 remote audit time. ***The Auditor ensures all required documents and records are reviewed at least 7 days before Phase 3.*** The audit shall not proceed if the R2 Facility is unable to make any of these documents and records available during Phase 2. The Auditor may also request additional documents and records not listed in Table 9. Table 9 is meant to be a representative list, not a comprehensive list of documents that will be reviewed during the audit process.

Phase 2 information gathering, and compilation process is not part of the calculated R2v3 remote audit time in COP R2v3 Table 4 and 5. The added time for Phase 2 covers only the verification of the upload of the required documentation by the Auditor.

Phase 2 Milestones: Documentation and records are gathered electronically and made accessible to the Auditor by the R2 Facility and the Auditor has confirmed all required documents are uploaded. *If any documentation is missing are not uploaded, the audit cannot proceed to Phase 3.*

8.2.4 Phase 3 – Opening Meeting, Facility Tour

Phase 3 CB Responsibilities:
Phase 3 begins when the Phase 2 milestone is achieved and will officially start with the Opening Meeting. After the opening meeting, the Auditor conducts a comprehensive virtual tour of the R2 Facility. The tour is meant to be a thorough review of the activities and processes of the R2 Facility. The Auditor should be clear about the operations and scope upon finishing of the tour. After the tour, the Auditor should notify the R2 Facility of any additional records or documents that may need to be reviewed.

Phase 3 Milestones: Opening meeting and in-depth/all-inclusive virtual R2 Facility tour have been completed.

8.2.5 Phase 4 – Documentation and Record Review

Phase 4 CB Responsibilities:

Phase 4 is intended to provide the Auditor time to review the records and documentation that have been uploaded and document conformance in the R2v3 Audit Report. The intent is for the Auditor to conduct a detailed enough review in Phase 4 to gather sufficient background information and identify audit trails to plan and guide the follow-up interviews and other audit activities. Auditors will also begin sampling from Summary of Transactions or the actual transactional records (shipments, sales, invoices, etc.) to identify audit trails for verification.

Transaction samples for each audit trail are documented on the SERI provided "Transaction Sheet" audit trails template. All shipment and transaction samples and reviewed records are verified to be consistent with both the Scope of certification statement on the R2 certificate, the documented processes in Core Requirement 1 and any other written risk analysis, policies, and process documentation.

Most of the Auditor's time is expected to be used in Phase 4. Phases 4 and 5 are iterative and may be conducted non-sequentially to enable the Auditor to move to Phase 5 interviews to test and verify information assessed through Phase 4 if the objectives of each phase and the audit can be achieved. Phase 5 time may require adjustment based on Phase 4 based on quality and complexity of the documentation and records uploaded by the R2 Facility. ***The focal point for Phase 4 audit trails should be based on the sample of transactions recorded from Core 5 Summary of Incoming and Outgoing Transactions.***

Phase 4 Milestones: Opening meeting and virtual R2 Facility tour have been completed. Uploaded Phase 2 documents and records have been reviewed by the Auditor. Audit trails are identified in the Transaction Sheet template and audit report. Audit report is intended to be partially completed in Phase 4. Updated audit plan and schedule interviews based on audit trails.

8.2.6 **Phase 5 – Interviews, Follow-up**

Phase 5 CB Responsibilities:
Using the audit trails identified in Phase 3 and 4, the Auditor will further inspect the information reviewed in Phase 4, verify the records sampled, and confirm the information with interviews and virtual tours. The length of Phase 5 is dependent upon the audit trails requiring follow-up from Phase 3 and 4. Auditor reviews live operations to corroborate already reviewed records, and documents from Phase 4.

The CB shall confirm that the R2 Facility's operations are actively running, as applicable to the scope of the audit, and it is the Auditor's responsibility to ensure adequate evidence is reviewed to demonstrate conformance to the R2v3 Standard and R2 Facility's scope. If operations are unavailable or not evident, the Auditor will record a nonconformity to ensure sufficient evidence will be provided prior to issuing an R2v3 Certificate. It is possible to reduce the scope if processes are not operational within the allowed time.

Phase 5 Milestones: Interviews are complete. Auditor prepares any nonconformities as recorded in the audit documentation and audit report.

8.2.7 **Phase 6 – Closing Meeting**

Phase 6 CB Responsibilities:
The audit outcomes are provided during the Closing Meeting. The Auditor communicates nonconformities as recorded in the audit documentation and audit report.

Phase 6 Milestones: Closing meeting is complete.

8.3 **Additional Expectations at a R2v3 Remote Audit**

- An in-depth virtual tour of the site and all processing operations is completed, as directed by the Auditor, through a live video stream. This includes all campus locations and controlled processes/activities not at the R2 Facility, for example, off-site data destruction.
- The Auditor interviews any relevant personnel as appropriate throughout the remote audit phases.
- The CB shall ensure R2 Facility makes available any personnel the Auditor chooses to speak to during the remote audit.
- During any phase of the remote process, the Auditor or the CB may choose to verify additional records and therefore has the discretion to add additional time, and/or determine an on-site audit is necessary.
- Corrective actions and technical review process will follow requirements in the Code of Practices and the CB's procedures. An R2v3 Certificate shall not be issued until all R2v3 remote audit NCs are verified closed with objective evidence of closure by the CB.
- Under the SERI Assurance Program, SERI may witness any remote audit to monitor effectiveness.

8.4 Additional Expectations for CBs using the Fully Remote Audit Protocol

- CBs are required to complete at a minimum of 10 transaction sheets. If the R2 Facility has not completed 10 transactions, the Auditor shall record this in the audit report, as well as record the reason for the limited number of transactions.
- CBs shall upload to the SERI file sharing system every audit package that is part of the Fully Remote Audit Protocol once it has been approved.

8.5 Additional Expectations for Confidentiality

To make remote auditing successful, the CB shall ensure that R2 Facilities can electronically share records and documentation to allow the Auditor to remotely review. The Auditor may need to take copies of some records to include in the audit documentation as evidence of conformity. All audit evidence and information will be treated as confidential as defined within the CB's processes. A CB is highly discouraged from receiving emailed records and documents during the audit process.

8.6 Recertification Audit

8.6.1 The CB shall evaluate conformity to all R2 Core Requirements and applicable R2 Process requirements of the R2 Standard on-site at all the R2 Facility's operations within their scope of certification.

8.6.2 If the same Lead Auditor has been used for all audits in the 3-year certification Cycle, at the end of a full 3-year certification cycle, it is the CB's responsibility before the cycle ends, to appoint a new Lead Auditor for the recertification audit. The previous Lead Auditor can serve as part of the audit team as a Team Member. The previous Lead Auditor can continue to serve as the Lead Auditor for the surveillance audits in the new certification cycle. This is applicable to all subsequent certification cycles. If a CB is doing a recertification transfer audit, it is the CBs responsibility to know who conducted the previous audits to maintain this requirement.

9 R2 CERTIFICATE

9.1 General

9.1.1 Upon successful completion of the R2 Certification Audit or any other audit that results in an update to the R2 certificate, the CB shall issue to each R2 Facility an R2 certificate.

9.1.2 The CB shall not provide the R2 certificate to the R2 Facility until SERI has reviewed and accepted the content of the certificate. When a certificate has been accepted by SERI, communication will be sent to the CB in writing. The CB can then provide the certificate to the R2 Facility and the SERI directory will be updated.

9.1.3 If the R2 certificate is rejected by SERI, the CB shall make the necessary corrections and resubmit to SERI for approval. When the resubmitted certificate has been accepted by SERI, communication will be sent to the CB in writing. The CB can then provide the R2 certificate to the R2 Facility and the SERI directory will be updated.

9.1.4 CB shall not make available the R2 certificate to the IAF Cert Search until SERI has accepted the certificate; the accepted certificate is verifiable through the SERI website.

9.1.5 Certificates that have been issued cannot be withheld from SERI for any reason.

9.1.6 All certificate status changes shall be detailed in submissions to SERI, within 7 days. This includes but is not limited to suspensions, withdrawals, reinstatement etc.

9.1.7 SERI will not recognize R2 certificates that do not conform to the COP requirements.

9.2 Facility Certificates

9.2.1 Each R2 certificate shall be represented with the following information:

- R2 Facility legal entities and name(s) associated with certifiable processes/activities.
- DBAs - All legally registered names by which the organization is branded/marketed or otherwise referred to in public-facing communications (such as DBAs, trade names, and fictitious names) shall be designated on the certificate with phrases such as “branded/marketed as,” “other business names:” or similar phrasing.
- Multiple Legal Entities and Names - All names shall be legally registered with the authorities to be on the R2 certificate and accurately documented in accordance with the legal registration. The primary legal name shall be listed first on the Certificate, followed by any other registered names. Where there are multiple legal entities and names under the same corporate parent, the corporate parent shall be listed first on the certificate, followed by other registered names of sub-organizations. Each entity cannot be granted an individual certificate.
- R2 Facility Address – The address shall follow naming conventions for countries, states/provinces and cities as prescribed by SERI’s guidance.
- Scope statement
- All applicable R2 Process Requirements – Displayed on certificate addendum with the following statement: “*This R2 Facility performs the following applicable R2 Process Requirements at this location(s) and has been audited to the requirements for each as identified.”*
- Allowances as applied and defined in the COP.
- Name, Address and Certification Mark of Certification Body issuing the R2 certificate.
- Date of Certification
- Expiration Date
- Effective Date or Revision Date for granting, reducing, or expanding scope as well authorizing changes to certificate for other changes If a CB has already issued the

certificate to an R2 Facility, this date shall be modified for any change. Changes may include but are not limited to address, scope, name, or other.

- Accreditation Body Symbol
- SERI-authorized Certification Body Mark
- R2 Certification Mark
- Certificate Number – Unique identification code
- Certificate Statement in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3".
- Identify the applicable R2 Certification Structure as defined in Table 3.
- Disclaimer to be added on every certificate: "*The certification referenced above is accomplished pursuant to SERI's R2 Code of Practices through an audit of a sample of the certificate holder's facilities and/or processes/activities within the limited written scope appearing on this certificate. Certification is not a comprehensive validation or verification of all conditions. The R2v3 Standard is offered "AS-IS" and without warranty, and any reliance otherwise, by the certificate holder or any third party, is expressly disclaimed by SERI. The use, display, and reference to the R2v3 Certification Mark printed on this certificate is governed by license agreement(s) entered between the certificate holder and SERI. Certificate authenticity and validity can be verified at https://r2directory.org.*"
- All certificates shall be documented in English. Translated scopes in other languages will not be permitted on R2v3 certificates.

9.3 R2 Certificate Requirements by Certification Structure

9.3.1 Where a campus certificate is issued, each campus location shall be assigned an individual scope of certification applicable to its specific operations, and any applicable R2 Process Requirements.

9.3.2 **Requirements for First Page:** The first page of the campus certificate shall include the following information, as applicable:

- Address of main processing location.
- Scope statement of the campus as a whole (all interconnected operations including Main Processing Location and support locations) shall be listed on the first page of the certificate. All Appendices relevant to the whole scope shall be identified on the first page of certificate under the Scope statement.
- Certificate Statement in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3."

9.3.3 **Requirements for Addendum:** The addendum of the campus certificate shall include the following information, as applicable:

- All support locations, including the Main Processing Location, of a campus shall be listed on the addendum, with specific addresses, scopes, and applicable R2 Process Requirements by location. The Main Processing Location shall be identified as "Main Processing Location" and the support locations shall be identified as "Support Location" or other similar identifying that it is the secondary location.
- All applicable R2 Process Requirements by support location – Displayed on certificate addendum with the following statement: "This R2 Facility performs the following applicable R2 Process Requirements at this location(s) and has been audited to the requirements for each as identified."

- The scope statements for each support location shall include the equipment, components, and materials processed at that location.
- If the support location has no processing, then the scope statement shall be documented only in the addendum (not the first page) in one or more of the following ways: “Storage Only” “Administration Only” “Sales Only” “Sorting Only”. These locations are considered non-processing and would not have specific Appendices assigned.

9.3.4 **General Requirements for Campus Certificates:** Under no circumstance can an individualized or stand-alone certificate with a different identification code (e.g., certificate number) be issued for any single location identified in the addendum pages of a campus certificate.

9.3.5 Where a Shared Facility certificate is issued, the words “Shared Facility” will be displayed on the certificate.

9.3.6 Where a Common Parent Facility certificate is issued, the words “Common Parent Facility” will be displayed on the certificate. In addition, the parent organization name will be listed first on the certificate followed by the other organization names.

9.3.7 Where a Group certificate is issued, the words “Group” will be displayed on the certificate. In addition, the group name or controlling organization name will be listed first. All support locations, including the group name/controlling organization names, shall be listed on the same certificate, on an addendum, with specific address, scope, and applicable R2 Process Requirements by location.

10 SCOPE STATEMENT

10.1 **R2 Scope of Certification**

10.1.1 The CB shall provide an accurate description of the scope of certification detailing the R2 processes and activities undertaken, as well as the types of electronic equipment, components, and materials managed, in accordance with the requirements in Section 10.0.

10.1.2 To change or expand the scope of certification to include new processes/activities or electronic equipment, component, materials managed, the requirements of Section 12.0 Changes to Certification Scope, shall be followed.

10.2 **R2 Processes and Activities**

10.2.1 The terms identified in Table 10: Scope Terms and Applicable R2 Process Requirements, shall be used exclusively to identify the applicable R2 operations undertaken within the scope of certification. Additional verbiage related to processes/activities is not permitted.

10.2.2 The scope shall only include those operations that are controlled by the R2 Facility on-site, remotely or at additionally certified locations as defined in R2v3.

10.2.3 Each process/activity specified in the scope of operations shall be supported by evidence of implementation and demonstrated conformity to the R2 Standard.

10.2.4 Planned future operations that are not currently operational are not eligible for certification.

10.2.5 It is not required for an R2 Facility to perform all R2v3 Section 2: R2 Process Requirements. However, the CB shall audit and certify the R2 Facility to the R2v3 Section 2: R2 Process Requirements they are performing.

10.2.6 Outsourced or downstream processes/activities shall not to be included in the R2 Facility's scope of certification. No other processes/activities are permitted on the R2 certificate, other than those defined in Table 10.

10.2.7 If the R2 Facility qualifies to be certified under Data Sanitization in Appendix B, it shall be specified as to whether the certification covers logical sanitization, physical sanitization, or both, as defined in Table 10. Any reference to sanitization in the scope shall apply only to processes certified to R2 Process Requirement - Appendix B-Data Sanitization. Data destruction processes covered under the R2 Core Requirements shall not to be listed on the R2 certificate.

10.2.8 If the R2 Facility qualifies to be certified under Test and Repair in Appendix C, it shall be specified as to whether the certification covers test, repair, or both as defined in Table 10.

10.2.9 If the R2 certificate is for a broker that does not physically receive or process electronic equipment, components, or materials in a facility, then the words "Broker Only" shall be clearly displayed on the certificate.

Table 10: Scope Terms and Applicable R2 Process Requirements

Terms for Processes	Applicable R2 Process Requirements for Certificate Purposes
Downstream Vendor Management	Appendix A – Downstream Recycling Chain
Logical Data Sanitization	Appendix B – Data Sanitization (Logical only)
Physical Data Sanitization	Appendix B – Data Sanitization (Physical Only)
Logical and Physical Data Sanitization	Appendix B – Data Sanitization (Logical and Physical)
Testing	Appendix C – Test and Repair (Test Only)
Repairing	Appendix C – Test and Repair (Repair Only)
Testing and Repairing	Appendix C – Test and Repair
Specialty Electronics Reuse	Appendix D – Specialty Electronics Reuse
Materials Recovery	Appendix E – Materials Recovery
Brokering	Appendix F – Brokering
PV Modules (Appendix Specific, As Applicable.	Appendix G – PV Modules

10.3 **Defining “Electronic Equipment, Components, and Materials” as Part of the Scope**

10.3.1 The R2 scope statement shall include a clear description of specific used electronic equipment, components, and materials that are managed by the R2 Facility. Description of electronic equipment, components, and materials shall be accurate and specific as possible to not misrepresent an R2 Facility’s ability, as supported by evidence in the audit report. For example, if an R2 Facility processes only mobile equipment, generic wording such as “used electronics,” is not permitted. If an R2 Facility chooses to include plastics from electronics, generic wording such as “plastic” is not permitted; in that case, the certificate shall specify "e-plastics," "plastics from electronics," or some other phrase that ties the material to electronics or R2 Controlled Streams. In addition, R2 Controlled streams shall be associated with electronic equipment. An example of this is “lithium-ion batteries from used electronics” instead of simply “batteries.” Using all-encompassing wording such as “consumer electronics,” “used electronics” shall only be used if the R2 Facility is qualified to sort, and process, numerous types of electronics. Specialty electronic equipment shall also be accurately and specifically defined to indicate the types of “specialty electronics” managed to indicate conformance to Appendix D. PV modules shall also be accurately and specifically defined to indicate conformance to Appendix G.

10.3.2 Unrestricted Streams, for example, white goods (home appliances), new equipment, and vehicles (including vehicle components/parts, such as EV batteries) are not permitted in the scope. R2 Controlled Streams, such as Basel-controlled plastic waste entries Y48 and A3210, are permitted in the scope.

10.3.3 Identified electronic equipment, components and materials specified in the scope of operations shall be supported by evidence of implementation and demonstrate conformity to the R2 Standard in the audit report. Planned future additions of equipment, components and materials associated with scope that are not currently operational are not eligible for certification.

11 R2 ALLOWANCES

Basel-controlled plastic waste entries Y48 and A3210, now R2 Controlled Streams, do not require downstream due diligence to be performed through the downstream recycling chain in accordance with Appendix A (7) and (8) until 1/1/2028. All other Core Requirements and Process Appendices remain applicable to R2 Controlled Streams, including Basel-controlled plastic waste entries Y48 and A3210.

12 CHANGES TO THE CERTIFICATION SCOPE

12.1 General

12.1.1 Changes to an R2 Facility's scope of certification can include but is not limited to changes in processes/activities undertaken, electronic equipment, components, or materials managed, operational expansions, mergers, or any other change in an R2 Facility's operation.

12.1.2 When the CB is made aware of a change to an R2 Facility's certification scope, the CB shall conduct a review of documentation to verify the proposed changes that are designed to be conforming to the applicable R2 Standard requirements.

12.1.3 Depending on the nature of the scope change, the CB shall determine how much on-site or remote audit time is required to verify the implementation of the scope change at the R2 Facility.

12.1.4 Any NCs issued during the scope change audit shall be verified and closed by the CB prior to issuing the certificate with the new scope.

12.2 Scope extension for Appendix G – PV Modules

12.2.1 **Training and Qualifications**

All R2v3 Auditors who are auditing to Appendix G, Program Managers of CBs, and APR/CDM reviewing audit packages with Appendix G shall have taken the Appendix G training and successfully passed the test for this training.

12.2.2 **Timelines**

- R2 Facilities that control PV modules shall add Appendix G to the scope of the R2 certification, and QMS/EHSMS certification(s) within 3 years of the release of R2v3 Version 3.1. The deadline to add Appendix G is 01/31/2027.
- The addition of Appendix G shall be carried out as an **on-site** scope extension audit. The scope extension audit can be carried out in conjunction with a regularly scheduled audit or as an audit separate from a regularly scheduled audit. The CB shall use the certification time from Table 5 for the scope extension audit.
- For closure of NCs for stand-alone scope extension audit to Appendix G, a remote or on-site audit shall be scheduled by the CB within 6 months to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs (from scope extension audit) prior to audit package approval or certification decision. Failure to comply with this requirement will result in the suspension of certification (refer Section 16).
- If an R2 Facility does not add Appendix G through a scope extension audit within the stipulated time frame, the CB shall suspend the R2 Facility for a maximum period of 90 days. The R2 Facility is expected to complete the scope extension audit and resolve all NCs from the audit within the 90 days.
- After the 90 days, if no action is taken by the R2 Facility to undergo a scope extension audit, the CB shall withdraw the R2v3 certificate.
- Any new facility getting certified to R2 shall abide by the same timelines as an existing R2 Certified Facility.

12.2.3 **Evidence**

During the transition period, an R2 Facility can choose to manage PV modules as non-electronic equipment under Core 8 if, and only if, solar panels are coming from a non-R2 Supplier. Evidence of managing PV modules as non-electronic equipment would be acceptable until an R2 Facility made the transition to meeting the requirements of

Appendix G (see Section 12.2.4 for DSVs). The scope extension of Appendix G shall include sufficient objective evidence to corroborate the applicable Appendix G requirements.

12.2.4 **R2 DSVs vs. Non-R2 DSVs for Auditing Purposes**

- Prior to the 2027 deadline, if an R2 Facility has yet to add Appendix G to its scope, it shall be qualified as a non-R2 DSV in accordance with the requirements of Appendix G. The qualification of "non-R2" is only acceptable for the portion of the scope related to PV modules. The concept of "non-R2" for other scopes and equipment shall not be applied to any R2 Facility's certification other than PV modules.
- If a R2 Facility has completed a scope extension audit to Appendix G but has not yet received an updated certificate, they may be qualified as an R2 DSV under Appendix A(7), upon providing evidence of having completed the scope extension audit.

12.2.5 **Certificates**

- The CB shall issue an R2 certificate to include the scope as defined in the certificate sections of this document.
- The CB shall verify that the EHSMS certificate includes handling, processing, testing, materials recovery, brokering, control, or any other words that describe the Process Requirements being conducted as related to the PV modules, in harmony with the R2v3 Scope.
- The CB shall verify that the QMS certificate includes handling, processing, testing, materials recovery, brokering, control, or any other words that describe the Process Requirements being conducted as related to the PV modules, in harmony with the R2v3 Scope.

13 CHANGES TO A FACILITY

13.1 **Changes to a Facility Location**

13.1.1 When a CB receives notification that an R2 Facility has changed or is going to change its location, the CB shall inform SERI within 7 days and keep on file the notification from the R2 Facility.

13.1.2 The suspension shall go into effect 60 days following the date when the old location ceases to fulfil its scope, if an audit has not been conducted.

13.1.3 During auditing of the new R2 Facility, the CB shall confirm with the R2 Facility:

- The scope of processes/activities at the new location are the same as the former R2 Facility. If the scope is different, an on-site audit shall be conducted.
- Valid EHSMS and/or QMS certificates for the new facility. EHSMS and QMS certificates shall have been issued by a CB that is accredited by an AB that is an IAF MLA signatory to be valid.
- The downstream vendors are the same as evidenced by a review of shipping documents from the new facility. If not, downstream vendor due diligence shall be audited by the audit team.
- Environmental aspects are updated to reflect those of the new facility and controls are implemented.
- Health and safety risks are updated to reflect those of the new facility and controls are implemented.
- The legal compliance plan is updated to reflect the legal requirements of the new facility.
- Insurance policies are updated to include the new facility.
- Closure Plans are updated to reflect the risks of the new facility, and the financial assurance is adjusted (if necessary, based on the risks).

- A legal compliance audit of the new facility has been completed by a competent compliance Auditor and any non-compliances identified are corrected.
- Internal EHSMS/QMS and R2 audits are completed at the new facility and corrective actions implemented for any NCs.

13.1.4 The CB shall audit the new R2 Facility location remotely or on-site after it is fully operational before updating the certificate to include the details of the new location.

13.1.5 If a CB chooses to audit the new location remotely, justification shall be documented, and an on-site audit shall be conducted within 6 months of the move.

13.1.6 The CB shall be able to audit remotely all R2 Core Requirements and applicable R2 Process Requirements at the new facility

13.1.7 The R2 Facility shall receive evidence in writing from the R2 Facility of the status of the old facility. Examples might be closure or change of business model (continues to operate).

13.1.8 An on-site audit to verify a change to a new location shall not replace the surveillance or recertification audit. If the CB chooses to combine the facility move audit with a surveillance or recertification audit, additional time shall be added.

13.1.9 The CB has the option to add the new location as a campus site to the certificate of the previous location during the process of transitioning operations from one site to the next. Both sites shall continue to be audited until the previous location ceases to be under the control of the R2 Facility. Audit time to add new location as a campus requires following 5.1.12 Campus Locations' audit day requirements.

13.1.10 The CB shall update and reissue the certificate with the new R2 Facility details once the new location has been audited.

13.1.11 If the audit and issuance of the certificate for the new facility is not completed within 6 months of the move, the CB shall withdraw the R2 certificate for the previous location and conduct a Stage 1 and Stage 2 audit of the new facility location should the R2 Facility want to reapply for certification.

13.1.12 The CB shall accept the SERI License Acknowledgment covering the previous R2 Facility during the R2 Facility's move to their new location.

13.1.13 Closure of NCs is acceptable without an on-site or remote audit. It is always at the discretion of the CB to schedule a remote or on-site audit to close NCs if it's necessary.

13.2 **Changes to a Facility Name**

13.2.1 When a CB receives notification that an R2 Facility has changed its name, the CB shall inform SERI and keep on file the notification from the R2 Facility, within 7 days. A change in name could be the addition or removal of DBA(s), any deletions to the name or additions to an existing name.

13.2.2 The CB shall conduct an audit (remote or on-site) of the R2 Facility within 60 days following the date when the name is changed.

13.2.3 The CB shall request a record of the name change with the applicable Authority.

13.2.4 The CB shall suspend the certificate for the R2 Facility if the audit is not completed within 60 days for the name change.

13.2.5 During the name change audit, the CB shall confirm with the R2 Facility that the change in name(s) have been updated on the following documentation:

- Valid EHSMS and/or QMS certificates for the R2 Facility with the changed name(s). EHSMS and QMS certificates shall have been issued by a CB that is accredited by an AB that is an IAF MLA signatory to be valid.

- The legal compliance plan is updated to reflect the legal requirements of the R2 Facility under the changed name(s), which may include updated permits, or other authorizations.
- Insurance policies are updated to include the R2 Facility under the changed name(s).
- Names and logos updated on marketing materials and websites.
- Names and logos updated on management system documentation.

13.2.6 If the CB chooses to combine the name change audit with a surveillance or recertification audit, additional time shall be added.

13.2.7 The CB shall update and reissue the certificate with the changed name(s) of the R2 Facility after the audit is completed and NCs are closed.

13.2.8 If the audit and issuance of the certificate for the change in name is not completed within 6 months of the name change, the CB shall withdraw the R2 certificate for the R2 Facility. The CB shall conduct a Stage 1 and Stage 2 audit of the facility should the facility want to reapply for certification.

13.2.9 The CB shall accept the SERI License Acknowledgement covering the R2 Facility with the previous name during the R2 Facility's new name.

13.2.10 If NCs are identified during the name audit, it is at the discretion of the CB whether a remote or on-site revisit is required is required to close NCs. Closure of NCs is acceptable without an on-site or remote audit.

13.3 Changes to Certificate Structure

13.3.1 When a CB receives notification that an R2 Facility is undergoing a change in the certification structure, the CB shall inform SERI and keep on file the notification from the R2 Facility, within 7 days.

13.3.2 The CB shall conduct an audit (remote or on-site) of the R2 Facility within 60 days following the date of certification structure change.

13.3.3 The CB shall suspend the certificate for the R2 Facility location if the audit is not completed within 60 days for the certification structure change.

13.3.4 Prior to auditing the R2 Facility with the certification structure change, the CB shall confirm that the structure change, does not impact or change the scope of the R2 Certified processes. Based on the review the CB shall communicate to the Auditor the structure change and what needs to be audited based on the structure change.

13.3.5 If the CB chooses to combine the structure change audit with a surveillance or recertification audit, additional time shall be added.

13.3.6 The CB shall update and reissue the certificate with the changed certification structure of the R2 Facility after the audit is completed and NCs are closed.

13.3.7 If the audit and issuance of the certificate for the change in certification structure is not completed within 6 months of the change, the CB shall withdraw the R2 certificate for the facility. The CB shall conduct a Stage 1 and Stage 2 audit of the facility should the facility want to reapply for certification.

13.3.8 The CB shall accept the License Acknowledgement to cover the R2 Facility during the change process.

13.3.9 If NCs are identified during the change to structure audit, it is at the discretion of the CB whether a remote or on-site revisit is required to close NCs. Closure of NCs is acceptable without an on-site or remote audit.

14 TRANSFER OF CERTIFICATION

14.1 General

14.1.1 If an R2 Facility requests a transfer, a transfer from the issuing CB to the accepting R2-accredited CB is allowed.

14.1.2 Where a transfer has been requested, the accepting CB shall process the transfer in accordance with IAF MD2 in addition to the following:

- Document the reason(s) for the transfer and its legitimacy.
- Verify and close any open minor/major NCs.
- Review and address any complaints.
- Not accept the transfer if the R2 Facility has been suspended by the current issuing CB.
- Determine whether an audit is required to complete the transfer.
- Valid QMS and/or EHSMS certificates. Certificates shall have been issued by a CB that is accredited by an AB that is an IAF MLA signatory to be valid.
- Notify SERI within 7 days from the R2 Facility's request to transfer.

15 SPECIAL AUDITS

15.1 General

15.1.1 The CB shall conduct special audits at an R2 Facility at the CB's discretion for any of the following reasons:

- Changes in management

- Changes in certification scope
- Organization acquisitions or mergers
- Lifting a suspension
- Reportable EHSMS, QMS, including data security, related regulatory orders or notices that require action.

15.1.2 The audit time for special audits, whether remote or on-site, is at the discretion of the CB.

15.1.3 The NC closure timelines for special audits is defined in Table 6.

16 SUSPENDING AND WITHDRAWING OF CERTIFICATION

16.1 General

16.1.1 The CB shall consider suspension of an R2 Facility's certification for contractual, administrative or performance reasons. This suspension review of the R2 Facility shall be documented and maintained as a record in the R2 Facility's certification documents. Justification for not suspending based on one of the below shall be recorded. The following criteria shall be used for initiation of a potential suspension:

- Illegal imports or exports.
- Repeat NCs (when a minor becomes a major, or major is still a major).
- Five or more major NCs on an audit.
- Alteration and misrepresentation of the description of types and status of equipment and/or materials to mislead Auditors or downstream suppliers.
- Conviction or settlement of regulatory actions against the organization due to egregious environmental, health or safety violations.
- Hiding or omitting transactions, equipment, materials, or any other form of deception to the Auditor, CB, and/or SERI.
- Selling untested equipment to end users.
- Misrepresentation of the R2 Certification and status of any facility affiliated with the organization.
- Failure to provide correction and/or corrective actions for SERI complaints.
- Failure to maintain necessary quality, environmental, health and safety management (QMS/EHSMS) systems issued by a CB that is accredited by an AB that is an IAF MLA signatory. If a CB determines that an R2 Facility has not maintained their certification(s), a CB shall determine the date when the QMS/EHSMS certification became invalid. The suspension time is based on the date the QMS/EHSMS became invalid and shall not be a time frame more than 6 months. If the CB determines the QMS/EHSMS Certificates have been invalid for 6 months, the R2 certificate shall be immediately withdrawn. *Example: If the CB determines the QMS/EHSMS has been invalid for 3 months, then the suspension period would be 3 months.*
- Failure to schedule an annual surveillance audit.

16.1.2 The CB shall specify clear time frames, no more than 6 months, for the duration of an R2 Facility's suspension.

16.1.3 The CB shall only re-instate an R2 Facility's R2 Certification once evidence of implementation of corrections or corrective action(s) have been submitted by the R2 Facility and verified as effective in accordance with Section 7.9 of this COP. CB shall inform SERI of notification of reinstatement of certificate.

16.1.4 SERI may notify the CB when license fee payment is not received from the R2 Facility by the license/payment due date. The R2 certificate shall be suspended by the CB upon notification from SERI and effective the day the CB has been informed. The suspension deadline shall be set by the CB in accordance with their suspension process (not to exceed 6 months from date of suspension). SERI will designate the R2 Facility as suspended in the SERI directory during suspension period. Suspension shall be lifted by CB if license is signed, and fee is received by SERI within the suspension deadline set by the CB. If payment is still not received by SERI by the end of the suspension period, CB shall withdraw certificate.

16.1.5 If a CB withdraws an R2 Facility's certificate, the CB shall send to SERI the withdrawal confirmation within 7 days of the certificate withdrawal.

16.1.6 The CB shall not reinstate an R2 Facility's certificate once it has been withdrawn unless CB was found to have withdrawn a certificate in error. Before a CB reinstates a certificate, they shall determine if an audit is necessary to verify if the R2 Facility has maintained R2 requirements and record and document the justification during the withdrawal period.

16.1.7 CB shall withdrawal of an R2 Facility Certification for the following fraudulent activities with the intent to deceive:

- Falsifying and/or altering records and documentation.
- Withholding information.
- Failing to disclose the existence of regulatory enforcement actions.

17 R2 CERTIFICATION PROGRAM RECORDS

17.1 General

All records relevant to the R2 Certification Program shall be maintained by the CB for at least 6 years. This includes but is not limited to:

- R2 Facility audit report, NCs, collected evidence, and related records
- R2 Candidate Facility, and R2 Facility Contracts/Agreements
- R2 Facility certificates
- Notifications of changes to the certification scope
- Complaints related to the R2 Certification Program
- Competence records of CB personnel, and Auditors involved with the R2 Certification Program

18 SERI ASSURANCE PROGRAM

18.1 General

18.1.1 SERI will use assurance activities, outlined below, to monitor and continually improve the R2 Certification Program.

18.2 **Audit Package Review**

18.2.1 Audit package reviews by SERI are intended to monitor the activities of the R2 Certification Program. Sampling is performed by SERI to verify the performance of Auditors and the effectiveness of CBs to control the quality and integrity of the Certification Program. Any concerns that arise about the performances of Auditors will be raised with the CB for them to resolve.

18.2.2 The CB shall send to SERI the first audit report and documentation (audit package) for any newly approved R2 Lead Auditor for review by SERI as part of its Assurance Program activities.

18.2.3 SERI may at any time request an audit package as part of its Assurance Program activities. Upon such requests, the CB shall provide the audit package(s) to SERI, including but not limited to the R2 audit report as well as any relevant evidence and documentation, as identified in Tables 6 and 7 within 7 days.

18.2.4 Audit packages shall be provided to SERI in English. Any audit packages received by SERI will be shared by the CB through the virtual workspace. Documents shall not be emailed to personnel at SERI.

18.2.5 If SERI's package review finds that an Auditor, CDM, APR and/or R2 Program Manager has not conformed to the requirements in the COP, SERI may issue a complaint to the responsible CB for further investigation and correction action. The AB may be enlisted by SERI to further investigate the NC or complaint issued to the CB.

18.3 **Spot Inspections**

18.3.1 A spot inspection is an unannounced or announced assessment conducted by SERI or its designee of an R2 Facility. As part of SERI's Assurance Program and authorized in the R2 Certified Facilities Agreement, SERI may periodically conduct spot inspections of R2 Certified Facilities. Spot inspections are a proactive measure to verify conformity as part of the quality control program and not always in response to a complaint or concern. If any concerns arise from the inspection, they will be communicated to the R2 Facility's CB. The CB shall be responsible for managing the concerns through its complaint process, and any NCs issued by the CB be closed and verified. Appropriate actions may be taken based on the quantity and severity of any NCs identified up to possible suspension or revocation of the R2 certificate and/or termination of the R2 Certified Facility's SERI License Agreement for R2 Certification.

18.4 **Witness Inspections**

18.4.1 A witness inspection is an announced inspection conducted by SERI or its designee in conjunction with a planned CB R2 Facility audit.

18.4.2 The CB will notify the R2 Facility of SERI's witness inspection.

18.4.3 During a witness inspection, an assessor representing SERI follows the audit team selected by the CB during a regularly scheduled R2 Facility audit. The SERI assessor shall evaluate the audit team's understanding of the R2 Standard and associated guidance as well as assess the R2 Facility's application of the R2 Standard.

18.4.4 If SERI identifies any concerns during the audit regarding the audit team's performance or the concerns with the R2 Facility's implementation of the standard, SERI will communicate the concerns to the CB that has certified the R2 Facility and for whom the audit team works. Any NCs issued by the CB because of the concerns shall be closed and verified. Appropriate actions may be taken based on the quantity and severity of NCs identified up to possible suspension or revocation of the R2 certificate and/or R2 Facility.