Climate Neutral Group

Part of Anthesis

Certification Body Performance Mechanism vs.0.4

Complementary to the Assurance Protocol

1. Introduction

The *Certification Body Performance Mechanism*[1] is developed for the Certification Team[2] to assess the performance of the Certification Bodies (CB's) and their auditors when they are carrying out assurance tasks for Anthesis' Certification Programme (formerly known as CNG's Climate Neutral Certification Programme[3]). CB's are an essential partner in ensuring that (prospective) Certificate Owners (CO's) (also referred to as 'clients') meet the necessary requirements, as prescribed in the Programme Core Documents[4]. Outsourcing the audit process to an independent third party ensures high credibility, objectivity and transparency of the Certification Programme. It also mitigates potential conflicts of interest.

The Certification Programme employs proxy accreditation as part of the Performance Mechanism (also referred to by ISEAL as Oversight Mechanism). Eligible CB's are expected to have a valid ISO accreditation[5] (or multiple, depending on the certification scopes they offer to CO's) in place. Because the Certification Programme is not an accredited programme itself (and therefore the CB's are neither accredited), regular performance monitoring of CB's is essential to verify the competence of the CB's.

In addition, this Performance Mechanism is also an important tool to identify and address any deviations in the assurance system between and within CB's. It helps ensure that the certification process outcome remains reliable, consistent and in compliance with the spirit and requirements of the Programme Documents. Ultimately it upholds the credibility of the Certification Programme. The Certification Team also undertakes its own evaluation of the CB's competency as part of the Performance Mechanism.

Because Anthesis (CNG) -with its Certification Programme- is also an ISEAL Community Member, monitoring and oversight activities are also a part of the requirements to remain compliant with the ISEAL Code, and hence need to be aligned.

1 ISEAL uses the terminology 'Oversight Mechanism' instead of 'Performance Mechanism', but both are used interchangeably in this document.

[2] The team within Anthesis responsible for adequate, credible and transparent development, implementation, roll-out and continuous improvement of the Certification Programme in accordance with the ISEAL Code of Good Practice.

[3] At the time of writing this document, a full rebranding and a name change were considered for the Programme, hence this document further refers to 'Certification Programme' (or simply 'Programme') instead of 'Climate Neutral Certification Programme'.

[4] Also referred to as the 'Programme Documents' - being the Climate Neutral Standard, the Assurance Protocol and the Trademark and Claims Policy- , which may also be subject to rebranding and name change.

[5] Please refer to the Assurance Protocol for an overview of the required ISO standard accreditations.

Therefore, this document specifies what those monitoring and oversight activities entail; what is required from CB's and when; and how this all comes together in a scoring tool that rates the CB's on their performance on an annual basis.

The document is an addition to the chapter on oversight in the Assurance Protocol and was officially accepted on *month 2024*, after internal and external stakeholder consultation. This document may be subject to change, as well as the other Programme documents, which follow the revision procedures and of which the latest versions are always available on the Certification Programme's website[6].

The Programme is designed to accelerate ambitious climate action, including internal GHG emission reductions that are in line with the Paris Agreement. The Programme's assurance and oversight systems should match those ambitions. With new upcoming regulations in the shape of the 'EU Green Claims Directive' and the ruling with regards to 'Empowering Consumers for the Green Transition', the Programme should evaluate its overall governance system, including earlier decisions for proxy accreditation as the fit-for-purpose Performance Mechanism. Official accreditation with a European accreditation body is one of the future possibilities for compliance with this regulation and for maintaining the position as one of the front-runners in the climate certification space.

2. Methodology

In this section of the document, different aspect of the methodology of the Performance Mechanism are explained. CB's are assessed on their performance, per full calendar year. To perform the assessment, several elements of the methodology have been defined, such as the Key Performance Indicators (KPI's) used, the scoring/rating scale, the oversight/monitoring (both terms are used interchangeably in this document) activities performed, the sampling methods and the roles and responsibilities of the CB's and the Certification Team.

2.1 The Key Performance Indicators

To measure and assess the performance of the CB's and their staff, the following four KPI's have been formulated. Per KPI, a short description and some examples are given, to illustrate what is meant with that KPI. This list is not exhaustive and KPI's could potentially overlap (and potentially more KPI's could be added in the future).

2.1.1. *Internal quality control*

To manage the overall quality of the audit and the certification process, internal quality control management at the CB is an important element. This KPI focuses primarily on the performance of the CB as an organization and thus not on the individual auditor(s). Important elements of this KPI are: adherence to the accreditation and oversight requirements; effective file/document control, relevant SOP's formulated and implemented; and having staff contracts in order.

[6] https://www.climateneutralcertification.com/about/climate-neutral-standard-2021/

2.1.2. Compliance with the Standard

The Standard lays out the requirements (also referred to as 'criteria') for (prospective) CO's, necessary for them to meet in order to become compliant and to be allowed to carry the Certification Trademark. The Standard is a Core Programme and it is crucial that the assurance system performs effectively, to make sure that (prospective) CO's continuously meet the requirements. This KPI measures if auditors and second reviewers fully understand the spirit of the Standard and the requirements set out in it and adhere to it during the audit and certification process when reviewing CO's compliance.

2.1.3. Application of the Assurance Protocol

The Assurance Protocol describes the rules of the verification and the certification process. It also summarizes the roles and responsibilities of the different actors involved in this process. When CB's apply the requirements from the Assurance Protocol accurately, the CO's compliance to the Standard is ensured. The two documents go hand in hand. This KPI measures if CB staff adequately adhere to and implement the rules of the Assurance Protocol. Important elements from the Assurance Protocol that are taken into consideration when reviewing the work of the CB are, for example, client expectation management throughout the audit process; adherence to timelines; rules around issuance of exceptions and extensions; and adequate non-conformity management.

2.1.4. Training and oversight of staff

Reviewing the competence and performance of auditors, secondary reviewers and other CB staff is crucial for the correct execution and implementation of the criteria specified in the Programme Documents. This KPI focuses on the activities and the procedures that the CB implements to self-reflect, learn and improve on the quality of the work of their staff. Elements that fall within this category are participation in the CB Alignment Sessions, quality of the 'Competence and Performance Plans' for their staff; quality and frequency of internal alignment and trainings and the effectiveness of embedding information shared by the Certification Team, such as important updates and new documents/templates.

2.2 Monitoring activities and their timelines

The four KPI's described in the previous section are monitored and evaluated via several monitoring activities, as described hereunder. Most of these activities are performed by the Certification Team, but some of them are performed by the CB itself (and then consecutively evaluated by the Certification Team). Every activity has its advantages and disadvantages in assessing the performance of the CB, yet the aim is to get a good mix between external assessment from the Certification Team and internal reflection possibilities for the CB. The Certification Team also evaluates different moments in the audit and certification process, for example during an audit or after an audit has been fully completed. This results in a good assessment of the overall performance of the CB's and their staff.

The activities performed under the Performance Mechanism are:

2.2.1 *Parallel and shadow audits*

As specified in the Assurance Protocol, a sample of the performed audits is checked 'in parallel' or executed as a 'shadow audit'. The procedure to select the sample is described in section 2.4 of this document. These parallel and shadow audits are done in order to check if the findings and conclusions of the auditor and secondary reviewer were accurate and consistent with the requirements specified in the Programme Documents.

A shadow audit is an audit where an assessor from the Certification Team (further referred to as the 'assessor') joins and observes the performance of the auditor during an audit. Also the communication with the CO, prior to and after the audit, is part of the review, for example to monitor if the right non-conformity management has taken place. The end of the shadow audit process is marked by the moment that the audit report is finalized by the CB and submitted to the CO. The date on the front page of the audit report is used to decide in which reporting year the results shall be included. For example, if a shadow audit took place on the 12th of October 2023 and the audit report is completed on the 2th of January 2024, then the results of the audit shall be taken into account of the assessment of 2024.

A parallel audit is an audit conducted by an assessor, within one month after the date(s) of the audit done by the CB's auditor. In that way, the aim is that the audits results are comparable. This type of assessment only assesses if an auditor has performed the audit itself well. The assessor does not assess the communication between the CO and auditor prior to and after the audit. The date of the report written by the assessor is the factor that establishes in which assessment year the results are included.

Upon completion of the shadow or parallel audit, the auditor receives a checklist from the assessor, possibly with additional written feedback and observations, maximum one month after the audit by the assessor took place. For the shadow audit, also the non-conformity (NC) phase after the regular audit (performed by the CB's auditor) is relevant. During that one month period, possibly not all NC's have been addressed by the CO and/or auditor. Therefore, an additional (short) checklist is shared with the auditor on the NC resolution phase, maximum one month after the final NC has been closed[7]. Minor NC's that are waved by the auditor to the next year are not included in the assessment by the assessor. The account manager[8] of the CB shall also receive a copy of the final report/checklist.

Because the number of parallel and shadow audits will be fairly limited (thus there is little to no risk of sending too many emails to the CB), the sample size and selection is shared with the CB throughout the year, whenever a new shadow or parallel audit (or multiple) has (/have) been planned. The Certification Team aims for sharing a planning of upcoming shadow audits, four times per year, but remains the right to increase that number. With regards to the shadow audits, the assessor shall inform the CB three weeks prior to the audit of the oversight activity.

[7] Please refer to the Assurance Protocol for information on the NC management.
[8] For the role of the account manager, see Assurance Protocol.

The CB is asked to inform the auditor and the CO of the presence of the assessor. From that moment, the auditor is expected to include the assessor in all communication with the COt

2.2.2 Desk review of audit reports

Another important oversight activity is the review of the audit certificate and reports. The review takes place after the CB shares the final audit report and certificate(s) with the CO and the Certification Team. Included in this review is the review of the audit report (for which the Certification Team has provided a mandatory audit report template); the certificate; and the mandatory annexes mentioned in the audit report template. The Certification Team checks whether, for example, the audit findings were accurate; NCs were properly addressed and resolved; the review was done properly by the secondary reviewer; and if timelines were adhered to.

The Certification Team reserves the right to asses audit reports that have not been shared yet with the CO, but are still in the non-conformity resolution phase or ready for the second reviewer. The Certification Team makes use of this right when there is information to assume irregularities took place during or after the audit.

To determine if the results of the desk review should be included in a certain reporting year, the report date (the date on the front page of the audit report) is used. If the date of the report is for example the 6th of October 2024, the results are included in the assessment of the reporting year 2024.

The results of the desk review are shared with the CB throughout the year. That is because the Certification Team aims to assess the reports throughout the year as well, to divide the workload evenly over the year. Maximum once per quarter (to minimize the amount of emails), the results from the desk review are shared with the CB in the form of a checklist. It is up to the CB to choose how to inform the auditors and second reviewers of the outcome of the assessment.

2.2.3 System check of the Information Management System

The Certification Team operates an information management system to capture data on (prospective) CO's. Information such as the compliance status of CO's, planned audit dates, CO's reductions tracked over time and the NC's issued are logged in this system. The CB's are required to update the system with the relevant information, demonstrating adherence to the Assurance Protocol.

Four times per year, a random systems check is performed on a sample of (potential) CO's to assess if the correct information has been shared, on time, by the CB. The results are shared with the CB, maximum four weeks after the oversight activity has taken place.

2.2.4 Self-assessment

Asking the CB's to assess their own performance is also an effective oversight activity. It allows the CB to share their view on their performance as well. To comply with this oversight activity, the CB shall fill out a self-assessment questionnaire, once per year. The Certification Team has developed a mandatory template for this assessment, which shall be shared with the CB by the

1st of December of the reporting year. The results shall be returned to the Certification Team no later than the 30th of January of year X+1.

In February or March of year X+1, an office visit is planned. During that visit, the assessor visits the office of the Certification Body. If there is no central office from which the relevant staff of the CB works, it can also be decided that the meeting will take place online. The assessor decides where and how the office visit should take place, of course taking into account the availability of the CB staff. The office visit is an opportunity to discuss the results from the self-assessment. It will allow the assessor to ask follow up questions on the answers in the self-assessment and it allows the CB to elaborate.

After the office visit, the assessor assesses the results, both from the self-assessment and discussions during the office visit, basing the scoring results on questions such as: are answers complete; does the CB have their accreditation requirements in order; how did the CB improve since the year before on a certain aspect, for example on the NC's that were issued the year before by the assessor; has the CB a good understanding of the implementation of the Programme Documents within their own organization?; etc. The results are summarized by the assessor in the annual assessment report. The annual report will include the aggregated scores of the four different monitoring activities, as well as one aggregated score for the entire year. Please refer to chapter three for more information on how the different scores are made up. There is a possibility that the report also contains non-conformities.

The annual assessment report shall be shared with the account manager of the CB maximum one month after the audit visit. This is the final score the CB receives for their performance in the assessed reporting year (i.e. the previous calendar year). There report may also contain non-conformities.

The follow up on the non-conformities by the CB is not included in the assessment of the relevant reporting year. Progress will be reviewed in the consecutive assessment cycle. The CB needs to address the non-conformities. They do so by drafting an improvement plan, including concrete, suggested improvements (corrections and corrective actions) and implementation deadlines. The improvement plan shall be shared with the assessor maximum six week after receiving the assessment report. Based on the actions formulated in the improvement plan, individual agreement are made with the CB to decide on the follow-up deadlines and when update talks are going to be organized. At the minimum, in Q3 an interim review shall be planned to discuss progress against the improvement plan. The Certification Team reserves the right to plan more frequent update meetings, for example when there are signals the CB may be underperforming in certain cases.

The improvement plan and the related improvements and actions are assessed after the CB has self-assessed their performance in the next self-assessment, that is part of the consecutive assessment period. For example, the CB sends an improvement plan to the Certification Team on the 15th of May 2023. The Certification Team confirms that the improvement plan is received and the CB can continue with implementing the suggested improvements. In October 2023 an interim review is scheduled to discuss the progress of the CB. During the self-assessment of the

reporting year 2023, the CB reflects on its improvements and shares those reflections in the self-assessment, in Q1 2024. The Certification Team assesses the performance of the CB and scores the CB accordingly. The assessment loop is closed and a new 'assessment cycle' starts again.

To summarize the section above: The Certification Team performs the monitoring/oversight activities 1) parallel/shadow audits, 2) desk review of audit reports and 3) the system check of the information management system throughout the reporting year and the interim results are also communicated throughout the reporting year. Only the self-assessment is performed by the CB itself and is then assessed by the Certification Team. After the office visit, the interim results will be aggregated into one, final score, that reflect the performance of the CB during the reporting year.

2.3 Sample size, selection and justification

The monitoring activities shall always be based on a sample of data points, such as audits (for the shadow and parallel audits) and the audit reports. In this section, the sample size, the sample selection (based on sampling method) and its justification is described, specified per monitoring activity. That is because each monitoring activity requires its own approach when it comes to sampling.

2.3.1 Parallel and shadow audits

As specified in the Assurance Protocol, 2 per cent (2%) of the CO's will (also) undergo a parallel or shadow audit. This document specifies further that the Certification Team retains the right to increase that sample size (i.e. the percentage), especially if CB's have a small number of CO's (less than 250). Shadow and parallel audits are performed throughout the year, to get a balanced representation. The sample selection is based on (1) the availability of the assessor, (2) of getting a right balance between auditors so it resembles reality and (3) risk factors (such as new CO's with complicated footprints). Therefore, the sampling method used is 'representative sampling'.

At the beginning of the year, the total population number per CB is estimated by looking at the number of CO's from the previous year and by adding 20% to that number, as the programme (and therefore the number of CO's) is still growing.

Four times per year, the Certification Team looks up the planned audits for the coming 2,5 months. That is the population for which representative sampling will used. If the representative sampling leads to a selection of possible audits that is larger than the sample size of 2% per year, a random sample is drawn from that selection.

2.3.2. Desk review of audit reports

For the desk reviews of audit reports and certificates, the Assurance Protocol describes that a sample of four per cent (4%) shall be taken. This document specifies further that approximately 50% of the reports are picked based on a risk selection. For example, new CO's with complicated footprints; CO's for which mistakes from the CB have been detected during earlier oversight activities; or CO's in high risk supply chains (such as dairy or aviation). The other 50%

of the reports are assessed based on a random selection. The CB will not be informed of the sample selection prior to the assessment.

2.3.3 System check of the Information Management System

The sample for this oversight activity is four percent of the CO's that have an active certification contract with the CB. Every quarter of the year, a random sample selection will be taken. When CB's have less than 100 clients, the Certification Team retains the right to increase the sample size up to 10%. That is to ensure that the monitoring activity is representative of the work of the CB.

3. Scoring

The results of the different monitoring/oversight activities lead to an annual scoring result for each CB, based on their total performance in the reporting year. In this chapter the monitoring scale is described, the way the KPI's and the oversight activities are related and the scoring tool is explained.

3.1 Scoring scale

This Performance Mechanism applies a relatively simple scoring scale, where the scale ranges from 0 to 5. This numbers on the scale correspond to following assessments outcomes:

1- Very poor: No compliance
2- Poor: Actions must be taken for improvement
3- Good: Actions may be taken for improvement
4- Very good: There is still room for improvement
5- Excellent: Full compliance, no further actions needed

The scores are rounded up to one decimal.

3.2 KPI and oversight activity matrix

Not all the four KPI's can be assessed by performing the monitoring/oversight activities. For example, when doing the system check of the information management system (= monitoring activity 3), only the KPI's 'application of the Assurance Protocol' (= KPI 2) and 'internal quality system' (= KPI 3) give useful insights. There are no appropriate data points to assess the other two KPI's. In the table below, an overview is given of how the monitoring activities relate to the KPI's.

CB Performance Evaluation Tool				
	1. Shadow and parallel audits	2. Desk review of audit reports	3. Self assessment	4. Management Tool check
1				
Interpretation of the Standard	Match	Match	Match	No match
2				
Application of the Assurance Protocol	Match	Match	Match	Match
3				
Internal Quality System	Match	Match	Match	Match
4				
Training and oversight of staff	No match	No match	Match	No match

Table 1. KPI and monitoring/oversight activities matrix

3.3 Scoring Tool

To help with converting all the individual scores, the Certification Team makes use of an Excel-based scoring tool. The tool allows for the recording of the scores per individual monitoring activity and it also converts those to an average score, both for the monitoring/oversight activity as a category and for the entire oversight mechanism in its entirety.

As was shown in the previous section, not all KPI's can be assessed by applying the monitoring activities. Therefore, the Certification Team has applied a certain 'weight' per monitoring activity and per KPI. In that way, a balanced score, can be generated. Please have a look at the Excel based scoring tool, to put the information in this chapter into perspective.

Per monitoring activity, a justification shall be given to explain why the attribution has been chosen by the Certification Team.

3.3.1 Parallel and shadow audits

For this monitoring activity, three KPI's can be assessed (please refer to table 1 above). The Excel-based scoring tool averages the results on the three KPI's into one score per audit. It is useful to also know per (shadow/parallel) audit what the individual result is, as it reflects on the performance of an individual auditor and second reviewer.

KPI 1 and 2 are the two most important for this monitoring activity. KPI 3, on internal quality, is relevant, for example for a successful processing of the report, certificate and annexes to the CO and the Certification Team, but it constitutes a smaller part of the oversight activity. Also, only a small part of the internal quality system of the CB can be assessed here. Therefore the following weights have been given to the three KPI's: KPI 1 is 45%; KPI 2 is 45% and KPI 3 is 10%.

Table 3 below schematically summarizes this section and shows what the scores could look like for two imaginary clients, clients A and B. The table shows the average scores per KPI, per audit and it also shows the aggregated score for this monitoring activity, being 3.9.

MONITORING SCALE 1- Very poor: No compliance 2- Poor: Actions must be taken for improvement 3- Good: Actions may be taken for improvement 4- Very good: There is still room for improvement 5- Excellent: Full compliance, no further actions needed	2% shadow audit or parallel (2023)		
	CLIENT A	CLIENT B	AVERAGED
1			
Interpretation of the Standard (45%)	4	4	4
2			
Application of the Assurance Protocol (45%)	4	4	4
3			
Internal Quality System (10%)	5	2	3,5
4			
Training and oversight of staff			
AVERAGED	4,2	3,6	3,9

Table 3. Example of how two shadow audits will be scored and aggregated

3.3.2 Desk review of audit reports

The monitoring activity of the desk review allows the assessment of the same three KPI's as in the previous section, being KPI 1, 2 and 3. The same weights have been given to the three KPI's, following the same type of reasoning. Now, the table shows the average scores per KPI, per audit report/certificate and it also shows the aggregated score for this monitoring activity in total.

3.3.3 System check of the Information Management System

The quarterly sample check on the information management system provides insight into KPI 2 and 3. Both KPI's are deemed equally important for this oversight activity and therefore the KPI's are weighted by using a non-weighted average (50%/50%).

Table 4 below schematically summarizes this section and shows (with example numbers) what the scores could look like for an entire year (Q1 until Q4), for one Certification Body. The table shows the average scores per KPI, per quarter and it also shows the aggregated score for this monitoring activity, being 4.1.

MONITORING SCALE 1- Very poor: No compliance 2- Poor: Actions must be taken for improvement 3- Good: Actions may be taken for improvement 4- Very good: There is still room for improvement 5- Excellent: Full compliance, no further actions needed	4% management system check (2023)				
	Q1	Q2	Q3	Q4	AVERAGED
1					
Interpretation of the Standard					
2					
Application of the Assurance Protocol	5	3	5	5	4,5
3					
Internal Quality System	5	3	5	2	3,8
4					
Training and oversight of staff					
AVERAGED	5	3	5	3,5	**4,1**

Table 4. Example of results on the system check of the Information Management System

3.3.4 Self-assessment

The self-assessment allows for a scoring on all four KPI's. The self-assessment template requires the CB to self-reflect on three different CO's (KPI 1 and 2) and to self-reflect in general (not CO-specific) on KPI's 3 and 4. Therefore, the following attribution was choses: the three CO

cases constitute for 10 per cent each of the final score and the general answers (on KPI 3 and 4) constitute for 70 % of the final score. The KPI's do not receive a weight as well, so for example, KPI 3 and 4 both make up 35% of the result of the general part of the self-assessment. A relative high weight was chosen for KPI 3 and 4, because KPI's 1 and 2 are already well represented in the other oversight activities, such as shadow/parallel audits. Please see table 5 below for an example of how the averaging and aggregation of results could look like for a CB.

MONITORING SCALE 1- Very poor: No compliance 2- Poor: Actions must be taken for improvement 3- Good: Actions may be taken for improvement 4- Very good: There is still room for improvement 5- Excellent: Full compliance, no further actions needed	Self assessment (in 2024 over 2023)				
	CLIENT A (10%)	CLIENT B (10%)	CLIENT C (10%)	GENERAL (70%)	AVERAGED
1					
Interpretation of the Standard	4	2	1		2,3
2					
Application of the Assurance Protocol	5	3	5		4,3
3					
Internal Quality System				5	5,0
4					
Training and oversight of staff				1	1,0
AVERAGED	5	3	5	3	**3,4**

Table 5. Example of how the results from the self-assessment could be scored and aggregated

3.3.5 Aggregated score

Finally, the results of the four monitoring/oversight activities can be aggregated, to generate one, final score. In table 6 below, the attribution per KPI and per monitoring/oversight activity is shown. The numbers correspond with the examples shown in the previous four sections.

CB Performance Evaluation Tool					
MONITORING SCALE 1- Very poor: No compliance 2- Poor: Actions must be taken for improvement 3- Good: Actions may be taken for improvement 4- Very good: There is still room for improvement 5- Excellent: Full compliance, no further actions needed	1. Shadow and parallel audits	2. Desk review of audit reports	3. Self assessment	4. Management Tool check	AVERAGED
	30%	25%	15%	30%	
1					
Interpretation of the Standard (15%)	4	2,8	2,3		3,2
2					
Application of the Assurance Protocol (15%)	4	3,8	4,3	4,5	4,0
3					
Internal Quality System (15%)	3,5	2,8	5,0	3,8	3,5
4					
Training and oversight of staff (55%)			1,0		1,0
AVERAGED	3,9	3,2	3,4	4,1	**2,1**

Table 2. 'Weight' attribution

The final result of this example CB, for reporting year 2023, is 2.1.

3.4 Final results

The final score shall be communicated to the CB, as described in section 2.2.4. If the score of the CB ranges between 0 and 2,9, the CB shall be put under extra surveillance from the Certification Team. The team reserves the right to increase the number of samples of the different oversight activities and more frequent meetings shall be planned to discuss (proposed) improvements and their implementation.

Receiving a score between 0 and 2,9 for two years in a row can be cause for the Certification Team to terminate the contract with the CB, in order to protect the credibility of the Certification Programme and the assurance system. Only if the CB can give a solid justification for the structural underperformance and convince the Certification Team of improvements that will be

implemented by the CB, exceptions can be considered. When the contract with a CB is terminated, Anthesis receives the right to make this public on its certification website.

CB's that have a score between 3 and 5 are performing well enough to not require extra surveillance from the Certification Team.

4. The Certification Team Log book

The monitoring activities provide useful insights into the performance of the CB throughout the reporting year and enhance a credible, transparent and consistent implementation of the Programme. However, the Certification Team also has other ways of receiving and processing assurance-related information. For example, the Certification Team often receives direct feedback from CO's or Consultants, or our Monitoring and Evaluation procedures reveal certain inconsistencies in the audit reports. Logging that information as well and sharing it with the CB on a regular basis allows the Certification Team to detect issues and patterns and allows for improvements on those points.

Therefore the Certification Team developed a so-called 'log book', in which issues are consistently logged. Data points such as document numbers, CB staff involved, follow up actions and a rating of the severity of the issue are documented there. Periodically, ideally once per quarter, the Certification Team and the CB review the issues logged in the log book.

The log book is not a fifth oversight activity, however, it can be used to define whether the Performance Mechanism should be intensified by increasing either the sample size(s) of the different monitoring activities and/or the frequency of the meetings to discuss the implementation and progress on the implementation plan.