

**The Carpet and Rug Institute, Inc.  
Green Label Plus Quality Manual  
Indoor Air Quality Certification Program for  
Carpet, Cushion & Adhesives**





**Green Label Plus™**  
**Indoor Air Quality Testing Program**  
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## **HISTORY AND BACKGROUND:**

The Carpet and Rug Institute (CRI) is the national trade association for the carpet and rug industry. Its members are manufacturers, suppliers, and service providers, representing over 90% of all carpet produced in the United States. In addition to the North American members, there are a growing number of overseas participants from China, Thailand, Europe and South America. CRI works as a partner with the carpet industry to supply science-based information and insight into how carpet and rugs can create a better environment for living, working, and learning.

Beginning in 1992 CRI sponsored the “Green Label™” certification programs for carpet and flooring adhesives that recognized manufacturers whose soft flooring products improve indoor air quality. The Green Label program for carpet and adhesive was retired at the end of 2009 and superseded by CRI’s Green Label Plus™ (GLP). The CRI Green Label Plus program incorporated the requirements to meet the specifications of California Section 01350 version 1.1 (February 2010) and the low-emitting materials criteria of the California Collaborative for High Performance Schools (CHPS) and additional requirements. In 2014, the Green Label Plus program was expanded to include carpet cushions. In 2017, GLP moved to the updated edition of California Section 01350 (version 1.2).

Green Label certification ensured the public they were purchasing among the lowest emitting carpet, cushion, and adhesive products on the market. Green Label Plus™ takes the assurance a step further by incorporating criteria for additional specific chemical emissions.

The CRI GLP labels indicate that the manufacturer voluntarily participates in these programs and is committed to developing products with minimal adverse effects on indoor air quality. The overall concept is that a representative sample of the product type is tested by an independent laboratory and must meet the established requirements for the specific applicable program.

This Carpet and Rug Institute Quality Manual outlines the internal quality and operating procedures of the CRI Green Label Plus program. The purpose of this manual is to establish the procedures to maintain the highest level of quality and to ensure continuity and consistency by monitoring the overall process on a continuing basis. As the certification body, CRI is responsible for the implementation and supervision of the procedures in this manual and the accompanying quality system documents.

CRI is committed to be a source of extensive science-based carpet, cushion, and adhesive information for consumers, writers, interior designers, specifiers, facility managers, architects, builders, building owners and managers, installation contractors, and retailers. This commitment includes dedication to quality excellence and continuous improvement in administering product emissions testing programs for carpet, cushion, and adhesive manufacturers’ products. Quality, impartiality, integrity, and accuracy are cornerstones of CRI certification programs, assuring confidence for the public and CRI member and non-member carpet, cushion, and adhesive manufacturers.

# Table of Contents

<b>1.0</b>	<b>SCOPE</b>	<b>7</b>
<b>2.0</b>	<b>REFERENCES</b>	<b>8</b>
<b>3.0</b>	<b>TERMINOLOGY &amp; DEFINITIONS</b>	<b>9</b>
3.1.0	ACRONYMS	9
3.2.0	DEFINITIONS	10
<b>4.0</b>	<b>CERTIFICATION BODY</b>	<b>15</b>
4.1.0	DOCUMENTED LEGAL IDENTITY	15
4.2.0	CRI GOVERNANCE AND OPERATIONS	15
4.3.0	CERTIFICATION BODY COMPOSITION	15
<b>5.0</b>	<b>GENERAL PROVISIONS</b>	<b>15</b>
5.1.0	NON-DISCRIMINATION POLICY	15
5.2.0	ACCESS POLICY	15
5.3.0	CRITERIA	16
5.4.0	SCOPE OF CERTIFICATION	16
5.5.0	CONTINUED COMPLIANCE	16
5.6.0	RISK MANAGEMENT MECHANISM	16
5.7.0	MECHANISM FOR IMPARTIALITY	16
5.8.0	USE OF THE SERVICE MARK	17
<b>6.0</b>	<b>ORGANIZATION</b>	<b>18</b>
6.1.0	IMPARTIALITY, STRUCTURAL IMPARTIALITY, AUTONOMY, FREEDOM FROM COMMERCIAL PRESSURE	18
6.2.0	AUTHORITY AND RESPONSIBILITY	19
6.2.1.0	<i>POLICY COMMITTEE</i>	19
6.2.2.0	<i>STRATEGIC ISSUES LEADERSHIP COUNCIL (SILC)</i>	19
6.2.3.0	<i>PRESIDENT</i>	19
6.2.4.0	<i>PRODUCT PERFORMANCE &amp; STANDARDS PANEL (PP&amp;S)</i>	19
6.2.5.0	<i>GLP MANAGEMENT REVIEW TASK GROUP</i>	20
6.2.6.0	<i>GLP CT, AND/OR A DESIGNATED GLP CT MEMBER</i>	20
6.2.7.0	<i>GLP IMPARTIALITY REVIEW TEAM</i>	20
6.2.8.0	<i>GLP PROGRAM MANAGER</i>	20
6.2.9.0	<i>GLP PROGRAM ADMINISTRATOR</i>	20
6.3.0	RIGHTS AND RESPONSIBILITIES RELEVANT TO ACTIVITIES	20
6.4.0	LIABILITY COVERAGE	21
6.5.0	FINANCIAL RESOURCES	21
6.6.0	PERSONNEL RESOURCES	21
6.7.0	ADJUNCT ACTIVITIES	21

6.8.0	GLP CERTIFICATION TEAM OPERATIONS .....	21
6.9.0	ASSURANCE OF CONFIDENTIALITY, OBJECTIVITY, AND IMPARTIALITY .....	22
<b>7.0</b>	<b>POLICIES FOR HANDLING COMPLAINTS AND APPEALS .....</b>	<b>22</b>
7.1.0	COMPLAINTS .....	22
7.1.1.0	<i>CRI AT THE ROOT OF THE COMPLAINT</i> .....	22
7.1.2.0	<i>CRI IS NOT AT THE ROOT OF THE COMPLAINT</i> .....	23
7.1.3.0	<i>COMPLAINT APPLIES TO CONTRACTED LABORATORY</i> .....	23
7.1.4.0	<i>COMPLAINT APPLIES TO PARTICIPANT</i> .....	23
7.2.0	APPEALS .....	24
<b>8.0</b>	<b>OPERATIONS .....</b>	<b>24</b>
<b>9.0</b>	<b>CONTRACTING .....</b>	<b>25</b>
9.1.0	RESPONSIBILITY FOR CERTIFICATION .....	25
9.2.0	CORRECTIVE ACTION.....	25
9.3.0	PREVENTIVE ACTION .....	26
9.3.1.0	<i>IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT AND NECESSARY CHANGES</i> 26	
9.3.2.0	<i>APPROVAL OF CHANGES</i> .....	26
9.3.3.0	<i>PUBLICATION OF CHANGES</i> .....	26
9.4.0	MANAGEMENT OF CHANGE PROCESS .....	27
9.4.1.0	<i>CHANGE CONTROL BOARD</i> .....	27
9.4.2.0	<i>ANONYMOUS COMMENT SUBMISSION</i> .....	27
<b>10.0</b>	<b>CRI CERTIFICATION QUALITY SYSTEM.....</b>	<b>28</b>
10.1.0	MANAGEMENT OF THE CERTIFICATION BODY .....	28
10.2.0	GENERAL QUALITY SYSTEM ISSUES .....	28
<b>11.0</b>	<b>PERSONNEL .....</b>	<b>28</b>
11.1.0	COMPETENCE .....	28
11.2.0	GLP ROLES .....	29
11.3.0	RECRUITMENT, SELECTION AND TRAINING OF GLP CT PERSONNEL .....	31
11.4.0	REQUIRED TRAINING FOR GLP SAMPLE AGENTS .....	32
11.5.0	AUTHORIZATION TO ACT ON BEHALF OF THE PROGRAM .....	32
<b>12.0</b>	<b>MANAGEMENT AND ADMINISTRATIVE ACTIVITIES .....</b>	<b>32</b>
12.1.0	MANAGEMENT REVIEWS .....	32
12.2.0	ADMINISTRATIVE PROCEDURES .....	33
12.3.0	QUALITY SYSTEM DOCUMENTS .....	33
12.4.0	CONTRACTED LABORATORIES .....	33
12.5.0	ADDRESSING AUDIT NONCONFORMITIES .....	33
12.6.0	EVALUATING PRODUCTS .....	34
12.7.0	INTERNAL AUDITS .....	34

12.8.0	CONDITIONS AND PROCEDURES FOR CERTIFICATION .....	35
12.9.0	CERTIFICATION FEES AND FINANCIAL SUPPORT.....	35
12.10.0	CERTIFICATION RIGHTS AND DUTIES .....	36
12.11.0	DIRECTORY OF CERTIFIED GLP PRODUCTS .....	36
12.12.0	CERTIFICATION DOCUMENTATION.....	36
12.13.0	QUALITY SYSTEM DOCUMENTS REVISION.....	36
12.14.0	QUALITY SYSTEM DOCUMENTS FORMAT.....	36
12.15.0	QUALITY SYSTEM DOCUMENT NAMING SCHEME .....	37
12.16.0	QUALITY SYSTEM DOCUMENT VERSIONING .....	37
12.17.0	SECURITY OF TEST EVALUATION SPECIFIC DOCUMENTATION.....	37
12.18.0	RECORDS .....	38
12.19.0	CORRECTIVE ACTION.....	38
<b>13.0</b>	<b>CHANGES IN CERTIFICATION REQUIREMENTS .....</b>	<b>39</b>
<b>14.0</b>	<b>APPLICATION FOR CERTIFICATION.....</b>	<b>39</b>
14.1.0	PROCEDURE INFORMATION .....	39
14.2.0	THE APPLICATION.....	39
14.3.0	REVIEW OF APPLICATION.....	39
<b>15.0</b>	<b>EVALUATION AND REPORT .....</b>	<b>39</b>
<b>16.0</b>	<b>CERTIFICATION.....</b>	<b>40</b>
16.1.0	BASIS FOR CERTIFICATION .....	40
16.2.0	DELEGATING CERTIFICATION .....	40
16.3.0	CERTIFICATION DOCUMENTATION TO PARTICIPANT .....	40
<b>17.0</b>	<b>SURVEILLANCE.....</b>	<b>40</b>
17.1.0	SURVEILLANCE PROCEDURES.....	40
17.2.0	NOTIFICATION OF CHANGES.....	40
17.3.0	SURVEILLANCE DOCUMENTATION.....	41
17.4.0	RENEWING CERTIFICATION .....	41
<b>18.0</b>	<b>USES OF LOGOS AND LABELS.....</b>	<b>41</b>
<b>19.0</b>	<b>COMMUNICATIONS WITH ANSI.....</b>	<b>41</b>

## 1.0 SCOPE

- 1.1 CRI Quality Statement: We are committed to excellence encompassing transparency, impartiality, integrity, and accuracy as cornerstones for all CRI product certification programs.
- 1.2 The CRI Quality Manual is a primary document in the CRI Green Label Plus Quality System. It is intended to define the administrative aspects and requirements of the Green Label Plus Carpet, Cushion, and Adhesive program. Accompanying primary documents in this system include the GLP Processes and Procedures Manual for carpet, cushion, and adhesives, and the Participation Agreements for carpet, cushion, adhesives, and private labels. Various secondary documents are specified in this Quality Manual and accompanying primary documents that are required to be maintained and updated at regular intervals. Additional supporting documents may be created and maintained by the CRI Certification Team Leader (CT Leader) for the convenience and smooth operation of the program.
- 1.3 All test results are confidential and are not to be distributed outside of the manufacturer or CRI without written consent of CRI.

## 2.0 REFERENCES <sup>1</sup>

- 2.1 *ASTM D-5116<sup>17</sup>, current edition: Standard Guide for Small-Scale Environmental Chamber determinations of Organic Emissions from Indoor Materials including Products*
- 2.2 *ASTM D-7339<sup>18</sup>, current edition; Standard Test Method for Determination of Volatile Organic Compounds Emitted from Carpet using a Specific Sorbent Tube and Thermal Desorption / Gas Chromatography*
- 2.3 *Standard Method for The Testing And Evaluation Of Volatile Organic Chemical Emissions From Indoor Sources Using Environmental Chambers (Version 1.2) – January 2017. CDPH California Specification 01350*
- 2.4 *ISO/IEC 17000<sup>12</sup>: Conformity Assessment - Vocabulary and General Principles*
- 2.5 *ISO/IEC 17020<sup>12</sup>: Conformity Assessment - General Criteria for the Operation of Various Types of Bodies Performing Inspection*
- 2.6 *ISO/IEC 17021<sup>04</sup>: Conformity Assessment - Requirements for bodies providing audit and certification of management systems*
- 2.7 *ISO/IEC 17025<sup>17</sup>: Current Version - General Requirements for the Competence of Testing and Calibration Laboratories*
- 2.8 *ISO/IEC 17065<sup>12</sup>: Conformity Assessment - Requirements for bodies certifying products, processes, and services*
- 2.9 *ISO/IEC 19011<sup>18</sup>: Current Version - Guidelines for Quality and/or Environmental Management Systems Auditing*
- 2.10 *California Collaborative for High Performance Schools (CHPS) 2010*
- 2.11 *CRI Standard Method - UL Environment “Method for the Evaluation of Chemical Emissions from Flooring Products Using Dynamic Environmental Chambers”*

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<sup>1</sup> All standards referenced herein utilize the most current version.



## 3.0 TERMINOLOGY & DEFINITIONS

### 3.1.0 ACRONYMS

<u>ACGIH</u>	American Conference of Governmental Industrial Hygienists
<u>ACH</u>	Air Changes per Hour
<u>ANSI</u>	American National Standards Institute
<u>ASTM</u>	American Society for Testing and Materials
<u>CARE</u>	Carpet America Recovery Effort
<u>CB</u>	Certification Body
<u>CCIA</u>	The Chinese Carpet Industry Association
<u>CDPH</u>	California Department of Public Health
<u>CHPS</u>	Collaborative for High Performance Schools
<u>CRI</u>	The Carpet and Rug Institute, Inc.
<u>CT</u>	Certification Team (CRI)
<u>EHLB</u>	Environmental Health Laboratory Branch (California)
<u>EPR</u>	Extended Producer Responsibility
<u>FMEA</u>	Failure Mode Effects Analysis
<u>GLP</u>	Green Label Plus
<u>IAQ</u>	Indoor Air Quality
<u>NIOSH</u>	National Institute for Occupational Safety and Health
<u>PA</u>	Participation Agreement
<u>PL</u>	Private Label
<u>PP&amp;S</u>	Product Performance and Standards Panel (CRI)
<u>QM</u>	Quality Manual
<u>REL</u>	Recommended Exposure Limits
<u>SILC</u>	Strategic Issues Leadership Council (CRI)
<u>TLV</u>	Threshold Limit Value
<u>TVOC</u>	Total Volatile Organic Compound
<u>UL</u>	Underwriters Laboratories; UL Environment, Inc.; UL Verification Services
<u>VOC</u>	Volatile Organic Compound

### **3.2.0 DEFINITIONS**

AIR CHANGES PER HOUR

One ACH means a volume of outdoor air equal to the volume of air entered into the space being ventilated over the duration of one hour.

ADHESIVE

For the purposes of the GLP program, an adhesive is defined as a substance used to permanently adhere carpet flooring products to a substrate during the process of installing the floorcovering.

ALDEHYDES

Reactive organic compounds that contain HC=O group such as formaldehyde and acetaldehyde.

APPLICANT

The entity applying for participation in the CRI GLP program.

BIENNIAL TEST

For purposes of maintaining GLP certification, a 14-day emissions test in accordance with protocols and requirements of the California Section 01350 guidelines and GLP program. This test occurs 12 months following each Interim Annual Test.

BOARD OF DIRECTORS

The CRI shall be governed by a Board of Directors composed of 14 elected members who shall include a Chairman and a Vice Chairman, with the President and Counsel of the CRI serving as ex officio members of the Board of Directors, as further defined in the CRI Bylaws.

CALIBRATION

The comparison of an instrument response to known values of a parameter being measured.

CALIFORNIA SECTION 01350

Fully titled as “Standard Method for the Testing and Evaluation of Volatile Organic Chemical Emissions from Indoor Sources Using Environmental Chambers (Version 1.2) – January 2017”. CRI GLP program is fully compliant with California Section 01350.

CARPET

Textile floorcoverings made by a variety of methods that are used to cover floor surfaces (excluding rugs).

CERTIFICATION BODY

CRI is the legal entity that can be held legally responsible for all of its GLP program certification activities.

CERTIFICATION REQUIREMENT

Specified requirement, including product requirements, fulfilled by the participant as a condition of establishing or maintaining certification.

CERTIFICATION SCHEME

Certification system related to specified products, to which the same specified requirements, specific rules and procedures apply. The Certification Scheme stipulates the rules, procedures, and management for implementing product, process, and service certification.

CERTIFICATION TEAM

The team made up of CRI staff charged with oversight and managing all aspects of the GLP program.

<u>CONSENSUS</u>	A minimum of two-thirds (2/3) vote of members entitled to vote that are present in person or represented by proxy shall decide any question presented at a meeting. If consensus on a motion of substance is not reached by a Panel, the matter will be resolved by the SILC.
<u>CONSULTANCY</u>	Participation in the design, manufacturing, installing, maintaining, or distributing of a certified product or a product to be certified. Also includes the design, implementation, operation, maintenance, or provision of processes and services.
<u>COORDINATOR</u>	Participant's point(s) of contact for all GLP program communications with CRI (including sample collection and test scheduling).
<u>CUSHION</u>	Material that is placed underneath carpet to provide softness and adequate support for the carpet.
<u>ENVIRONMENTAL PROTECTION AGENCY</u>	The Federal agency responsible for the regulation of pesticides, toxic chemicals, hazardous wastes, and toxic pollutants in water and air.
<u>EMISSION FACTOR</u>	A single point quantitative measurement of gaseous particle emissions from a material source as determined by in environmental chamber.
<u>EMISSION PROFILE (DECAY CURVE)</u>	Used to measure how emissions decay or decrease over time. It can be used to predict exposure concentrations, such as those required by the State of Washington.
<u>EMISSION RATE</u>	The actual rate of release of volatile vapors from a product over time.
<u>EVALUATION</u>	The combination of selection and determination functions of conformity assessment activities.
<u>EXTENDED TEST</u>	The procedure in place for a product that fails the 24-hour test. Refer to the Processes and Procedures Manual for test extension requirements.
<u>GLP NUMBER (#)</u>	A unique number assigned to a certified product in the GLP program.
<u>IMPARTIALITY</u>	The presence of objectivity existing so that conflicts of interest do not exist or are resolved to not adversely influence the activities of the Certification Body. Impartiality is demonstrated through independence, freedom from conflicts of interest, freedom from bias, freedom from prejudice, neutrality, fairness, open-mindedness, even-handedness, detachment, and balance.
<u>IMPARTIALITY REVIEW TEAM</u>	Team that is responsible for the impartiality of the certification activities and shall not allow commercial, financial or other pressures to compromise impartiality. The team is composed of one CRI representative, one non-industry manufacturer, and one academician.
<u>INITIAL TEST</u>	For purposes of GLP certification, the first 14-day emissions test in accordance with protocols and requirements of the California Section 01350 guidelines and GLP program.

<u>INTERIM ANNUAL TEST</u>	A 24-hour test performed twelve months following the Initial or the Biennial Test for each current participant. Refer to the GLP Emissions Criteria document for test requirements.
<u>MANAGEMENT OF CHANGE PROCESS</u>	The Management of Change Process documents and tracks the necessary information required to effectively manage change from inception to delivery. The intended audience is the GLP Certification Team and any senior leaders whose support is needed to implement the change.
<u>MANAGEMENT REVIEW TASK GROUP</u>	Members of Product Performance and Standards (PP&S) Panel charged with reviewing recommendations for GLP program management from GLP Certification Team and elevating for approval by Strategic Issues Leadership Council (SILC).
<u>ORGANIC COMPOUNDS</u>	Chemicals that contain carbon.
<u>PARENT PRODUCT</u>	A participant's tested and certified product that may be identified under a private label certification for an additional authorized participant.
<u>PARTICIPANT</u>	The organization or person responsible to the Certification Body for ensuring that certification requirements, including product requirements, are fulfilled.
<u>PARTICIPATION AGREEMENT</u>	GLP Participation Agreement executed by CRI and the participating company that establishes the legal basis for the relationship between CRI and the Participant. The Participation Agreements for carpet, cushion, adhesive, and private label are primary documents in the CRI GLP Quality System.
<u>PROCESSES AND PROCEDURES MANUAL</u>	A primary document in the CRI GLP program that describe the operational characteristics and requirements for compliance with ISO/IEC 17065 and ANSI IAF Guidelines.
<u>POLICY COMMITTEE</u>	The governing body within the CRI that defines the management system of the Certification Body, approves policies relating to the operation of CB, and delegates authority for the management of the program to the SILC or the SILC designee. As further defined in the CRI Bylaws.
<u>PRIVATE LABEL</u>	A product that has received a private label certification and a separate GLP number based upon the parent product's certification.
<u>PRIVATE LABELING</u>	The process of applying a second, unique GLP number to a product supplied to the applicant by the original certified participant.
<u>PRIMARY DOCUMENTS</u>	Documents in the GLP Quality System that contain elements required for meeting ISO/IEC 17065 or ANSI IAF requirements.
<u>PROCESS</u>	Set of interrelated or interacting activities that transform inputs into outputs.
<u>PRODUCT</u>	The result of a process. In the case of the GLP program, the product is considered to be the finished carpet, cushion, or adhesive.
<u>PRODUCT CATEGORY</u>	A group of products having the same general production methods and are comprised of the same general product ingredients or formulation.

<u>PRODUCT REQUIREMENT</u>	A requirement that relates directly to a product, specified in standards or in other normative documents identified by the Certification Scheme.
<u>QUARTER</u>	The three-month periods from January through March (1 <sup>st</sup> Quarter), April through June (2 <sup>nd</sup> Quarter), July through September (3 <sup>rd</sup> Quarter), and October through December (4 <sup>th</sup> Quarter) that set the calendar year and define when certain types of test are due.
<u>QUALITY MANUAL</u>	A primary document in the Quality System that addresses the administrative aspects of the program necessary for ISO/IEC 17065 and ANSI IAF Guideline compliance.
<u>QUALITY SYSTEM</u>	The CRI Quality Manual, Processes and Procedures Manual, and Participation Agreements for carpet, cushion, adhesive, and private label define a quality system ensuring the ability to operate a certification program for products under the GLP program.
<u>QUALITY SYSTEM DOCUMENTS</u>	The documents, including the Quality Manual, Processes and Procedures Manual, and Participation Agreements that ensure the CRI GLP program is conducted in accordance with the provisions of ISO/IEC 17065, ANSI IAF Guidelines, California Section 01350 version 1.2, and Collaborative for High Performance Schools (CHPS) low emitting materials criteria.
<u>QUORUM</u>	The presence of forty percent (40%) of the voting members of a group shall constitute a quorum.
<u>REL</u>	Recommended Exposure Limits established by the National Institute for Occupational Safety and Health (NIOSH).
<u>RETEST</u>	The procedure in place for a product that fails the product test criteria. Refer to the Processes and Procedures Manual for retest requirements for each product category.
<u>SAMPLE</u>	A product submitted for testing in the GLP program representative of the category in accordance with the GLP program.
<u>SAMPLE AGENT</u>	An individual authorized by CRI to collect sample(s) for testing in accordance with the GLP program.
<u>SAMPLE CODE</u>	A unique identifying number associated with a sample for testing and/or certification.
<u>SCHEME OWNER</u>	The person or organization responsible for developing and maintaining a specific certification scheme. The Carpet and Rug Institute is the Scheme Owner of the GLP program.
<u>SCOPE OF CERTIFICATION</u>	Identifies the product, processes, or services for which the certification is granted, the applicable certification scheme, and the standards or normative documents (including their date of publication) to which it is judged that the product, processes, or services comply.

<u>SECONDARY DOCUMENTS</u>	Documents within the CRI GLP program and Quality System necessary for the efficient and effective function of the program but do not necessarily apply to matters of ISO/IEC 17065 or ANSI IAF compliance.
<u>SERVICE MARK</u>	A legally registered name or designation used in the manner of a trademark.
<u>SERVICES</u>	The result of at least one activity necessarily performed at the interface between the supplier and the customer whether for tangible or intangible products.
<u>SURVEILLANCE</u>	When a participant is using the service mark, surveillance shall be established and shall include periodic surveillance of marked products to ensure ongoing validity of the demonstration of fulfillment of product requirements.
<u>TEST EXTENSION</u>	Refer to EXTENDED TEST.
<u>THRESHHOLD LIMIT VALUE</u>	The recommended concentration of airborne contaminants to which humans may be exposed according to regulatory standards and the GLP program.
<u>TOTAL VOLATILE ORGANIC COMPOUNDS</u>	Total Volatile Organic Compounds. See “Volatile Organic Compounds (VOCs)”
<u>VOLATILE ORGANIC COMPOUNDS</u>	Organic compounds that vaporize (become a gas) at room temperature.

## **4.0 CERTIFICATION BODY**

### **4.1.0 DOCUMENTED LEGAL IDENTITY**

4.1.1 The Carpet and Rug Institute, Inc. is a registered corporation in the State of Georgia. Originally recognized as the Tufted Textile Manufacturers Association on July 28, 1945, the name was officially changed to The Carpet and Rug Institute, Inc. and registered by the State of Georgia on January 9, 1969. CRI is recognized by the Internal Revenue Service of the United States government as a 501(c) (6) entity. CRI is a national trade association with membership open to all corporations, persons, and partnerships engaged in the manufacture of carpet, rugs, cushions, adhesives, and floor covering related products.

### **4.2.0 CRI GOVERNANCE AND OPERATIONS**

4.2.1 CRI Policy is determined by a Board of Directors composed of Chief Executive Officers from member companies and is implemented by a full-time professional CRI staff. Additionally, member company personnel provide time and expertise to several CRI committees, subcommittees, panels, task groups, and teams. The wide range of assembled information provides a focal point for issue discussion and a voice for the industry. The overall fields of interest are product performance and standards, product deselection, public communication, product sustainability, and the environment. CRI membership and staff are intensely involved in facilitating cooperative solutions to all industry challenges. The GLP CT operates as part of the Product Performance and Standards Panel (PP&S) within CRI. Refer to Organization Chart (Figure 1).

### **4.3.0 CERTIFICATION BODY COMPOSITION**

4.3.1 CRI President, Product Performance and Standards Panel, GLP Management Review Task Group, GLP Certification Team, and GLP Impartiality Review Team. Refer to Organization Chart (Figure 1).

## **5.0 GENERAL PROVISIONS**

### **5.1.0 NON-DISCRIMINATION POLICY**

5.1.1 The policies and procedures under which the CRI GLP program operates do not discriminate against applicants in any way other than what is outlined in ISO/IEC 17065 to ensure high quality results in certification. The CB shall make its certification program available to all member and non-member applicants whose activities fall within the scope of CRI activities, regardless of their size, and the number of other certifications held. There will be no undue financial or other conditions.

### **5.2.0 ACCESS POLICY**

5.2.1 The Certification Body (CB)'s services are available to all applicants whose activities fall within the carpet, cushion, and adhesive manufacturing industries. Access is not conditional upon the size of the applicant or membership of any association or group, nor is certification conditional upon the number of certificates already issued.

### **5.3.0 CRITERIA**

5.3.1 The criteria for GLP certification are available and are outlined in the testing procedures overviews. Details are available on The Carpet and Rug Institute website (<http://www.carpet-rug.org>). Product emission criteria are compliant with California Section 01350 and all certified products meet those criteria.

### **5.4.0 SCOPE OF CERTIFICATION**

5.4.1 The CB limits its requirements, evaluation, and decisions on certification to those matters specifically defined by the CRI GLP program.

### **5.5.0 CONTINUED COMPLIANCE**

5.5.1 Products certified in the GLP program will continue to fulfill the requirements of the program at all times while certified. Changes (whether intentional or unintentional) to the product, formulation, or manufacture of the product must be reported to the CRI.

### **5.6.0 RISK MANAGEMENT MECHANISM**

5.6.1 The CB has adopted a mechanism for the identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor and control the probability and/or adverse impact of unfortunate events.

5.6.2 The CB employs the Failure Modes and Effects Analysis (FMEA) process for identifying, quantifying and mitigating risks to successful program operation and function. The GLP Certification Team completes and continuously maintains the FMEA. The GLP Management Review Task Group and GLP Impartiality Review Team will meet as needed to ensure continuous improvement and the absence of impartiality issues.

### **5.7.0 MECHANISM FOR IMPARTIALITY**

5.7.1 The Certification Body (CB) has adopted a mechanism for safeguarding its impartiality. The mechanism shall provide input on the following:

- i.** The policies and principles relating to the impartiality of its certification activities
- ii.** Any tendency on the part of the CB to allow commercial or other considerations to prevent the consistent impartial provision of certification activities
- iii.** Matters affecting impartiality and confidence in certification, including openness

5.7.2 The GLP Impartiality Review Team will declare that risks to impartiality have been appropriately reviewed and counteracted as needed. The GLP Impartiality Review Team will present in their report opportunities for improvement that were identified during their review. Members of the GLP Impartiality Review Team will be provided access to program documents and necessary information to complete a thorough and accurate review of program operations.

5.7.3 The GLP Impartiality Review Team will consist of one CRI representative (CRI President), one non-industry manufacturing participant, and one academician. Each member will be bound by the CRI Conflict of Interest, Confidentiality, and Financial Disclosure Policy document.



- 5.7.4 The PP&S will review each report from the GLP Impartiality Review Team and determine the appropriate action for each recommendation. In the event that a GLP Impartiality Review Team recommendation is rejected, the GLP Impartiality Review Team will have the right to contact ANSI directly concerning the rejection. The GLP Impartiality Review Team will first arrive at a consensus before notifying ANSI of the rejection.

## 5.8.0 USE OF THE SERVICE MARK

- 5.8.1 A participant, whose product(s) meets the criteria for certification in the GLP program, shall be entitled to use of the Service Mark in the manner outlined below. The participant shall be responsible for maintaining compliance of certified products between tests. The use of the terms “Logo” and “Label” are interchangeable with “Service Mark” for the purpose of this document unless otherwise specified.
- i. Specifications – CRI shall have the sole right to determine or approve the Service Mark design, its mode of intended application, or to permit the manufacture or affixation of the Label at any participant’s request. The CRI GLP Brand Standards and Standards Guides specify the approved forms of use.
  - ii. Presentation – The participant shall use the Service Mark (with the assigned GLP number) or logo only as authorized by the GLP program and more specifically defined in the Brand Standards and Standards Guides.
  - iii. Quality Assurance – Upon request, the participant shall make available all records regarding application of the Service Mark, use of the Service Mark, and samples of the product/packaging on which the Service Mark is used. The CRI reserves the right to conduct unannounced inspections of the Service Mark as used on products for purposes of ensuring the correct presentation and use on certified products only.
  - iv. Non-transferability – The Service Mark shall not be transferred to any other entity, product type, or product style other than those registered with CRI.
  - v. Usage – Once approved for use, the participant may use the Service Mark for the specific product certified as long as product remains certified and the participant remains in good standing. Private label usage is available upon authorization by the parent product participant and subsequent registration and verification by CRI.
  - vi. Print and Other Media – The Service Mark may be used or referenced in the participant’s advertising and marketing materials for the specific certified product. This shall include, but is not limited to, printed materials, shipping cartons, brochures, newspapers, magazines, television, the Internet, displays, billboards, and non-visual advertising such as radio. Additional uses shall be authorized through written permission by CRI.
  - vii. Reference to Certified Products Only – The Service Mark shall only be used to identify certified products and shall not be used in such a manner as to infer or claim certification on products that are not certified. General claims of GLP program compliance or use of the Service Mark to infer GLP program compliance across any portion of a participant’s product lineup shall not be made directly or by appearance. The participant shall have sole responsibility, and shall take all steps necessary, to ensure that only the certified products are marked or identified with the Service Mark.

- viii. Regulatory Requirements – All advertising and/or displays which utilize or make reference to the Service Mark shall be presented in a manner that complies with all federal, state, and local laws and regulations.
- ix. Deceptive or Misleading Use – The participant is responsible for ensuring that the presentation, content, and context of the displayed Service Mark is not deceptive or misleading in any manner. CRI will send an “Unauthorized Usage of Service Mark Notice” to the offender describing the improper use and its location. Deceptive or misleading usage of the Service Mark must be corrected immediately. Incorrect, misleading, or improper uses of the Service Mark or references to the certification shall be dealt with at the discretion of the CRI up to and including decertification or other legal remedies.
- x. Surveillance of the Service Mark – CRI shall periodically review marked products to ensure the correct use of the Service Mark. The GLP Program Manager will conduct reviews of the participants’ website and make random site visits.

## 6.0 ORGANIZATION

### 6.1.0 IMPARTIALITY, STRUCTURAL IMPARTIALITY, AUTONOMY, FREEDOM FROM COMMERCIAL PRESSURE

- 6.1.1 The CRI maintains impartiality as required by ISO/IEC 17065. The CRI Board of Directors, in accordance with policies set forth in the CRI Bylaws, govern the CRI. Provisions were established by the Board of Directors ensuring autonomy for the CRI GLP program.
- 6.1.2 The PP&S is empowered by the CRI Board of Directors for the development of policies and principles regarding the content and function of CRI’s certification programs. This structure provides for the participation of all parties interested in the development of policies and principles related to the content and function of the certification programs.
- 6.1.3 The certification program’s policies and procedures ensure that certification is granted for a product after meeting all GLP program criteria. Conversely, should a product fail to meet all GLP program criteria then certification will not be granted.
- 6.1.4 CRI ensures that the GLP CT Leader and staff are free from commercial, financial and other pressures which might influence the results of the certification process. All persons contracted by CRI to perform duties or services related to the GLP program must commit and attest that they are free from commercial pressures by signing the CRI Conflict of Interest, Confidentiality and Financial Disclosure Policy document.

## **6.2.0 AUTHORITY AND RESPONSIBILITY**

6.2.1 All panels and groups under CRI shall operate with a quorum for all voting purposes and a consensus shall be reached for the passage of a motion.

6.2.2 In accordance with the authorities and responsibilities assigned in this section and elsewhere in the Quality Management System, the management duties and tasks cited in Section 5.1.3 of ISO/IEC 17065 shall be accomplished as follows:

### **6.2.1.0 POLICY COMMITTEE**

- a. Approving policies relating to the operation of the program;
- b. Delegating authority to committees or personnel on matters of program policy.

### **6.2.2.0 STRATEGIC ISSUES LEADERSHIP COUNCIL (SILC)**

- a. Executing strategy established by the Policy Committee;
- b. Approving PP&S actions and recommendations;
- c. Approving impartiality policies;
- d. Prioritizing activities for CRI adherence to the approved budget.

### **6.2.3.0 PRESIDENT**

- a. Supervising implementation of the policies and procedures;
- b. Supervising the finances of the program;
- c. Delegating authority to committees or personnel on matters of execution and day-to-day operations;
- d. Approving all contractual arrangements;
- e. Providing adequate resources for certification activities;
- f. Ensuring timely responsiveness to complaints and appeals;
- g. Establishing and evaluating personnel competence requirements;
- h. Establishing and maintaining the management system of the program.

### **6.2.4.0 PRODUCT PERFORMANCE & STANDARDS PANEL (PP&S)**

- a. Developing policies relating to the operation, modification to, and scope of the program;
- b. Developing certification activities;
- c. Developing certification requirements;
- d. Developing impartiality policies;
- e. Counteracting any tendency of any party(ies) to exert commercial pressure or undue influence and reporting any such activity to the GLP Impartiality Review Team;
- f. Informing the GLP CT on matters affecting confidence in the program (including openness and public perception) to initiate appropriate action;
- g. Assigning individuals or groups specific responsibilities or duties as members of the GLP Management Review Task Group.

### **6.2.5.0 GLP MANAGEMENT REVIEW TASK GROUP**

- a. Reviewing adherence to the policies for operation, modification to, and scope of the program;
- b. Reviewing recommendations for GLP program management from GLP Certification Team and elevating for approval by Strategic Issues Leadership Council (SILC).

### **6.2.6.0 GLP CT, AND/OR A DESIGNATED GLP CT MEMBER**

- a. Executing the directives of the PP&S and the GLP Management Review Task Group;
- b. Administering testing, evaluation, and certification as defined in ISO/IEC 17065;
- c. Providing adequate resources to support certification activities;
- d. Executing operational and management decisions related to granting, maintaining, extending, reducing, suspending, censuring, and withdrawing certification. (Such actions are subject to review by the PP&S and the Impartiality Review Team);
- e. Serving as the Change Control Board overseeing the Management of Change Process.

### **6.2.7.0 GLP IMPARTIALITY REVIEW TEAM**

- a. Overseeing impartiality of the certification activities;
- b. Disallowing commercial, financial or other pressures to compromise impartiality;
- c. Recommending opportunities for continuous improvement.
- d. Issues of Impartiality received on the website shall be directed to the President who shall present the issue to the full Impartiality Review Team for review and resolution.

### **6.2.8.0 GLP PROGRAM MANAGER**

- a. Reviewing participation agreements, registration forms, complaint and appeal documentation, and all test results after evaluation;
- b. Reviews the certification for interim annual and biennial tests;
- c. Reporting program management activities to the PP&S.

### **6.2.9.0 GLP PROGRAM ADMINISTRATOR**

- a. Enrolling clients;
- b. Maintaining client and program records;
- c. Ensuring correct and timely information is provided to clients;
- d. Managing the selection and scheduling of Sample Collection Agents;
- e. Evaluating participation agreements, registration forms, complaint and appeal documentation, and all test results;
- f. Responding to Complaints and Appeals subsequent to review and approval by the President;
- g. Establishing contractual arrangements with Sample Agents and Participant Coordinators;
- h. Reviewing and approving invoices for services and submits to accounts payable.

## **6.3.0 RIGHTS AND RESPONSIBILITIES RELEVANT TO ACTIVITIES**

- 6.3.1 The Participation Agreement, submitted by an applicant, gives CRI the right to perform evaluations and testing. The applicant's rights, consent, and responsibilities for testing are detailed in the Participation Agreement.

## **6.4.0 LIABILITY COVERAGE**

- 6.4.1 CRI maintains liability insurance to cover liabilities arising from its operations and/or activities through a duly licensed and registered insurance company. A copy of the current policy is available upon request.

## **6.5.0 FINANCIAL RESOURCES**

- 6.5.1 CRI's cash and investments, along with membership and program fees, will be adequate for covering all required activities to meet the procedures defined in this Quality Manual.
- 6.5.2 Fee schedules for program certification are reviewed on an annual basis. Fees are based on product category and are equitable among like applicants. There are separate levels of pricing for CRI members and non-members. CRI Members with operations outside of the United States pay non-member rate for all services rendered outside the United States.

## **6.6.0 PERSONNEL RESOURCES**

- 6.6.1 The President of CRI ensures that the GLP CT has qualified personnel, by virtue of education and/or experience, available for performing certification functions related to the type, range and volume of work performed. The determination of the applicability of education and/or experience shall be at the discretion of the President or his designee(s).

## **6.7.0 ADJUNCT ACTIVITIES**

- 6.7.1 In addition to supporting GLP certification for carpet, cushion, and adhesives, the CRI supports other indoor air quality research and programs. CRI is not currently seeking accreditation for these additional activities.

## **6.8.0 GLP CERTIFICATION TEAM OPERATIONS**

- 6.8.1 The GLP CT follows the procedures outlined in the GLP Quality Manual, the Processes and Procedures Manual, and the CRI Bylaws. These documents include formal rules and structure for the appointment and operation of all CRI committees, including the GLP CT. To ensure a balance of interests and prevent single interest domination, committee votes are limited to one vote per company.

## **6.9.0 ASSURANCE OF CONFIDENTIALITY, OBJECTIVITY, AND IMPARTIALITY**

- 6.9.1 The CB does not:
- i.** Supply or design products of the type it evaluates
  - ii.** Advise or provide consultancy services to the applicant as to methods of dealing with barriers to the certification requested
  - iii.** Provide any other products or services that could compromise the confidentiality, objectivity, or impartiality of its evaluation processes and decisions
- 6.9.2 Those participating in certification commit themselves to:
- i.** Comply with the rules defined by the CB, including those relating to confidentiality and independence from commercial and other conflicts of interests
  - ii.** Declare any prior or present association on their part or on the part of their employer with a supplier or designer of products related to the evaluation or certification to which they are to be assigned
  - iii.** Contracted personnel are required to sign a Confidentiality Agreement to satisfy all the requirements for personnel outlined in ISO/IEC 17065
  - iv.** The CB personnel will not be permitted to review or make a certification decision on a product for which they have provided consultancy for a period of two years from time the consultancy was provided

## **7.0 POLICIES FOR HANDLING COMPLAINTS AND APPEALS**

### **7.1.0 COMPLAINTS**

- 7.1.1 Any participant may submit a complaint using the GLP Complaint Form to the GLP Program Administrator. The GLP Program Administrator will notify the GLP Program Manager and CT Leader of the complaint. The completed form will be logged and filed electronically in the “Complaints and Corrective Actions” folder. The GLP CT Leader will acknowledge receipt of the complaint and then investigate the complaint or assign a designee to investigate the matter. Any persons determined to have potentially compromised impartiality will be recused. All complaints shall be managed in a timely manner.

#### **7.1.1.0 CRI AT THE ROOT OF THE COMPLAINT**

- 7.1.1.1 If the initial investigation finds that CRI or CRI representative are at the root of the complaint, the CT Leader will review the Quality System document(s) to ensure the correct procedures were followed and make a determination on the validity of the complaint. The GLP CT Leader will then prepare a written response to the complainant with a resolution or explanation. If the complainant accepts the resolution/explanation, the complaint is closed and filed.
- 7.1.1.2 If the complainant does not accept the resolution, the complainant may submit an appeal as covered in section 7.2 of this quality manual.

### **7.1.2.0 CRI IS NOT AT THE ROOT OF THE COMPLAINT**

7.1.2.1 If the initial investigation finds that no CRI Green Label Plus party is at the root of the complaint, the CT Leader will advise the complainant of the correct party to contact regarding the complaint. A GLP Complaint Form will be completed with notation of where the complainant was referred for resolution; the GLP Complaint Form will be closed and filed.

### **7.1.3.0 COMPLAINT APPLIES TO CONTRACTED LABORATORY**

7.1.3.1 If the initial investigation finds that the contracted laboratory is at the root of the complaint, the complainant will be referred to the appropriate contact at the contracted laboratory. The GLP Complaint Form is left open pending notification from the contracted laboratory about the status of the complaint.

7.1.3.2 If the complainant accepts the laboratory resolution/explanation, the complaint is closed and filed.

7.1.3.3 If the complainant does not accept the laboratory resolution/explanation, the complaint log is referred to the PP&S Chairperson for ruling. If the PP&S Chairperson finds that CRI has a role in solving the complaint, the CT Leader will be directed on the resolution.

7.1.3.4 If the PP&S Chairperson finds that CRI is not involved in the complaint, the complainant will be referred back to the contracted laboratory for their appeals procedure.

### **7.1.4.0 COMPLAINT APPLIES TO PARTICIPANT**

7.1.4.1 CRI has provisions in the Participation Agreement that require all participants to implement procedures for recording and tracking complaints relating to the GLP program from their customers.

7.1.4.2 Participants must annually submit copies of all complaints, regarding the GLP program, in hardcopy or electronically to the GLP CT Leader for review. All complaints must be received by January 1st of each year.

7.1.4.3 The complaint must include the contact information of the party lodging the complaint, the nature of the complaint, the party responsible for addressing the complaint at the participant company, and the status of the complaint.

## 7.2.0 APPEALS

- 7.2.1 A Participant shall present any appeals on a motion or ruling of the GLP program by submitting the grounds for appeal in writing to the CT Leader. The CT Leader will then forward the appeal to the PP&S Chairperson to delegate to the GLP Management Task Group, who will decide if the appeal will be presented to the PP&S Panel. If the appeal is denied initially by the PP&S Chairperson or the GLP Management Task Group, appellant may escalate the appeal to the SILC Chairperson who will determine if the appeal will be presented to the SILC. The SILC will be the final body to hear the appeal. If the appeal is approved by SILC it will be deferred to the CT Leader or PP&S Chairperson for appropriate action. At the conclusion of the appeals process, the GLP CT Leader will send a written correspondence to the appellant explaining the outcome of the appeal. A complaint or appeal shall be acknowledged in writing.
- 7.2.2 Impartiality will be assured to all appellants through the appeals process. Included in the grounds for appeal, the appellant shall list any persons who may have potentially compromised impartiality in the appeal process. The GLP Management Review Task Group will determine if any persons, including any GLP Management Review Task Group members, in the appeals decision have compromised impartiality in the decision. Any persons determined to have potentially compromised impartiality will be recused.
- 7.2.3 The GLP Impartiality Review Team will review all appeals for impartiality and appropriate management of the appeal process and findings. All appeals shall be managed in a timely manner.

## 8.0 OPERATIONS

- 8.1 The GLP CT monitors the relevant standards and procedures for the GLP program.
- 8.2 The GLP CT evaluates conformance with California Section 01350 according to the requirements of that standard plus the additional interim annual and biennial tests and criteria specified in the Processes and Procedures Manual. Contracted laboratories directly follow the published criteria from California Section 01350 or their own proprietary methods that are compliant with California Section 01350 and approved by CRI.
- 8.3 In conducting its certification operations, the GLP CT is responsible for evaluating the requirements for the suitability and competence of contract laboratories carrying out testing. Contract laboratories shall be audited on an annual basis by CRI or an approved auditor. Any laboratory conducting GLP testing must be currently accredited under ISO/IEC 17025, as required by ISO/IEC 17065.



## 9.0 CONTRACTING

- 9.1 The CB contracts product testing and services from external bodies. The CB requires execution of agreements covering the testing or services and includes confidentiality and conflict of interest related to GLP certification. Copies of such agreements are available for inspection at the GLP CT offices.

### 9.1.0 RESPONSIBILITY FOR CERTIFICATION

- 9.1.1 The CB retains full responsibility for contracted work and retains responsibility for granting, maintaining, extending, reducing, suspending, or withdrawing GLP certification.
- 9.1.2 Qualifications of Contractor(s) for Product Testing:  
The CB ensures that the contracted body or person is competent and complies with the applicable provisions of this document and other standards relevant to testing, inspection, or technical activities, and is not involved, either directly or through their employer, with the design, implementation or maintenance of a product certification system in such a way that impartiality could be compromised. Contractors are required to submit a Quality Assurance Report on an annual basis or, upon request, quarterly. Quality Assurance Reports are filed with CRI. CRI reserves the right to conduct annual quality assurance audits. CRI also reserves the right to conduct additional audits at their discretion.
- 9.1.3 Qualifications of Contracted Services (Other Than Product Testing):  
The CB ensures that the contracted body or person is competent and complies with the applicable provisions of this document and other standards relevant to testing, inspection, or technical activities, and is not involved, either directly or through their employer, with the design, implementation or maintenance of a product certification system in such a way that impartiality could be compromised.

### 9.2.0 CORRECTIVE ACTION

- 9.2.1 In the event that a contractor does not conform to the policies and procedures of the GLP Quality Manual, the CB will implement appropriate corrective action. Non-conforming procedures discovered through data monitoring, Quality Assurance Reports or audits require Corrective Action Reports. Upon discovery of the nonconformance, the GLP CT Leader, or his designee, will communicate the nature and scope of the issue to the contractor.
- 9.2.2 If initial efforts to resolve the nonconformance fail, GLP CT personnel will institute a formal process to identify the specific issue and the Corrective Action Form will reflect the nature and scope of the issue. A member of the GLP CT will be assigned the task of following up with the contractor and will report to the GLP CT Leader at regular intervals until such time as the nonconformance has been corrected. In the event that no such resolution is reached, the GLP CT Leader shall report to the PP&S. Any further action will be the responsibility of the PP&S and shall include any corrective measures they deem appropriate.

## **9.3.0 PREVENTIVE ACTION**

### **9.3.1.0 IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT AND NECESSARY CHANGES**

- 9.3.1.1 The GLP CT will meet every six months to identify Opportunities for Improvement (OFI) for the GLP program. An internal audit will also be conducted annually to identify OFIs and necessary changes to the program and quality documents. The GLP CT will also meet as needed to address OFIs or other necessary changes to the Quality Documents. All OFIs and necessary changes will follow the Management of Change Process.
- 9.3.1.2 The GLP CT uses a failure mode and effects analysis to identify risks and potential deficiencies and to set priorities for improvement.
- 9.3.1.3 The GLP CT will take proactive steps to ensure a potential nonconformity does not occur.
- 9.3.1.4 CRI uses a variety of techniques accepted in the industry to determine root cause and necessary actions. These may include: fishbone, brainstorming, 5 Why, FMEA, etc.

### **9.3.2.0 APPROVAL OF CHANGES**

- 9.3.2.1 The GLP CT will convene to review OFIs and necessary changes and update the GLP Quality Documents as necessary. The quality document will be edited and digitally stored with new versioning by the document control manager.
- 9.3.2.2 The change(s) to the document will be identified and submitted to the GLP Management Task Group for their review. If the GLP Management Task Group approves the changes, they will be submitted to the PP&S. If the GLP Management Task Group does not approve the changes, they will be returned to the GLP CT.
- 9.3.2.3 The PP&S will then review all changes and vote to accept the changes to the quality documents. If the PP&S approves, the changes will be submitted to the SILC for final approval.

### **9.3.3.0 PUBLICATION OF CHANGES**

- 9.3.3.1** After changes are approved, the GLP Program Administrator will complete a GLP Program Modification form for approval by the GLP CT Leader. The GLP Program Administrator will send the form to participants after approval by the GLP CT Leader. The updated quality document(s) will then be published on the website.

## 9.4.0 MANAGEMENT OF CHANGE PROCESS

9.4.1 The Change Management process establishes an orderly and effective procedure for tracking the submission, coordination, review, evaluation, categorization, and approval for release of all changes.

9.4.2 Change Request (CR) Process Flow Requirements

Step	Description
Generate CR	A submitter completes a CR Form and sends the completed form to the Document Control Manager.
Log CR Status	The Document Control Manager enters the CR into the CR Log. The CR's status is updated throughout the CR process as needed.
Evaluate CR	GLP CT will review the CR and determine a proposed solution.
Authorize	Approval by the PP&S to move forward with incorporating the suggested change.
Implement	If approved, make the necessary adjustments to carry out the requested change and communicate CR status to the submitter and other stakeholders as appropriate including GLP Impartiality Review Team.

9.4.3 Change Request Form and Change Management Log

Element	Description
Date	The date the CR was created
CR#	Assigned by the Document Control Manager
Title	A brief description of the change request
Description	Description of the desired change, the impact, or benefits of a change shall be described
Submitter	Name of the person completing the CR Form and who can answer questions regarding the suggested change
Phone	Phone number of the submitter
E-Mail	Email of the submitter
Item	The Item that the suggested change is for
Version	The version that the suggested change is for

### 9.4.1.0 CHANGE CONTROL BOARD

9.4.1.1 The GLP Certification Team will be responsible for the Management of Change Process. The members of the GLP Certification Team are identified in Job Function Authorization (Version 1.01).

### 9.4.2.0 ANONYMOUS COMMENT SUBMISSION

9.4.2.1 The CRI encourages identified comments, criticisms, and other suggestions for change be provided to the GLP CT. However, provision is made for anonymous communication in the contact section of the website. Such anonymous communication will be sent directly to the GLP Impartiality Review Team.

## 10.0 CRI CERTIFICATION QUALITY SYSTEM

### 10.1.0 MANAGEMENT OF THE CERTIFICATION BODY

10.1.1 The CRI has a defined and documented quality policy, including objectives for quality and a commitment to quality as expressed by the quality statement *“We are committed to excellence encompassing transparency, impartiality, integrity, and accuracy as cornerstones for all CRI product certification programs.”* This commitment to quality applies to all levels of the organization and is intended to provide a structure of authority, responsibility, and accountability for effective functioning of the program.

### 10.2.0 GENERAL QUALITY SYSTEM ISSUES

10.2.1 The documented quality system, including this Quality Manual and the Processes and Procedures Manual for Carpet, Cushion, and Adhesives is available for inspection. The management review process, as assured in the CRI Bylaws, Article IX (Committees), ensures effective oversight of the quality system.

10.2.2 The GLP CT Leader has direct responsibility for:

- i. Ensuring that the quality system is established, implemented, maintained and monitored for continuous improvement
- ii. Reporting on the performance of the quality system to SILC and the Policy Committee

## 11.0 PERSONNEL

### 11.1.0 COMPETENCE

11.1.1 GLP CT personnel are competent for the functions they perform, including making required technical judgments, framing policies and implementation. GLP CT personnel will demonstrate their ability to perform consistently at a high level for each assigned function. Annual performance evaluations for all GLP CT personnel are conducted at the discretion of senior CRI management using job qualifications, descriptions and procedures as the standard. These records are deemed confidential and personal and are kept in the Office of the President of CRI. They will be available for inspection by the ANSI assessors as part of the annual review of CRI’s compliance with Section 6.1.2 of ISO/IEC 17065.

11.1.2 Sample Agents shall be required to watch a training video and complete a written test prior to approval and every three (3) years to demonstrate competency. CRI also accepts affidavits of competency from approved organizations. These organizations are responsible for the training and competency of their agents.

11.1.3 Organization Description of the GLP CT: The GLP CT is composed of the CRI President, Director, Technical Services & Programs (GLP CT Leader), GLP Program Manager, GLP Program Administrator, Director, IT Services, CFO, and Communications Manager.

- 11.1.4 New staff members employed to fulfill the positions listed in the program shall be trained in accordance with the job descriptions on file with the Chief Financial Officer (CFO). The candidates shall receive training based on the “CRI GLP Quality”, “Processes and Procedures”, and “Dynamics User” manuals. The training shall be in written and oral forms that includes completion of all forms, procedures, and protocols of the program. The competency of new employees shall be evaluated at 30, 60, 90 days. If a new employee’s evaluation at 90 days is determined to be unacceptable the employee shall be discharged.

## 11.2.0 GLP ROLES

### CRI President

The CRI President oversees the GLP Certification Team (CT). A primary duty includes ensuring compliance of GLP Programs with ISO 17065. The CRI President is also responsible for all financial, contractual and administrative functions of the program. Insures adequate resources are available for all certification activities. Review and issues censure, suspension, and decertification notifications.

- Participates in the Green Label Plus Impartiality Team with one non-industry participant, and one academic participants
- Supervises implementation of policies and procedures
- Approves all contractual agreements
- Oversees the finances of the Green Label Plus program
- Delegates authority to appropriate personnel on the day-to-day operations of the Green Label Plus program
- Ensures timely response to complaints and appeals
- Chief Executive of the Institute, shall exercise general supervision of all operations and personnel including recruiting, hiring, and discharging employees of the Institute
- Evaluates and determines the CRI personnel competence

### Director, Technical Services & Programs

The Director, Technical Services & Programs serves as the Certification Team Leader and is responsible for the operation of the GLP program. A primary duty includes ensuring compliance of GLP Programs with ISO 17065. Supervises implementation of the policies and procedures associated with the program along with issuing and granting certification. The CT Leader is also responsible for administrative functions of the program ensuring these responsibilities are accomplished correctly and in a timely manner. This role also reviews and issues participant notifications with the exception of censure, suspension, and decertification notifications.

- Approves Initial, Biennial, and Interim Certifications
- Authorizes new personnel to work independently
- Determination and allocation of resources
- Reviews Quality and Processes and Procedure manuals for continuous improvements
- Covers Preventive Actions and Corrective Actions
- Staffing and Evaluation of the Certification Team
- Improvements to the quality system
- Reviews lab reports for accuracy and compliance
- Conducts audits of approved laboratories

### GLP Program Manager

The GLP Program Manager is responsible for reviewing the test data to ensure program compliance. The Program Manager is also responsible for the operation of the GLP program. Additional responsibility for reporting to top management, Product Performance and Standards Panel, on the performance of the management system and any need for improvement.

- Train new personnel and evaluates competence
- Makes recommendations to the CT leader to authorize the new personnel to work independently
- Reviews lab reports and communications for accuracy and compliance
- Communicates and schedule meetings with ANSI
- Participates in CT meetings
- Participate in Failure Mode and Effects Analysis (FMEA)
- Schedules and manages task groups

### GLP Program Administrator

The GLP Program Administrator is responsible for coordinating proper communication with participants, scheduling and management of sample agents, maintaining program records and other administrative duties, including initiating the invoicing process for applicants, participants, renewals, and reconciles receipts of payment. The Program Administrator is also responsible for the initial evaluation of testing data to ensure program compliance.

- Corresponds with potential and participating clients
- Scheduling, preparation and authorization for sample collections
- Evaluates Sample Agents and maintains listing of approved agents
- Evaluates test results for compliance
- Prepares client notification and letters
- Prepares and maintains chain of custody
- Participate in Failure Mode and Effects Analysis (FMEA)
- Participate in CT Meetings
- Reviews contracted lab invoices

### Sample Agents

GLP Sample Agents are contracted representatives of the CRI who gather samples at the direction of the GLP Program Administrator. Initial authorization of sample agents to act on behalf of the GLP program and at the direction of the GLP Program Administrator is provided with the return of the signed Personal Services contract. Sample agents shall be authorized to conduct sample collections upon direction from the GLP Program Administrator. Sample agents are prohibited from collecting samples without authorization.

### Director, IT Services

The Director, IT Services is responsible for ensuring computer network security, backup and disaster recovery per the CRI Disaster Recovery Plan. Backed up files are protected in a media safe on premises and at an off-site repository. Another responsibility of the Director, IT Services will be to serve as the document control manager (documents in any form or type of medium).

- Executes information technology functions at CRI
- Document control for CRI Green Label Plus program
- Oversees network security
- Maintain workstations and servers
- Manages website

## CFO

The CFO is responsible for managing financial resources and ensuring approved budgets are followed. The CFO also ensures that adequate financial resources are available to support ongoing program operations.

- Manages budgets, insurance, tax and treasury
- Maintains personnel records
- Directs financial policies
- Analyzes, examines and interprets all financial records
- Performs process analysis
- Maintains human resource records, contracts, and agreements
- 

## Communications Manager

The Communications Manager is responsible for ensuring the development and execution of communication materials for the organization's initiatives.

- Corresponds with the public
- Reviews CRI Green Label Plus manuals and official documents for editorial content
- Updates website content
- Reviews all verbal, written, and digital communication

## **11.3.0 RECRUITMENT, SELECTION AND TRAINING OF GLP CT PERSONNEL**

11.3.1 The CT Leader ensures that the CT is adequately staffed and possesses appropriate skills and qualifications to successfully execute the GLP program. The CB will determine additional training necessary for the successful conduct of the GLP program and ensure that such training is provided.

11.3.2 Newly assigned personnel will be mentored in the conduct of assigned duties by the designated CT member for not less than three months before being authorized to perform work independently. Mentoring will include personal instruction on the duties, actions, responsibilities, and limitations of the assigned position. Once the mentoring period has been completed, the CT Leader in consultation with the mentor will decide whether to authorize the newly assigned personnel to conduct work independently or if additional training is needed.

11.3.3 Preferred Training - Examples of preferred training for CT Personnel are:

- i. Standards and Certification related training
- ii. Quality and Quality Management related training
- iii. Customer Service and Support Training

11.3.4 Preferred Experience - Examples of preferred experience for CT Personnel are:

- i. Standards and Certification Management
- ii. Quality Management
- iii. Customer Service and Account Management

11.3.5 Preferred Education (minimum High School Diploma is required):

- i. Associate Degree and/or sufficient experience for assigned GLP CT position
- ii. Bachelor's Degree or appropriate experience for CT Leader

## 11.4.0 REQUIRED TRAINING FOR GLP SAMPLE AGENTS

- 11.4.1 GLP Sample Agents are required to review sample collection instructions and videos, receive a CRI Sample Agent Evaluation, and satisfactorily demonstrate an ability to perform required job responsibilities. The evaluation must be performed every three (3) years. The sample agent is required to exceed 70% on the evaluation for continued authorization as a sample agent.

The approved sample agent listing is stored in the CRI database for the GLP Administrator, Program Manager and the Director of Technical Services. The GLP Administrator adds a start date and the system assigns the expiration date. The database will provide a notification of the status of sample agents. The CRI database system shall provide a list of agents that must be evaluated within the next 90 days. The approval documentation of sample agents is stored in the database.

- i. [Training Module: Carpet and Cushion Sample Collection](#)
- ii. [Training Module: Carpet Tile Sample Collection](#)
- iii. [Training Module: Adhesive Sample Collection](#)

## 11.5.0 AUTHORIZATION TO ACT ON BEHALF OF THE PROGRAM

- 11.5.1 Assignment to the GLP CT and filing of the Team Member Personnel Checklist signals formal authorization to conduct assigned program duties as specified in section 6.2 of the GLP Quality Manual.

# 12.0 MANAGEMENT AND ADMINISTRATIVE ACTIVITIES

## 12.1.0 MANAGEMENT REVIEWS

- 12.1.1 The PP&S assigns individuals or groups specific responsibilities or duties as members of GLP Management Review Task Group, (see QM Section 6.2.4 'g'). The task group operates under the PP&S, and cannot approve changes. The task group makes recommendations to the PP&S and reviews the GLP CT's quality system on an annual basis (see QM Sections 6.2.5.0 'a' and 'b'). This review may be held in conjunction with a regularly scheduled meeting of the PP&S. Management review ensures continuing suitability and effectiveness in satisfying the requirements of the GLP CT's stated quality policy and objectives. Management reviews will include the relevant input from:

- i. Internal and External Audits
- ii. Client and interested party feedback
- iii. Feedback from the GLP Impartiality Review Team
- iv. Status of Preventive and Corrective Actions
- v. Follow-up actions from previous management reviews
- vi. Fulfillment of objectives
- vii. Changes that could affect the management system
- viii. Appeals and complaints



- 12.1.2 These proceedings will be recorded in the meeting minutes. The PP&S reviews the certification program each year. The objectives of the management review are:
- i. Improvement of management system and process effectiveness
  - ii. Improvement of the GLP program's fulfillment of its ISO/IEC 17065 accreditation
  - iii. Identification and resolution of resource needs
- 12.1.3 The management review process will also include identification and development of measures to counteract potential non-conformities:
- i. Identify potential non-conformities
  - ii. Evaluate the need for action on the potential non-conformities
  - iii. Determine and implement the action needed
  - iv. Record the results of actions taken
  - v. Review the effectiveness of the actions taken

## **12.2.0 ADMINISTRATIVE PROCEDURES**

- 12.2.1 The Certification Team maintains the following documents in the quality system:
- i. All quality system documents specified in the Quality Manual, Participation Agreements, and the Processes and Procedures Manual for Carpet, Cushion, and Adhesive.
  - ii. Client certification documents include laboratory test reports, and all other documents associated with program certification for clients.
  - iii. Documents are filed electronically in the CRI database. The files are restricted access to GLP CT personnel only.
  - iv. CRI server files are backed up according to the schedule set by the CRI Director of IT Services. Backed up files are protected in a media safe on premises.

## **12.3.0 QUALITY SYSTEM DOCUMENTS**

- 12.3.1 All quality system documents, (Quality Manual, Processes and Procedures Manual and other quality documentation) are reviewed and approved by the CT Leader prior to implementation. Once approved, the documents are made publicly available.

## **12.4.0 CONTRACTED LABORATORIES**

- 12.4.1 UL is the contracted laboratory for the GLP program. Quality Assurance Reports from UL as well as an annual assessment that evaluates the competence of the contractor. The GLP CT reviews and maintains a record of the assessments. UL must meet the requirements of ISO/IEC 17025 as required by ISO/IEC 17065.

## **12.5.0 ADDRESSING AUDIT NONCONFORMITIES**

- 12.5.1 The GLP CT Leader addresses any general quality system nonconformities. The GLP CT leader reviews the nonconformity and makes a determination on altering the quality system through proper procedure. Such actions will be reviewed by the GLP CT and the GLP Management Review Task Group. External audits will follow the same guidelines as section 12.7.0 Internal Audits for procedural guidelines.

## **12.6.0 EVALUATING PRODUCTS**

- 12.6.1 The procedures for evaluating products and implementing the certification process are specified in the Processes and Procedures Manual.

## **12.7.0 INTERNAL AUDITS**

- 12.7.1 The GLP CT Leader ensures an internal audit once per year following ISO 19011 guidelines. All procedures are reviewed in a planned and systematic manner to verify that the quality system is implemented and is effective. The internal audit determines whether:
- i.** Program procedures are being implemented correctly
  - ii.** Outside contractor testing procedures are being implemented correctly
  - iii.** Objectives defined in the Quality Manual are being achieved
  - iv.** Designated duties are being carried out satisfactorily
  - v.** The Processes and Procedures Manual is being adhered to
  - vi.** There are opportunities for improvement
  - vii.** Handling of non-conformities in an effective and timely manner
  - viii.** Staff has been appropriately protected from pressure that conflicts with the objectives of the quality system
- 12.7.2 The internal auditors shall have experience in conducting quality audits in accordance with ISO 17025 and/or the Quality Systems of their respective companies.
- 12.7.3 The above audit activities are managed to ensure impartiality and are reviewed by the GLP Impartiality Review Team.
- 12.7.4 These audits consider program operations and the activities that support program operations within the GLP CT (e.g., establishing fees, test sample collection procedures, and document control). The GLP CT Leader informs personnel responsible for the domains audited of the outcomes reached by the audit team.
- 12.7.5 The results of the audit are documented in the Internal Audit Corrective Action form (Corrective Action Form), and are reported to the GLP CT Leader. The GLP CT Leader assigns corrective action on any deficiencies and documents any changes that are implemented. These records include:
- i.** Audit and review agenda
  - ii.** Checklists used for audits and reviews
  - iii.** Reports on audits and reviews
  - iv.** Lists of deficiencies on Corrective Action Form, with status supporting documentation including:
    - a full description of the deficiency
    - proposed corrective action
    - status of corrective action
    - assessment of effectiveness of corrective action
    - follow-up of corrective action steps

- 12.7.6 If any deficiencies in the procedures have affected any program test report that has been released, the GLP CT Leader immediately notifies the client in writing of the deficiency and the GLP CT's corrective action, including the intent to issue a revised report if appropriate.

## **12.8.0 CONDITIONS AND PROCEDURES FOR CERTIFICATION**

- 12.8.1 All conditions and procedures for certification are addressed for each specific program in the related primary document Processes and Procedures Manual for Carpet, Cushion, and Adhesives.
- 12.8.2 Available GLP Documentation:
- i. Certification Authority: Information about the authority under which the certification body operates is stipulated in the CRI Bylaws, Article IX.
  - ii. Product Certification System: Rules and procedures for granting, maintaining, extending, suspending, censuring, and withdrawing certification are provided in the Processes and Procedures Manual for Carpet, Cushion, and Adhesives.
  - iii. Evaluation and Certification: Information about the evaluation procedures and certification process related to the product certification program is available upon request or on the CRI website.
  - iv. CRI utilizes two American Standard Test Methods as the basis for the chemical analysis of carpet, cushion, and adhesives. These standards are:
    - ASTM D-5116
    - ASTM D-7339
  - v. Testing protocol is identified on all test reports as one of the following:
    - “Tested and reported according to CDPH/EHLB/Standard Method V1.2 and ASTM standards D 5116, current version and D-7339 following UL “Standard method for the evaluation of chemical emissions from flooring products using environmental chambers.”
    - “This emissions testing project was conducted in accordance with the provisions of the Carpet and Rug Institute’s Green Label Plus (GLP) Program Initial Test for carpet”. The Carpet and Rug Institute’s Green Label Plus (GLP) Program Initial Test is itself compliant with CDPH/EHLP/Standard Method V1.2 and ASTM standards D-5116 and ASTM D-7339.
- 12.8.3 Test results are confidential and are not to be distributed outside of the manufacturer or CRI without written consent of CRI.

## **12.9.0 CERTIFICATION FEES AND FINANCIAL SUPPORT**

- a. Financial Support for the certification programs is provided through program fees and CRI membership dues.
- b. Fees for the program are outlined in the GLP program fee schedule.
- c. The GLP Management Review Task Group reviews program fees each year and makes recommendations on the adequacy of each fee.
- d. Approval of fee recommendations progresses through the CB organization and is ultimately approved by the CRI Board of Directors.
- e. Membership dues are outlined on the CRI website.

## **12.10.0 CERTIFICATION RIGHTS AND DUTIES**

- 12.10.1 GLP CT provides a description of the rights and duties of certification applicants, including requirements for restrictions or limitations on the use of the program’s Service Mark. The Participation Agreements, Brand Standards, and Standards Guides cover these rights and duties.

## **12.11.0 DIRECTORY OF CERTIFIED GLP PRODUCTS**

- 12.11.1 A directory of certified products including manufacturers contact information is available on the CRI website (<http://www.carpet-rug.org>). Only currently certified and valid products will be listed.

## **12.12.0 CERTIFICATION DOCUMENTATION**

- 12.12.1 All certificates of program certification are electronically generated and distributed to the participants. Additionally, the certificates are available for public view on the CRI website.

## **12.13.0 QUALITY SYSTEM DOCUMENTS REVISION**

- 12.13.1 If any quality system documents are revised, the old document is copied from the “IAQ Documents & Forms - Approved” directory into the “Obsolete Documents - Restricted” folder where it will be retained until seven (7) years after the end of the GLP program. The current or updated document is then given a revision number and placed in the folder “IAQ Documents & Forms - Approved”. In this way, the approved directory contains only the latest documents. Access and editing authority to the approved and obsolete directories is restricted to those approved by the GLP CT Leader. Others have “read-only” permission.
- 12.13.2 PP&S approval is required for substantive and material changes to the program. Minor changes, such as grammar and spelling corrections, will follow the Management of Change Process, but will not require PP&S approval. However, all changes require the document version to be updated.
- 12.13.3 The GLP CT reviews all quality system documents prior to the annual internal audit to ensure conformance with the program and certification requirements.

## **12.14.0 QUALITY SYSTEM DOCUMENTS FORMAT**

- 12.14.1 Quality System documents will be maintained electronically.
- 12.14.2 Documents will be given a descriptive name. Each document will have header or footer information that states:
- i.** Document name
  - ii.** Version number
  - iii.** Revision number
  - iv.** Date of revision
  - v.** Supersedes (prior document)
  - vi.** GLP CT Leader signature for approval
  - vii.** Date of approval

## **12.15.0 QUALITY SYSTEM DOCUMENT NAMING SCHEME**

- 12.15.1 Quality System Documents will be filed by name and version number. The name of the document and version number will be assigned only by the GLP CT Leader in coordination with the Director of IT Services to prevent duplication.

## **12.16.0 QUALITY SYSTEM DOCUMENT VERSIONING**

- 12.16.1 Versions are changes that affect policy, procedure, or legal change in the program. Additionally, a new version may be required to correct major deficiencies or flaws in previous documents.
- 12.16.2 Revisions are editorial, structural, or do not affect the operation of the program.
- 12.16.3 Changes will require the issuance of a new version (or revision) of the document with a version (or revision) number sequentially one higher than the previous or revised document. The revision number will be noted in parenthesis following the document title. The date of the revision will be noted in the footer of the document along with the date of the previous revision. Superseded versions of documents will be maintained in the "Obsolete Documents - Restricted" folder.

## **12.17.0 SECURITY OF TEST EVALUATION SPECIFIC DOCUMENTATION**

- 12.17.1 The client test evaluation specific documents are treated in accordance with the confidentiality policies described in this manual.
- 12.17.2 All documents are maintained on the computer network in directories specifically designated for the client certification. The GLP CT Leader, GLP Program Manager, and GLP Program Administrator are responsible for maintaining the files. All GLP CT staff involved in the specific client certification has access to these files. Only the GLP CT Leader and his/her designee have "full" privileges for adding, modifying, and deleting files. Other CRI personnel who have signed the relevant Certificate of Confidentiality and Impartiality have "read-only" privileges.
- 12.17.3 When paper documents are received from the client or are generated internally, they are stored in the appropriate client directory or client file. Original paper documents are stored in restricted file cabinets located in the GLP area or destroyed. Only the GLP CT has access to these files. When electronic documents are generated internally or received from the client or from the contract testing facility, the GLP Program Administrator names and stores the document in the appropriate client directory.
- 12.17.4 GLP CT members may keep printouts of electronic files or they can make copies of originals for temporary use. After use, these documents are filed in the client folder or destroyed.
- 12.17.5 Client specific correspondence may be saved in the client's Correspondence file.

## 12.18.0 RECORDS

- 12.18.1 Client Directory: The GLP Program Administrator creates a client directory on the CRI computer network, listing all participants, and their respective test reports and correspondence. If needed, verbal discussions are documented by sending electronic mail messages to team members and by copying the messages into the client file.
- 12.18.2 Test results and certification correspondence shall be maintained in the client file. All electronic files are saved in the appropriate client folder. The GLP Program Administrator is responsible for the proper archiving and tracking of current documents.
- 12.18.3 Records encountered or used in GLP program shall be secured in accordance with procedures described in the Quality Manual.
- 12.18.4 Record Retention: For the purposes of complying with this section, records are defined as:
- i. Any GLP program form which has been completed and which has specific information that identifies a procedure, process, test result, communication of data, or exchange of information
  - ii. Agreements, Contracts, MOU's and other communications between members, companies, government agencies, individuals, agents, or contractors who are engaged in business matters with the technical department of CRI
  - iii. Records concerning new, revised, reissued or reaffirmed ANSI standards
- 12.18.5 Participant records will be retained for at least five (5) years of inactivity by the participant. After this period the materials shall be destroyed in accordance with the record retention policy in such a way as to ensure that no confidential information is compromised. Active files in hardcopy may be destroyed after an electronic version of the record is created and appropriately filed.

## 12.19.0 CORRECTIVE ACTION

- 12.19.1 In the event that a process or function of the program is detected that does not conform to the policies and procedures of this document, the GLP CT will implement appropriate corrective action. When the nonconformance can be corrected through better communication of the requirements or simple corrections, no Corrective Action form will be required.
- 12.19.2 Complex nonconformities will be recorded on the Corrective Action form. The GLP CT Leader, or his designee, will complete a Corrective Action form detailing the nature of the deficiency and the corrective and preventive actions taken. Actions taken must correct the deficiency immediately as well as for the future. Follow-up and reassessment of the success of the measures are a component of the Corrective Action form.
- 12.19.3 If efforts of the GLP CT to resolve the nonconformance are not successful, GLP CT Leader shall report to the PP&S the existence of this difficulty. The PP&S will decide appropriate further action needed and assign responsibility for resolution.
- 12.19.4 All corrective actions will be resolved within 90 days of detection. If, however, it cannot be resolved within the 90-day timeframe, an extension must be approved by the PP&S. All corrective actions will be reviewed by the GLP Impartiality Review Team annually.

## **13.0 CHANGES IN CERTIFICATION REQUIREMENTS**

- 13.1 The Participation Agreement for carpet, cushion, and adhesives addresses the potential for changes in Program Requirements. Participants will be notified of changes in the program structure via the secondary document “Notice of Program Modification”. Participants are required to acknowledge receipt of the notification by signing and returning the document to the GLP CT Leader or designee. The returned document will be stored electronically.

## **14.0 APPLICATION FOR CERTIFICATION**

### **14.1.0 PROCEDURE INFORMATION**

- 14.1.1 The GLP CT Leader, or his designee, provides applicants with an application packet including the Participation Agreement that contains a detailed description of the evaluation and certification procedures. The application packet includes a schedule of fees and additional requirements to gain certification.
- 14.1.2 Additional information is provided in the Policy and Procedure Manual for Carpet, Cushion, and Adhesives.

### **14.2.0 THE APPLICATION**

- 14.2.1 Application to the program is accomplished by completion of the Participation Agreement and the Product Registration form. These two documents together comprise the application process. The product registration ensures that the scope of certification sought by the applicant is available within the guidelines of the program and that the applicant grants permission for the testing of products for purposes of program compliance. The product registration also ensures the participant will comply with the terms, requirements, rules, and conditions of the program. Access to all relevant program documents is granted to internal and external auditors of the GLP program upon completion of the application.

### **14.3.0 REVIEW OF APPLICATION**

- 14.3.1 Before proceeding with invoicing, the GLP Program Administrator shall conduct a review of the application to ensure that the requirements for certification are clearly defined, documented, and understood. Any misunderstanding by the applicant must be resolved prior to proceeding with certification. The GLP Program Administrator will confirm it has the capability to perform the certification service as agreed by assignment of a product category to the product registration form.

## **15.0 EVALUATION AND REPORT**

- 15.1 The contract test laboratory will conduct testing of the submitted sample and issue a finding based on the established criteria. The GLP CT is notified of these findings and also reviews the data to ensure that the correct results are recorded and passed along to the applicant. The GLP Program Administrator is responsible for furnishing this report to the participant along with a letter stating the status of certification. Letters notifying participants of deficiencies will detail requirements to correct the deficiency.

## **16.0 CERTIFICATION**

### **16.1.0 BASIS FOR CERTIFICATION**

16.1.1 The GLP Program Administrator makes the determination to certify a product based on product test results and conformity to all program requirements including timely payment of invoices. The formal approval and notification of certification is made by the CT Leader. Continuation of certification is based on the participant's conformance to program requirements.

### **16.2.0 DELEGATING CERTIFICATION**

16.2.1 The CB does not delegate authority for granting, maintaining, extending, suspending, or withdrawing certification to an outside person or body.

### **16.3.0 CERTIFICATION DOCUMENTATION TO PARTICIPANT**

16.3.1 The GLP Program Administrator provides each participant that achieves certification a formal letter of notification, a copy of the test results, and an electronic certificate of compliance. These formal notifications include the following:

- i.** The name and address of the participant whose products are the subject of certification
- ii.** The scope of the certification granted, that includes:
  - The products certified
  - Product category
  - GLP number
  - The start and end date of certification

## **17.0 SURVEILLANCE**

### **17.1.0 SURVEILLANCE PROCEDURES**

17.1.1 Nothing in the GLP Participation Agreement grants or implies that CRI shall conduct market surveillance for compliance with the requirements of the certification process. CRI obtains samples from the manufacturing process and is restricted to using those samples as the sole basis for certification. However, CRI shall conduct periodic surveillance for proper usage of the GLP Service Mark.

### **17.2.0 NOTIFICATION OF CHANGES**

17.2.1 The GLP program requires the participant to inform it about any of the changes such as intended modification to the product, manufacturing process, or relevant modifications in its quality system that affect the conformity of the product. The GLP Program Administrator or GLP Program Manager will determine whether the changes require further investigation or additional testing for continued compliance. If unable to make a determination, the PP&S will be engaged to assist in making the determination.



### **17.3.0 SURVEILLANCE DOCUMENTATION**

17.3.1 The GLP CT verifies continuing program compliance through interim annual and biennial testing procedures as appropriate for each product.

### **17.4.0 RENEWING CERTIFICATION**

17.4.1 The GLP CT authorizes the continuing use of its mark on products as long as the requirements continue to be satisfied for the interim annual and biennial sample testing as outlined in the Participation Agreements for carpet, cushion, and adhesives and the Processes and Procedures Manual.

## **18.0 USES OF LOGOS AND LABELS**

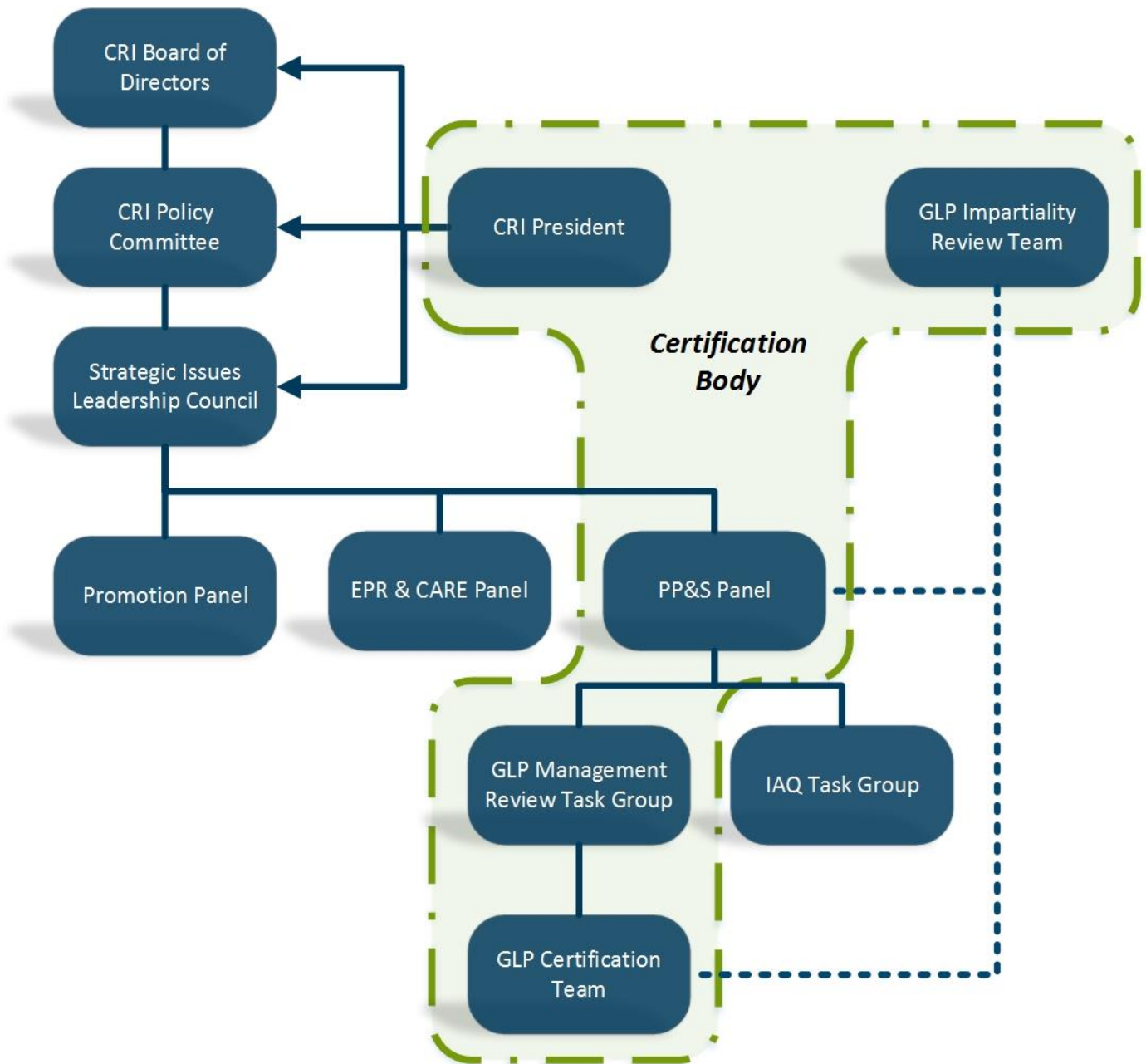
18.1 The CRI exercises control over ownership, use, and display of marks of conformity including logos and labels and their usage by participants. Incorrect references to the certification system or misleading use shall be dealt with at the discretion of the CRI up to and including decertification or other legal remedies. Additionally, the uses of said logos and labels are addressed in the Brand Standards and Standards Guides.

## **19.0 COMMUNICATIONS WITH ANSI**

19.1 The CRI will communicate necessary information with ANSI including (but not necessarily limited to):

- i.** Legal, commercial, or organizational status.
- ii.** Organizational or key management staff changes which may have an impact on accreditation.
- iii.** Changes to policy or procedures where appropriate.
- iv.** Resources or premises which may impact accreditation.
- v.** Capacity to adequately service its scope of accreditation or to comply with the requirements of accreditation.
- vi.** Documentation, Policies, and Procedural Information relevant to operations or accreditations.

Figure 1.  
Organization  
Chart



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