FORM-COI-01: Conflict of Interest Declaration Form

American Standardization Council LLP (ASC)
Conflict of Interest Declaration Form

Document No.: FORM-COI-01
Revision: 01
Effective Date: October 2025

Instructions

All ASC personnel involved in accreditation activities must complete this form annually and before each assignment. This declaration ensures compliance with 21 CFR § 1.613, § 1.624, and ISO/IEC 17011:2017 requirements for impartiality and independence.

Please answer all questions truthfully and completely. If you answer "Yes" to any question, provide detailed information in the space provided or attach additional pages as needed.

Section 1: Personal Information

Field	Information
Full Name:	_____
Position/Role:	_____
Department:	_____
Date of Declaration:	_____
Declaration Type:	☐ Annual Declaration ☐ Assignment-Specific ☐ New Hire/Engagement

If Assignment-Specific, provide CB information:

Field	Information
Certification Body Name:	_____
Assignment Type:	☐ Initial Assessment ☐ Surveillance ☐ Reassessment ☐ Witness Audit ☐ Other: _____
Planned Assessment Date(s):	_____

Section 2: Employment and Contractual Relationships

2.1 Current Employment and Positions

Are you currently employed by, or do you hold any position (officer, director, board member, consultant, advisor) with, any third-party certification body or food company?

☐ No
☐ Yes – Provide details below:

Organization Name	Position/Role	Start Date	Nature of Work

2.2 Recent Employment (Past 3 Years)

Have you been employed by, or held any position with, any third-party certification body or food company within the past 3 years?

☐ No
☐ Yes – Provide details below:

Organization Name	Position/Role	Employment Period	Nature of Work
		From: _ **To:** ___	
		From: _ **To:** ___	

Specifically for the CB in this assignment (if applicable):

Have you been employed by or provided services to this certification body within the past 3 years?

☐ No
☐ Yes
☐ N/A (Annual Declaration)

If Yes, provide details: _____

2.3 Future Employment

Are you currently negotiating, seeking, or have any understanding regarding future employment or engagement with any third-party certification body or food company?

☐ No
☐ Yes – Provide details: _____

Section 3: Financial Interests

3.1 Ownership and Equity

Do you, or does any member of your immediate family (spouse, domestic partner, parent, child, sibling, or person living in your household), own shares, equity, or have any financial interest in:

a) Any third-party certification body?

☐ No
☐ Yes – Provide details below:

Organization Name	Type of Interest	Approximate Value	Family Member (if applicable)

b) Any food company that is, or could be, a client of an accredited certification body?

☐ No
☐ Yes – Provide details below:

Organization Name	Type of Interest	Approximate Value	Family Member (if applicable)

3.2 Consulting and Advisory Services

Do you, or have you within the past 3 years, provided consulting, advisory, training, or other professional services to any third-party certification body or food company?

☐ No
☐ Yes – Provide details below:

Organization Name	Type of Service	Service Period	Compensation
		From: _ **To:** ___	
		From: _ **To:** ___	

3.3 Gifts and Benefits

Have you received any gifts, hospitality, benefits, travel, accommodation, or other items of value from any third-party certification body or food company within the past 12 months?

☐ No
☐ Yes – Provide details below:

Source Organization	Description of Gift/Benefit	Approximate Value	Date Received

Note: Gifts or benefits exceeding USD $50 per occasion or 150 per year are prohibited under ASC policy.

3.4 Loans and Financial Arrangements

Do you have any loans, credit arrangements, guarantees, or other financial obligations with any third-party certification body or food company?

☐ No
☐ Yes – Provide details: _____

Section 4: Personal and Family Relationships

4.1 Immediate Family Employment

Are any members of your immediate family (spouse, domestic partner, parent, child, sibling, or person living in your household) employed by, or do they have financial interests in, any third-party certification body or food company?

☐ No
☐ Yes – Provide details below:

Family Member Name	Relationship	Organization Name	Position/Interest

4.2 Personal Relationships

Do you have any close personal friendships, business partnerships, or other relationships with officers, management, or key personnel of any third-party certification body?

☐ No
☐ Yes – Provide details: _____

Specifically for the CB in this assignment (if applicable):

Do you have any personal relationships with personnel of this certification body?

☐ No
☐ Yes
☐ N/A (Annual Declaration)

If Yes, provide details: _____

Section 5: Other Potential Conflicts

5.1 Competing Interests

Do you have any other business interests, professional activities, or affiliations that could create a conflict of interest or the appearance of a conflict with your ASC responsibilities?

☐ No
☐ Yes – Provide details: _____

5.2 Legal or Regulatory Proceedings

Are you currently involved in any legal proceedings, disputes, or regulatory investigations involving any third-party certification body or food company?

☐ No
☐ Yes – Provide details: _____

5.3 Other Disclosures

Is there any other information, relationship, or circumstance that could affect, or could be perceived to affect, your ability to perform accreditation activities impartially and objectively?

☐ No
☐ Yes – Provide details: _____

Section 6: Impartiality Commitment

I understand and commit to the following:

☐ I will conduct all accreditation activities with complete impartiality, objectivity, and independence.

☐ I will base all decisions and recommendations solely on objective evidence and compliance with applicable requirements.

☐ I will not allow commercial, financial, personal, or other pressures to compromise my impartiality.

☐ I will immediately disclose any conflicts of interest that arise during my work with ASC.

☐ I will not accept gifts, benefits, or hospitality from certification bodies or food companies beyond nominal value.

☐ I will comply with all requirements of ASC's Conflict of Interest Policy (POL-COI-01).

☐ I understand that failure to disclose conflicts of interest may result in disciplinary action, including termination of employment or contract.

Section 7: Declaration and Signature

I declare that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand my obligation to immediately disclose any changes in circumstances that could create a conflict of interest.

I have read and understand ASC's Conflict of Interest Policy (POL-COI-01) and agree to comply with all its requirements.

Field	Information
Signature:	_____
Printed Name:	_____
Date:	_____

Section 8: Quality Manager Review

Reviewed by:

Field	Information
Quality Manager Name:	_____
Review Date:	_____
Conflicts Identified:	☐ No conflicts identified ☐ Conflicts identified and managed (see below)

If conflicts identified, describe management strategy:

Quality Manager Signature: _____

Section 9: Impartiality Committee Review (if applicable)

For significant or complex conflicts requiring committee review:

Field	Information
Committee Review Date:	_____
Committee Decision:	☐ Approved – No disqualifying conflicts ☐ Approved with restrictions (see below) ☐ Not approved – Disqualifying conflict

Restrictions or conditions (if applicable):

Committee Chair Signature: _____

Section 10: Chairman Approval

Final approval:

Field	Information
Chairman Name:	_____
Approval Date:	_____
Status:	☐ Approved for all accreditation activities ☐ Approved with restrictions ☐ Not approved

Chairman Signature: _____

Record Retention

This form is retained in the personnel file for a minimum of **10 years** in accordance with 21 CFR § 1.625. Access is limited to authorized personnel.

Document Control:
This form is controlled and maintained by the ASC Quality Manager. Printed copies are uncontrolled.

For Office Use Only:

Field	Information
Form Received Date:	_____
Entered into Database:	☐ Yes ☐ No
Personnel File Updated:	☐ Yes ☐ No
Follow-up Required:	☐ Yes ☐ No
Notes:	_____