



R2v3 Code of Practices Rev. 2.4

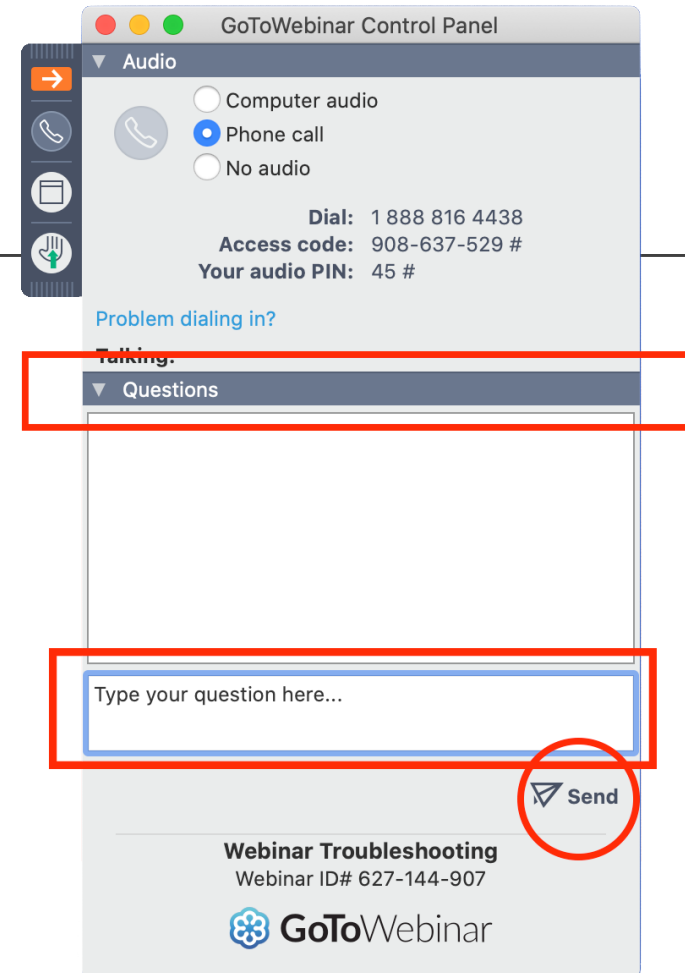
Presenter:
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Housekeeping

- All attendees are muted.
- Q&A after presentation – please use question tab.
- Slides and recording will be available at www.pjr.com after the presentation.
- Reach out to pjr@pjr.com with any additional inquiries.



Agenda

- COP Rev. 2.4 publication details and implementation requirements
- Key changes affecting clients and Certification Bodies (CBs)
- Q&A (please use the question tab)

Publication

- Revision 2.4 was published on February 18th, 2025
- Revised copies of the R2v3 standard, REC, and COP are available for download at no cost on SERI's "Document Library" website page, upon signing SERI's agreement:
 - [Document Library - SERI \(sustainableelectronics.org\)](https://sustainableelectronics.org)

Implementation

- CBs are required to implement the changed COP requirements by May 18th, 2025 (90-day implementation), with one exception:
 - Section 8.1.1 must be implemented by May 18th, 2025 for new clients (contracted with a CB by this date), but an extension is provided for implementation by January 1st, 2026 for existing clients.

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

CBs shall implement this requirement for new Candidate Facilities who already have contracts in place (not yet started audits) or are signing contracts in 2025 by May 18, 2025. However, SERI will allow the 2.3 version of the COP to be applied to those surveillance audits that have already been scheduled for existing Facilities to continue as planned till the end of 2025. Starting Jan 1, 2026, all Facilities' surveillance cycles shall follow the 8.1.1. requirement of the COP.”



Key Changes

- Facility changes must be reported to SERI within 7 days of the CB being notified by the R2 Facility.
 - Examples include changes to location (facility moves), name, and/or certification structure.
 - Audits to verify the changes will be required within 60 days of the effective date of the change. Failure to meet this deadline will result in suspension of R2 certification.
 - Revised certificates must be issued within 6 months of the effective date of the change. (This includes closure of any NCRs, and technical package review.) Failure to meet this deadline will result in withdrawal of R2 certification.
 - If the verification audit will be conducted in conjunction with an annual audit, time is required to be added. Verification audits are eligible for virtual auditing.
 - Note: Prerequisite QEHS certificates must also reflect the above changes to be in conformance with R2 qualification requirements.



Key Changes (continued)

- R2 Facility personnel are required to be the primary participants in R2 audits. Conversely, consultants are not permitted to act on behalf of the R2 Facility, nor influence the audit, as this is considered a conflict of interest.
- “Consultant” is defined in the COP as: “Any professional that assists the organization in implementation, management, and oversight of requirements. A consultant can be a contractor or be an employee of the Candidate Facility or R2 certified Facility.”
- Identification of the name of the consultant(s) and the consultant’s company(ies) within Contract Review activities and audit reports is required, regardless of whether the consultant is considered an employee or contractor of the R2 Facility. This includes all types of QEHS/R2 consultation, regardless of whether they are present during the audit.



Key Changes (continued)

- SERI will need to be consulted in instances where a Candidate Facility does not exactly fit the certification structure options outlined in Table 3.
 - An example might be an R2 Facility that is a Common Parent (due to the usage of multiple entity names) and also a Campus (due to the joint processing of materials at 2+ locations).
- SERI License Agreements will be required during the Contract Review (Contract Validation) process prior to Stage 1.



Key Changes (continued)

- QEHS prerequisite certificates must contain names, addresses, and scopes that match and support (without contradicting) the R2 certificate's contents.
 - Most commonly, this is accomplished through ISO 14001 and 45001 (and ISO 9001, as applicable), or RIOS:2016.
 - Scope-specific verbiage is required, such as (but not limited to) “brokering” for Appendix F certification, and/or “testing,” “repairing,” and/or “refurbishing” for Appendix C certification. The types of materials processed per the scope must also be in agreement. For example, a QMS scope cannot be limited to testing of “mobile phones,” if the R2v3 certificate includes testing of “mobile phones, laptops, and tablets.”
 - A major NCR is required in instances where the QEHS certificates are invalid, including name, address, scope, suspension, lapsing, and/or accreditation status issues.



Key Changes (continued)

- Non-integrated audit time is utilized (for affected Appendices) in instances where the QEHS certificates are held by another CB and/or the QEHS audits are conducted separately from R2v3. This is addressed in Tables 5a-c, based on employee count.
- Copies of prerequisite certificates will be required to be submitted with each annual R2 audit package, to support the new requirement for a CB to track expiration dates of QEHS certificates issued by other CBs in support of R2v3 certification eligibility.
- R2v3 certificates will be suspended if a prerequisite QEHS certificate is found to be suspended, expired, unaccredited, or revoked/withdrawn. The maximum suspension duration is 6 months, to avoid withdrawal of the R2v3 certificate.



Key Changes (continued)

- “Broker only” Candidate Facilities cannot receive or process used electronics/components at the site.
 - “Broker only” facilities cannot be located at the same site as an electronics processor (“Shared Facility” scheme), nor can they be located at the same site as their Downstream Vendor.
- “Broker only” R2 Facilities may be eligible for fully remote audits, if no materials are ever received at the site.
 - Criteria for conducting the audits, calculating audit time, reporting affected clients to SERI, and adding 1 day of audit time, are stipulated in the COP.



Key Changes (continued)

- “Shared Facilities” schemes are no longer contingent on the organizations having different ownership, and the requirement to prove a parent relationship has been removed (as this is not applicable).
- “Common Parent” schemes are now required to have an additional 0.25 days of audit time added for each entity/organization beyond the parent company.
 - For example, Company A/Company B would have an additional 0.25 days added to the audit duration, while Company A/Company B/Company C would have an additional 0.5 days added.



Key Changes (continued)

- Written approval could be requested from SERI by the CB well in advance of an audit outside of the virtual audit allowances outlined in 7.6.1, if virtual auditing is necessary due to significant safety concerns.
- During integrated QEHS/R2v3 audits, any NCR(s) identified that could be written against the QEHS standard(s) or the R2 standard must be written against the R2 standard.
 - Reminder: The COP requires virtual or on-site revisits for annual audit R2v3 NCRs.
- Open internal audit findings do not preclude the R2 auditor from capturing the issues as NCRs during Stage 1/2 or Recertification audits.
 - Individual R2 NCRs are required, not a grouped finding against the internal audit process.



Key Changes (continued)

- The COP stipulates which conditions must be identified as major NCRs. The following has been added to the pre-existing list:
 - Not registering and/or updating the registration of DSVs within the Recycling Chain with SERI (in instances where the R2 Facility chose Appendix A(4)(b) to show transparency);
 - Inadequate scoping of QEHS certificate(s) (as previously mentioned);
 - Lack of identification, or implementation, of legal/regulatory requirements;
 - Failure to report a violation to the CB within 30 days of receipt (per Core 4(d)(5));
 - Not providing, or maintaining, the requested documents/records to demonstrate standard conformity (per Core 3(c)).



Key Changes (continued)

- The maximum duration between Stage 1 and Stage 2 has been removed. (It was previously 6 months.)
 - The revised deadline requires issuance of a certificate within 8 months of the Stage 1.
- The deadlines for closure of NCRs, as well as other related deadlines, have been reformatted into a reference table within the COP. Some of the deadlines have also been revised.
 - Ramifications for not meeting the deadlines are also outlined in Table 6, and can include repeat audits, suspension, etc.



Key Changes (continued)

- All sales websites must be disclosed to the auditor.
- Core 4 has been added to the annual audit sampling requirements.
- Core 10 becomes an annual audit sampling requirement, for clients certified to Appendix F.
- Post-audit NCRs, when warranted, are to be issued as a result of the technical package review process, rather than saved for review during the subsequent audit.



Key Changes (continued)

- Annual audits will now be due within 12 months of the certificate decision each year (like an anniversary), following a Stage 2 or Recertification audit.
 - Extensions could be requested by the CB from SERI in rare instances related to scheduling constraints on the CB's part.
 - Failure (on the client's part) to schedule the audits to be conducted by the annual deadlines will result in suspension, and can subsequently lead to withdrawal.
- “Significant changes” warrant on-site verification, in many instances, and can prevent approval of an audit to be conducted virtually.
- Some previously-required documented evidence has been removed from the virtual audit approval criteria. (PJR's F-108ict_R2 form has been adjusted accordingly.)



Key Changes (continued)

- All fully remote R2 audit packages will now be required to automatically be uploaded to SERI's file sharing system by the CB.
 - Previously, packages were only uploaded upon SERI's request.
 - The likelihood of SERI sampling these packages is high.
- Transfer clients are not exempt from the requirement that a Recertification audit be conducted by a new Lead Auditor, if the same auditor conducted all three annual audits of the previous audit cycle.



Key Changes (continued)

- SERI will formally review and approve all R2v3 certificates issued by CBs, which will be considered to be draft certificates prior to SERI's approval.
 - Subsequent to SERI's approval, copies of the certificate(s) will be provided to the R2 Facility, and the SERI directory and IAF Cert Search both updated.
 - Rejected certificates will require resolution.
 - The CB is required to notify SERI of any changes in certificate status (example: suspension).
- Any and all applicable DBAs and entity names must be registered and designated on the certificate(s).



Key Changes (continued)

- Verification of changes must be conducted via an audit within 60 days of the effective date of the change to avoid suspension.
 - This includes facility moves, name changes, and certification scheme changes.
 - If the audit will take place with an annual audit, time is required to be added to the audit for verification of changes.
 - Prompt notification of changes to the CB minimizes the likelihood of suspension.
- Five or more major NCRs require suspension of R2v3 certification.
- Fraudulent activities can result in withdrawal or revocation.



Thank you

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Austin Matthews is an esteemed auditor with qualifications in ISO 9001, ISO 14001, ISO 45001, R2v3, RIOS, and e-Stewards. She has been serving as the Environmental Health and Safety (EHS) Program Manager since 2021. Prior to this role, she was the Assistant EHS Program Manager since 2014, after being hired in 2012 as an EHS Lead Auditor with Perry Johnson Registrars (PJR).

Our Presenter

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