



AF 9100:2026

Aerospace Quality Management System

POLICY

Ethics, Impartiality and Protected Reporting Policy

AF-PL-9100-002

FIRST EDITION

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Publication identity and application

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Use and document-control boundary

This companion implements the supplied AF 9100 requirement basis without changing the original standard. Its process allocation, examples, checklists and record design are authored implementation material. Actual mission or product limits, specialist procedures, permissions and genuine observations must be completed before consequential use. Applicable source minima and independent decision conditions cannot be reduced by this companion.

The printed edition date identifies the companion series; it is not evidence that later preparation, review or operational decisions occurred on that date. New support codes in this set are proposed allocations for controlled registration. Established AF-IG-9100-001, AF-FAQ-9100-001 and AF-TR-9100-001 identities are retained; earlier files, the corporate master list and ASTRA codes are not overwritten.

Equivalent combined or digital records are permitted when all required fields, relationships, authority and history remain intact. A completed PDF field or typed name is not evidence of an authenticated approval. Blank records in this delivery contain no invented applicant, signature, event or result.

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Select actual scope → complete application criteria → use the applicable procedure and technical book → capture authentic evidence → evaluate every applicable condition → obtain the required independent decision. Document availability does not establish implementation or conformity.

1 Scope, responsibility and source priority

Applies to the responsible function and exact evaluated object selected from the source. Use only the duties triggered by actual activity and retained responsibility.

Boundary	Required implementation decision
Object and route	Identify ORG, PRD, SVC, PRC, PER, SUB or CAB separately. Combined records do not merge outcomes.
Activity	Apply source technical modules by performed or retained responsibility, including relevant outsourced work.
Authority	Technical release, employer task permission, independent attestation and statutory authorization remain distinct.
Source priority	AF 9100:2026 and all compatible binding obligations control. This companion does not import ASTRA programme rules or external normative schemes.

2 Policy commitments and prohibited conduct

2.1 Governance, Delegation, Impartiality and Stop Authority

The responsible function maintains governance, delegation, impartiality and stop authority within its actual scope. Unresolved conflicts, expired delegation or a failed essential protective control prevent the affected authorization.

Policy application: Identify the accountable executive, management representative and relevant design, safety, production, digital, metrology and release authorities. State scope, limits, substitutes and reporting paths in written appointments. Technical return requires evidence of cause, extent and restored controls. Scheme status and public claims are separate decisions. Examine attempted interference and act on independent dissent rather than closing it by management preference.

2.2 Assessor Qualification, Impartiality and Continuing Authorization

The responsible function maintains assessor qualification, impartiality and continuing authorization within its actual scope. An unmet entry, current-practice, essential-step or conflict condition prevents the affected independent role.

Policy application: Separate auditor, lead, expert, application reviewer, technical reviewer, decider and appeal reviewer. Record route, sector, method, criticality, language and access limits. Review CPD, actual practice, lead assignments, reviews/decisions and periodic witnessed performance. Suspend independent use after unmet minima and verify supervised reactivation without retroactively validating unauthorized work.

2.3 Independent Decisions, Attestations, Claims and Registry

The responsible function maintains independent decisions, attestations, claims and registry within its actual scope. Missing independent authority, unsupported mandatory evidence or open in-scope nonconformity prevents a positive new attestation.

Policy application: Identify exact object, profile, scope, period, criteria, evidence, findings, configuration and proposed public statement. Verify the evaluated scope is technically and administratively complete. Reconcile the registry and certificate to the actual decision, protect confidential detail, communicate remedies and preserve corrections. Record status changes within source intervals; no reprint revives a suspended claim.

2.4 Complaints, Appeals and Protected Concern Handling

The responsible function maintains complaints, appeals and protected concern handling within its actual scope. Missing independent review or essential evidence holds a supported appeal conclusion; necessary protection remains active.

Policy application: Record receipt, reporter channel, object, decision and grounds. Distinguish complaint, appeal and urgent safety or integrity concern; accept material good-faith information without membership or application-fee barriers. Appeal receipt does not reinstate or extend status. Trace substantiated issues to affected reports and other holders, correct misleading public claims and verify corrective effectiveness while preserving original history.

3 Responsibilities, implementation and review

Function	Policy responsibility
Accountable executive	Provide resources, protect independence, approve policy application and respond to systemic adverse evidence.
Technical and process owners	Translate commitments into applicable controls, prospective criteria and genuine records.
Independent assurance	Challenge unsupported decisions and report unresolved threats through an uninvolved authority.
All relevant personnel	Use current instructions, report actual observations, preserve adverse evidence and stop unsupported consequential work.

Explain this policy in forms and language understood at the actual point of use. Evaluate application through decisions and records rather than attendance alone. Review after material change, serious concern and the applicable management review; do not invent an additional universal review calendar.

4 Implementation instruments

Procedure code	Operating instrument
AF-PR-9100-003	Governance, Delegation, Impartiality and Stop Authority
AF-PR-9100-032	Assessor Qualification, Impartiality and Continuing Authorization
AF-PR-9100-034	Independent Decisions, Attestations, Claims and Registry
AF-PR-9100-036	Complaints, Appeals and Protected Concern Handling

Appendix A — Controlling source and evidence

Source: AF 9100:2026, Aerospace Quality Management System, FIRST EDITION, 29 September 2026; supplied 131-page PDF. Source page references below locate the original publication. These excerpts are read with the complete applicable standard; local implementation sequences do not replace it.

5.4 Ethical behavior and quality culture

SOURCE p. 16 | Normative when applicable

5.4(a) The organization shall establish behavioral expectations prohibiting falsification of test results, concealed rework, unauthorized substitutions, misleading claims and retaliation for good-faith reporting. Management incentives and production targets shall be reviewed for pressures that could undermine these expectations.

5.4(b) Personnel shall have accessible channels to raise concerns, including escalation outside the immediate production chain when necessary. The organization shall protect reporters within applicable requirements, investigate concerns impartially and communicate outcomes appropriately. An increase in reported concerns shall not automatically be interpreted as deteriorating culture.

5.4(c) Culture shall be evaluated using more than a survey score. The organization shall examine response to bad news, willingness to stop work, closure quality, recurrence, supplier treatment and management follow-through.

Required evidence: Behavior code; reporting channels; investigation records; incentive review; culture evaluation and actions.

5.6 Governance of claims and external relationships

SOURCE p. 16 | Normative when applicable

5.6(a) The organization shall ensure that proposals, declarations, product literature, environmental claims and statements about certification or AF recognition are accurate, bounded and supported. A management-system assessment shall not be used as evidence of a product capability that was not evaluated.

5.6(b) Potential conflicts arising from investment, consultancy, training, supplier ownership or commercial sponsorship shall be disclosed to relevant decision makers. Any conformity decision shall remain independent of payments or membership status. Public corrections shall be made when a materially misleading claim is identified.

Required evidence: Claim-approval process; supporting evidence; conflict disclosures; correction records.

22.2 Evaluation, review and decision separation

SOURCE p. 40 | Normative when applicable

22.2(a) The scheme operator shall appoint evaluators competent for the object, sector, criticality and methods involved. Technical expertise shall be added where an auditor's competence does not cover the evaluated activity. Assignment, competence and conflicts shall be checked before work begins.

22.2(b) For third-party attestation, the decision maker shall not have performed that evaluation or supplied the relevant consultancy. A competent independent person may combine evidence review and the decision, but shall not certify their own evaluation. Internal release and internal audit independence shall follow their applicable role and criticality rules, not an inappropriate assumption that every employee is independent.

Required evidence: Assignment matrix; competence and conflict checks; evaluation record; independent review and decision identities.

28.1 Legal responsibility, resources and impartiality

SOURCE p. 48 | Normative when applicable

28.1(a) The provider shall identify the legal entity responsible for its work, governance, authorized signatories, resources and arrangements for financial and professional liabilities. Its commercial model shall not condition a favorable result on purchasing consultancy, training, membership or other services.

28.1(b) Impartiality risks from ownership, employment, shared staff, referrals, finance, close relationships and previous work shall be identified, reviewed and controlled. Where a conflict cannot be reduced to an acceptable level, the assignment shall be refused or reassigned. A signed declaration alone shall not neutralize an actual conflict.

Required evidence: Legal and governance records; resource and liability arrangements; impartiality analysis; conflict decisions.

AB.5 Impartiality and incompatible activities

SOURCE p. 107 | Normative when applicable

AB.5(a) For third-party evaluation, review and decision, personnel shall not be assigned to a client for which they provided relevant consultancy or held employment within the preceding 24 months. The provider shall also evaluate ownership, financial dependence, family or close relationships and other conflicts that may remain after that period.

AB.5(b) The 24-month rule is not an internal-audit ban on employees. Internal auditors shall instead be independent of the work they evaluate, with suitable reassignment or external support where separation is not feasible. A product release reviewer may be internal, subject to the technical independence required by Annex B.

AB.5(c) An evaluator shall not promise a favorable decision, design the corrective action they will independently certify, accept outcome-linked compensation or suppress evidence at the applicant's request. General explanation of a requirement is permitted; client-specific system design that undermines independence is not.

Required evidence: Conflict declarations; prior-work screening; compensation controls; reassignment decisions; internal independence arrangements.

AI.1 Accessible intake and case separation

SOURCE p. 126 | Normative when applicable

AI.1(a) The operator shall provide an accessible route for complaints and appeals, with clear instructions, confidentiality arrangements and responsible contacts. A complaint expresses dissatisfaction requiring investigation; an appeal requests reconsideration of a specified decision. A case may contain both, and each issue shall receive appropriate handling.

AI.1(b) Good-faith safety, integrity or competence concerns shall be accepted without an application fee or retaliation. Anonymous concerns shall be evaluated on available evidence. The operator shall not reject a material allegation solely because the reporter is not a paying customer or certificate holder.

Required evidence: Published intake procedure; case identity; issue classification; confidentiality and non-retaliation controls.

AI.2 Acknowledgement, triage and protection

SOURCE p. 126 | Normative when applicable

AI.2(a) The operator shall acknowledge receipt within five calendar days and identify the case owner, scope and expected process. Triage shall determine whether immediate protection, report correction, status action or notification is needed. Time-critical protection shall not wait for acknowledgement or a full investigation.

AI.2(b) The operator shall preserve relevant original records and prevent inappropriate modification or destruction. A conflict check shall be performed before appointing investigators or reviewers. The reporter's identity shall be disclosed only as necessary and lawful for fair handling and protection.

Required evidence: Acknowledgement; triage; protective actions; evidence preservation; conflict and privacy review.

AI.3 Appeal admissibility and independent reviewers

SOURCE p. 126 | Normative when applicable

AI.3(a) An appeal should identify the contested decision, grounds and relevant evidence and shall normally be submitted within 30 calendar days after decision notification. The operator may admit a later appeal where justified by new material evidence, access barriers or other documented good cause, applying the policy consistently.

AI.3(b) The appeal decision shall be made by competent persons who did not perform the original evaluation, review or decision and have no material conflict. At least one reviewer shall understand the relevant technical or competence scope; specialist advice shall be obtained where needed.

AI.3(c) An internal review may resolve a clear administrative error promptly, but a substantive contested decision shall still receive independent consideration. The original decision maker may explain the record, but shall not vote on the appeal outcome.

Required evidence: Admissibility decision; independent appointment; technical competence; conflicts; participation boundaries.

AI.4 Evidence, fairness and technical investigation

SOURCE p. 126 | Normative when applicable

AI.4(a) The case review shall examine the applicable requirements, profile, actual evidence, method, scoring or decision rule, independence, original reasoning and new material information. Both supporting and contrary evidence shall be evaluated. Missing records shall be identified as a limitation, not reconstructed as if they had existed.

AI.4(b) Affected parties shall have a fair opportunity to present relevant information and respond to material issues, subject to lawful confidentiality and safety limits. The review may request repeat testing, re-examination, additional audit or specialist analysis where necessary and technically justified.

AI.4(c) The investigation shall distinguish a valid original decision from new circumstances arising later. Where the scope or configuration has changed, the operator may require a new application rather than falsely treating later evidence as proof of conformity at the original date.

Required evidence: Investigation plan; complete evidence record; party submissions; independent technical analysis; distinction of original and later facts.

AI.5 Determination, communication and exceptional delay

SOURCE p. 126 | Normative when applicable

AI.5(a) An ordinary case shall be determined within 60 calendar days after receipt. Where complexity, authorized evidence access or necessary technical testing requires longer, the operator shall document the reason, inform the parties and provide progress at least every 30 days. An extension shall not postpone necessary protective action or revive an expired claim.

AI.5(b) The decision shall state whether the original conclusion is upheld, corrected, replaced, returned for further evaluation or withdrawn. Reasons shall identify the applicable requirements and material evidence. The authorized scope and effective date of any status change shall be explicit.

AI.5(c) The outcome shall be communicated to the relevant parties with available further review routes. A successful appeal shall not be conditioned on purchasing consultancy or additional membership. Costs for genuinely necessary new technical evaluation shall be transparent and not punitive.

Required evidence: Reasoned determination; documented extensions; timely progress; communicated status and review route.

AI.6 Status during appeal and corrective effects

SOURCE p. 127 | Normative when applicable

AI.6(a) Filing an appeal shall not automatically suspend a protective measure, reinstate a credential or extend validity. The independent authority may revise an interim measure only where actual evidence supports equivalent protection and the decision is lawful.

AI.6(b) A substantiated complaint shall trigger review of affected reports, attestations, applicants or earlier outputs, not only the individual case. Corrective actions shall address method, competence, impartiality or system deficiencies and their demonstrated effectiveness.

AI.6(c) Where public correction is necessary to prevent misleading use or harm, the operator shall issue a proportionate authorized notice. Confidentiality shall not be used as a blanket reason to leave a materially false public conformity claim uncorrected.

Required evidence: Interim status decisions; affected-population analysis; systemic corrective action; accurate public correction.

AI.7 Case records, oversight and completed example

SOURCE p. 127 | Normative when applicable

AI.7(a) The case record shall include identity, dates, issue, contested object and decision, submissions, evidence, conflicts, reviewers, technical analysis, interim measures, outcome, communication and corrective action. Records shall follow Annex AG retention and appropriate privacy controls. Trend review shall identify repeated bias, method failure or delayed handling.

AI.7(b) Illustrative case: an applicant appeals rejection of a dimensional result because the nominal value is within specification. The independent reviewer confirms that DR-A was agreed before testing and that the uncertainty interval overlapped the limit. The original indeterminate decision is upheld. The applicant may submit a validated

improved measurement; such later evidence supports a new acceptance decision and does not make the original record incorrect.

Required evidence: Complete case dossier; trend and impartiality oversight; preserved original and revised decision history.

Appendix B — Local implementation and release

Readiness condition	Evidence before consequential use
Authority and responsibility	Actual legal operator, owner, competent technical authority, independent reviewer and permitted result class are recorded.
Scope and criteria	Object, configuration, site, period, trigger, every technical value or observable attribute, units and prospective approval are complete.
Evidence and methods	Original accessible evidence, representative observations, valid methods, uncertainty, adverse cases and limitations support the intended conclusion.
People and independence	Competence is current for each task; genuine conflicts, relevant prior work and needed separation have been checked.
Records and tools	Field meanings, unique IDs, original history, access, retention, recovery and actual deployed workflows have passed local validation.
Decision and public use	All relevant blockers are resolved; required independent decision and written permissions precede the exact public claim.
Continuity and handover	Receiving custody, unresolved duties, corrections and historical decisions survive transfer, retirement or provider closure.

Record the completed local readiness and actual authorization in AF-FR-9100-032 or an equivalent controlled record. Preserve the unchanged source standard and each earlier decision basis. A blocked activity may continue only within a genuinely permitted development boundary, not as a provisional conformity certificate.