HESHAM ABBAS FOR CONSULTING

ISO TOOLKIT

ISO 9001:2026 Transition

Gap Assessment Checklist for Quality Leaders

A single-session diagnostic across clauses 4–10

Walk through the 12 items with your quality manager and one operations lead. Use the result as your transition workplan.

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1 CHECKLIST

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How to use this checklist

Designed to be walked through in a single working session.

This is the same gap assessment HAC uses in the opening phase of every ISO 9001:2026 transition engagement. It is deliberately short, twelve items rather than fifty, so a real working session can cover it in under two hours.

For each item, mark one of three statuses: **Ready** (documented, current, operating well), **Partial** (exists but incomplete or out of date), or **Gap** (not addressed). If three or more items come back as Gap, the transition requires meaningful work, not an update. That is still manageable in the three-year window. It is not manageable in a six-month rush.

BEFORE YOU START

Who should be in the room

Your quality manager leads. Bring one operations lead who knows how changes are made day to day, and one HR or people lead, since three items cover culture, awareness and knowledge. If you have an internal auditor, include them: two items relate directly to audit and management review.

ORGANIZATION

SITE(S) IN SCOPE

LEAD ASSESSOR

DATE

Ready	Partial	Gap
Documented & operating	Exists but incomplete	Not yet addressed

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Clauses 4 & 5 — Context and leadership

Items 1 through 4. Interested parties, climate, quality culture and ethics, reporting on opportunities.

CLAUSE 4 · CONTEXT OF THE ORGANIZATION

01	Interested-parties register shows, for each relevant party, **which of their requirements the QMS will address** (4.2 c), with a reason for each requirement it will not.	☐ ☐ ☐
02	Climate change **assessed and recorded as relevant or not** (4.1), with the reasoning. Climate-related requirements of customers, regulators or investors captured in the interested-parties register.	☐ ☐ ☐

CLAUSE 5 · LEADERSHIP

03	Top management can show, with evidence, how it **promotes quality culture and ethical behaviour** (5.1.1): decisions taken, behaviour recognised, how concerns are raised and acted on. A poster or a policy line alone will not pass.	☐ ☐ ☐
04	A named person is responsible for **reporting on opportunities for improvement** to top management (5.3), separately from QMS performance reporting, and ***QMS integrity during change*** is assigned.	☐ ☐ ☐

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Clauses 6 & 7 — Planning and support

Items 5 through 9. Risks, opportunities, change control, organizational knowledge, awareness.

CLAUSE 6 · PLANNING

05	Risk register updated so risks are **determined, analysed and evaluated** (6.1.2) against defined criteria, not only listed with a rating.	☐ ☐ ☐
06	A separate **opportunities log** (6.1.3) with owners, planned actions and a check on whether each action worked. A risk register with an "opportunities" column will not carry this.	☐ ☐ ☐
07	Change procedure covers **communicating the change, monitoring its effectiveness and reviewing the results** (6.3), and has been tested against a real recent change: a new product, site, supplier or system.	☐ ☐ ☐

CLAUSE 7 · SUPPORT

08	Critical **organizational knowledge is retained, applied and shared** (7.1.6): key roles mapped, handovers documented and lessons learned captured, so the work continues at the same standard when someone leaves.	☐ ☐ ☐
09	Induction and awareness training cover the organization's ***quality culture and ethical behaviour*** (7.3 e) for **everyone whose work affects quality**, not only the quality team.	☐ ☐ ☐

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Clauses 8–10 — Operations, evaluation, improvement

Items 10 through 12. Customer contingency, audit objectives, management review.

CLAUSE 8 · OPERATION

10	Key customers have received **information on contingency actions** (8.2.1 e) for a disruption to supply: alternative sources, routes and lead times, agreed and kept current.	☐ ☐ ☐

CLAUSES 9 & 10 · EVALUATION AND IMPROVEMENT

11	Every internal audit in the programme has documented ***objectives***, criteria and scope (9.2.2 a). **"Conformance to ISO 9001" alone will not pass** as an audit objective.	☐ ☐ ☐
12	Management review covers **changes in interested parties' needs and expectations** (9.3.2 c) and reviews risks and opportunities separately. References to the old Clause 10.3 updated to the merged 10.1.	☐ ☐ ☐

INTERPRETING YOUR RESULT

What to do based on the count of "Gap" items

Gap count	What it means
0–2	You are close to ready. Target a combined transition audit with your next surveillance or recertification visit in 2027.
3–5	Meaningful work required, but manageable. Start the transition workplan this quarter. Aim for audit in 2028.
6+	Substantial rebuild needed. Engage external support. Budget a 9–12 month implementation window before booking your transition audit.

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NEXT STEP

Turn your gap count into a transition workplan.

HAC runs clause-by-clause gap assessments across the GCC and Egypt. Hesham Abbas brings 35+ years of regional ISO expertise, including 23 years at Intertek. We convert this checklist into a costed, sequenced transition workplan in under two weeks.

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