1. PURPOSE

1.1 To ensure that the American Chemistry Council’s (ACC) Responsible Care management systems certification process sustains public confidence and acceptance by defining all the minimum qualifications and requirements as set forth in Section 5 below.

1.2 To define the Certification process that shall be used to verify that the management system is present throughout the Organization. This process will be used to meet the ACC certification requirement. The requirement shall be met by completing third-party audits using the RCMS® option, the RC14001® option or both. This procedure will refer to relevant documents governing each approach.

1.2.1 The framework for the RCMS certification approach is found in the current RCMS Technical Specification (RC101);

1.2.2 The framework for the RC14001 certification approach is found in the current RC14001 Technical Specification (RC151).

2. SCOPE

2.1 This procedure applies to all ACC member companies and Responsible Care Partner Companies (Organization).

2.2 All business units, including corporate and/or divisional headquarters, sites/units of an Organization that are considered to be in the Organization’s calculation for ACC membership and Responsible Care Partner status are covered.

2.3 This procedure does not apply to an Organization’s non-ACC businesses or sites, or to joint ventures or similar entities where the member or Responsible Care Partner company does not exercise controlling interest.

2.4 Any clarification necessary on which facilities this procedure applies, shall be defined by ACC.

2.5 In the case of RC14001 certification, existing ISO rules and procedures will take precedence.
2.6 For Organizations outside the ACC membership/Partnership, RC14001 is available as a certification option. These organizations are obligated to meet the pertinent requirements as indicated in ACC’s Certification Procedures documents (RC201-06).

3. DEFINITIONS

3.1 **American Chemistry Council (ACC)** – the primary trade association representing the business of chemistry in the United States. It is the sponsor of Responsible Care in the US (www.americanchemistry.com).

3.2 **Responsible Care** – an environmental, health, safety and security performance initiative which was adopted by the ACC in 1988. Responsible Care is an obligation of membership for ACC members and Responsible Care Partners. The initiative’s goals are continuous improvement and responsiveness to stakeholders’ concerns about the chemical industry’s products and operations.

3.3 **Responsible Care management system(s)** – This term with “management system(s)” in lower case refers to either the Responsible Care Management System [RCMS] or RC14001. Requirements are defined within either the “RCMS Technical Specification” (RC101), and/or the “RC14001 Technical Specification” (RC151), depending on the Organization’s certification approach.

3.4 **RCMS** - One option for certification under the ACC’s Responsible Care initiative. The requirements for RCMS can be found in ACC’s document RC101.

3.5 **RC14001** - A second option for certification under the ACC’s Responsible Care initiative. The requirements for RC14001 can be found in ACC’s document RC151.

3.6 **Organization** - The ACC Member and Responsible Care companies. Additional certification requirements for ACC Partner companies and other membership categories can be found in RC301.01

3.7 **ACC Certification Requirement** – Successful completion of RCMS or RC14001 audits at the Organization’s headquarters and a sample of sites which is based on its ACC’s membership calculations. Organizations must complete the required audits using either the RCMS or RC14001 option within the ACC’s designated certification cycle. ACC member and Responsible Care Partners are obligated to meet this requirement as an obligation of membership.

3.8 **Audit Service Provider (ASP)** – The third party auditing company that is employed by the organization to conduct audits to satisfy the ACC Certification requirement.
3.9 **ACC Designee** – Term referring to any external accreditation or certification body identified by ACC to assist in the oversight and management of this Responsible Care certification process. Relations between ACC and its designee(s) are governed by separate Memorandums of Understanding.

3.10 **Certification Sample Group** - The selected sites/units of a larger group of sites/units that have been selected to meet the Certification requirement. ACC companies are required to complete certification audits at their HQ plus a sample of their sites to satisfy ACC’s certification requirement.

3.11 **“Small” company** – Organization listed as an ACC Group 1 Category member for Occupational Injury and Illness Report (OIIR) purposes. These companies report < 2 million employee exposure hours per OSHA 300 requirements.

3.12 **Strategic Review Board (SRB)** – group charted in the ACC’s RC202 document to provide periodic external input into the Responsible Care certification process for the purpose of continuous improvement.

3.13 **Technical Oversight Board (TOB)** – group charted in the ACC’s RC203 document to manage the day-to-day activities of the Responsible Care certification process.

4. **RESPONSIBILITIES**

4.1 The Organization is responsible for implementing a management system that conforms to the requirements of RCMS (RC101) or RC14001 (RC151). The Organization is also responsible for selecting a qualified Audit Service Provider, for meeting ACC’s certification requirements and for reporting its certification status to ACC.

4.2 The Audit Service Provider (ASP) is responsible for meeting qualification requirements (see RC204) and being approved by one of ACC’s authorized designees. ASPs shall assure auditors they use are qualified and certified (see RC205). ASPs shall use the requirements set forth in this procedure to develop and conduct all audits. ASPs are responsible for selecting an appropriate Sample Group of the Organization’s sites for verifying Organization conformance to RCMS and/or RC14001 and for communicating the audit’s outcome to the Organization.

4.3 The American Chemistry Council (ACC) is responsible for oversight and management of the Responsible Care Certification Process and its documentation. ACC and its authorized designees shall be granted access to any audits conducted under this certification procedure. ACC and its designees reserve the right to monitor any Audit Service Provider’s performance, auditor’s qualifications, and
auditor’s performance at any stage of the audit process. ACC at its discretion may revoke an Audit Service Provider’s or Auditor’s eligibility to conduct Responsible Care certification audits.

4.4 The Strategic Review Board (SRB) shall provide strategic input to the ACC organization and Committees regarding Responsible Care management systems and the Responsible Care Certification process set forth in RC202.

4.5 The Technical Oversight Board (TOB) provides oversight of the Responsible Care Certification process as set forth in RC203.

5. REQUIREMENTS

5.1 The Organization shall select and verify that an Audit Service Provider (ASP) meets all requirements defined in RC204.

5.1.1 If any clarification of the ASP’s requirements is necessary, the ACC’s designee shall be consulted.

5.1.2 Any disputes over an ASP’s credentials shall be referred to the ACC’s designee for resolution prior to the start of an audit.

5.2 The Organization and Audit Service Provider shall develop a program to meet the ACC certification requirements. This shall, at a minimum include:

- reviewing the Organization’s structure;
- identifying how many and which company facilities shall be audited to meet the ACC certification requirement;
- determining a schedule for completing audits at the headquarters and the selected sites;
- to the extent possible, identifying individual auditors.

[Appendix 8.3 provides guidance for establishing auditor time. ACC designees will monitor this process to assure credibility of the process.]

5.3 The ACC certification requirement includes audits at the organization’s headquarters and a sample group of facilities as defined in the table below:

5.3.1 Audits shall be initiated on a timetable consistent with the certification implementation schedule presented below. The schedule shall be renewed every three years. Each Sample Group shall consist of the Headquarters (HQ) and a selection of facilities. For purposes of calculating the number of audit sites required using the 33% requirement in the Table, fractions of sites greater than or equal to a fraction of 0.50 shall be rounded off to the
next whole number and less than .49 shall be rounded off down to the
previous whole number.

<table>
<thead>
<tr>
<th>Company Size</th>
<th>Requirements</th>
<th>1/1/08 through 12/31/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 25 sites</td>
<td>33% of sites (up to a maximum of 4) + HQ</td>
<td>Complete all required audits.</td>
</tr>
<tr>
<td>26 - 40 sites</td>
<td>6 sites + HQ</td>
<td>Complete all required audits</td>
</tr>
<tr>
<td>41+ sites</td>
<td>8 sites + HQ</td>
<td>Complete all required audits</td>
</tr>
</tbody>
</table>

5.3.2 Headquarters’ selection may be made based on geographic location, business affiliations with sites, and other factors. If a company’s HQ is located outside of the United States, a business unit located within the U.S. may be designated.

5.3.3 Selection of the appropriate Sample Group may be made considering measures relating to relevant risks, as well as other factors such as randomness, site size, geographic location or complexity. Both the ASP and the Organization shall ensure that the selection of sites for the Sample Group is not directed only towards pre-determined or “flagship” facilities.

5.3.4 Sites / Business Units which are new to the Organization may be excluded for a period of 3 years from those sites that are considered for determining the Sample Group.

5.3.5 The ACC certification cycle occurs on a three-year timeline. At least once in every cycle the headquarters shall be audited to ensure continuity of the management system between the headquarters (HQ) and the facility operations.

5.3.6 Unless the number of an Organization’s eligible sites for audit makes this requirement mathematically impossible, at least 2/3 of the sample group shall be sites that have not undergone a certification audit in the previous cycle.

5.3.7 The details of the selection methodology used to determine the certification sample group shall be developed and agreed to by the Organization and the selected Audit Service Provider. These details may be reviewed by ACC or its designee, but they shall be considered confidential information belonging to the Organization unless authorized for release in writing by the Organization.

5.3.8 Member companies meeting ACC’s definition of “small” are allowed to combine their HQ audit with a co-located site into a single audit. This single audit shall meet the company’s HQ audit requirement and one site audit requirement.
5.3.9 Companies which are considered new to ACC and are conducting their initial round of audits, shall select the sites which the ASP will audit. ACC shall maintain a list of these new companies and make it available to ASPs upon request.

5.3.10 “Corporate” (or multi-site) Certification/Registration” Approach to Certification

5.3.10.1 ASPs seeking to issue a corporate RC14001 certificate must follow the guidelines set forth in *IAF Guidance to Guide 62, Issue 4, Annex 3*.

5.3.10.2 ASPs seeking to issue a corporate RCMS certificate must follow the guidelines set forth in *IAF Guidance to Guide 62, Issue 4, Annex 3*.

5.3.10.3 ACC Companies seeking a corporate certificate/registration shall be certified to one technical specification (RCMS or RC14001) only.

5.3.10.4 Certification audits shall occur during the ACC’s designated audit cycle. Surveillance visits may occur according to the schedule set by the ASP and ACC company.

5.3.10.5 When reporting its certification status to ACC (via website posting), companies with corporate certificates shall identify the sites that were audited and dates of the audits.

5.3.10.6 If an ACC company fails to maintain its corporate certificate due to changes in its management system, it may still claim to have met its ACC certification requirements, provided:

   i. The headquarters certification audit was successfully conducted during the current audit cycle.
   ii. The number of certification audits successfully conducted meets the company’s sample requirements as listed in RC201 and occurred during the current audit cycle.

5.3.10.7 If any question or dispute should arise concerning this process, the ACC’s Technical Oversight Board will be responsible for resolving the issue.

5.4 Organizations are encouraged to include public participants in their audit processes for both the Headquarters and site audits. In advance of the audit,
Organizations and Audit Service Providers should determine how this part of the process will work.

5.5 General guidance for on-site Headquarters audits:

5.5.1 Understand the Organization’s management systems and how they are implemented in the company.

5.5.2 Audit more deeply into those activities and responsibilities carried out at the Headquarters (e.g., Product Stewardship, Commercial Partner interaction, etc.)

5.5.3 Verify that specific Responsible Care disciplines applicable to the headquarters are present at an appropriate level (e.g., safety and health procedures for laboratories at the headquarters; personnel safety and evacuation procedures; other internal requirements identified by the Organization, etc.).

5.5.4 Understand who at the sample group sites has responsibilities for aspects of the management system and how they interface with the headquarters.

5.6 After the HQ audit is complete, the ASP shall issue a report identifying any management system strengths, non-conformances (minor or major) and potential opportunities for improvement. The Organization shall submit a timely written corrective action plan to the ASP for review and acceptance. In the case of major non-conformances, the auditor shall verify by an appropriate means that corrective actions have been effectively implemented. If necessary, this may include a return visit to see evidence of implementation. Following successful completion of follow-up for the audit and closure of any open issues, the ASP shall issue appropriate documentation recognizing completion of the audit.

5.7 Audits shall be conducted at remaining company sites per the sample group.

5.7.1 Documentation provided to the Audit Service Provider may include information on any current up-to-date certifications by third parties. Certain efficiencies in the conduct of audits may be realized for existing programs, provided the organization demonstrates to the auditor that these programs meet the needs for parts of the Technical Specifications, and the auditor positively reviews an appropriate sampling of objective evidence to grant efficiencies. Organizations shall work with their auditors to determine where the programs overlap, and if efficiencies will be given. Any credit granted which impacts the ASP’s methodology shall be detailed in the final audit report. A company or site may not opt out of the certification process because they are certified to other programs.
5.7.2 At the conclusion of the site audit, the ASP shall issue a report to the Organization identifying any management system strengths, non-conformances (minor or major) and potential opportunities for improvement. The Organization shall submit a timely written corrective action plan to the ASP for review and acceptance. In the case of major non-conformances, the auditor shall verify by an appropriate means that corrective actions have been effectively implemented. If necessary, this may include a return visit to see evidence of implementation. Following successful completion of follow-up for the audit and closure of any open issues, the ASP shall issue appropriate documentation recognizing completion of the audit.

5.8 The following requirements apply to all Responsible Care Certification audits:

5.8.1 The Organization shall be responsible to report its Certification status to ACC as part of ACC’s mandatory performance reporting requirements. It shall also communicate to ACC when it has achieved its ACC certification requirements for each cycle. This latter communication shall not be sent until the Organization has completed follow up needed to address non-conformances as referenced in Sections 5.6. and 5.7.

5.8.2 ACC shall maintain a listing on the ACC’s public website of Organizations that have completed ACC Certification requirements.

5.8.3 The Organization shall maintain a record of the methodology used to select its sample group and its audit report(s) in accordance with its internal document retention policy. Organizations are encouraged to share information publicly.

5.9 Dispute resolution:

5.9.1 Disputes concerning audit findings shall first be discussed with the Lead Auditor.

5.9.2 Any issue elevated beyond the Lead Auditor shall be addressed by the Audit Service Provider’s dispute resolution process.

6 RECORDS GENERATED

6.1 Summary of selection methodology and certification sample group (Audit Service Provider, Organization)

6.2 Audit Reports for each site/unit and headquarters (Audit Service Provider, Organization)
REFERENCES

7.1 ACC Guiding Principles on ACC external website in Responsible Care section at http://www.americanchemistry.com/

7.2 Responsible Care Certification – Index of Documents (RC100)

7.3 RCMS Technical Specification (RC101)

7.4 RCMS Technical Specification – Implementation Guidance (RC102)

7.5 RC14001 Technical Specification (RC151)

7.6 RC14001 Auditor Guidance (RC152)

7.7 Responsible Care Certification Strategic Review Board (RC202)

7.8 Responsible Care Certification Technical Oversight Board (RC203)

7.9 Responsible Care Certification Audit Service Provider Requirements (RC204)

7.10 Responsible Care Certification Auditor Qualification and Training Requirements (RC205)

7.11 Responsible Care Certification Auditor Course Requirements (RC206)

7.12 Responsible Care Partner Company Certification Procedure (RC301)

APPENDICES

8.1 Responsible Care Certification Process Management Strategy

8.2 Small Company Options for Combining HQ and Site Audit.

8.3 Guidance for Establishing Auditor Time for Responsible Care Certification Audits
8.1 Responsible Care Certification --- Management Strategy

Strategic Review Board (RC202)
- External Advise to ACC for RC and Certification

ACC Board Committee Responsible Care

ACC Responsible Care Team

Technical Oversight Board (RC203)

BEAC, ANAB, RABQSA
- www.beac.org
- www.anab.org
- www.rabqsa.com

BEAC - RCMS
ANAB - RC14001 and RCMS

Audit Service Provider (ASP) Qualified per RC204
- ASP applies to BEAC or ANAB and is approved
- BEAC or ANSB lists ASPs as a service to Member/Partner Companies
- Member/Partner Co. verifies ASPs and Auditors are qualified

Certification of RC Auditors per RC205
- Initial Application Fee and Annual Dues
- Photocopies of degrees earned or official transcripts
- Completed Work Experience Form
- Completed Statement of Audit Experience Form
- Completed Formal Training Record Form (inc. proof of RC Training)
- Completed Character Reference Forms
- Successful Completion of RC Auditor Certification Examination
- CPD Reporting Forms to verify continuing professional development

Training Course Recognition per RC206
- Application and Renewal Fees
- Training Course Provider Recognition Program Application for Recognition Form
APPENDIX 8.2 - Responsible Care Certification Process Guidance Recommendations for Specific Special Cases

In an effort to define some specific boundaries of flexibility in the Responsible Care certification process while maintaining its integrity and purpose to achieve timely membership Responsible Care Certification under the ACC Board approved strategic directives, the ACC has identified some options for companies that fall into very specific and limited “special case” categories. The two special case categories, qualification criteria, and certification options are summarized below. Special case options are offered to “small” companies, as defined below under existing ACC definitions, and would result in the combined headquarters and facility audits for all qualified and self nominated members. It should be noted that companies that maintain an International ACC membership will likely qualify for one of the two scenarios described below.

Small Company Scenario A

Qualifications:

a. ACC Member company must qualify as a small company. A small company is one that reports <2 million exposure hours for Occupational Injury and Illness Report (OIIR) purposes. This is the same ACC Group 1 company category used for annual OIIR safety reporting. For ACC Responsible Care Certification purposes, the company’s employee OIIR data will be used to determine whether it is considered “small” and in scope for this special case.

b. The company has a facility and headquarters (HQ) that are co-located geographically and both of which are subject to 3rd party audits under the Responsible Care Certification procedures.

Notification Requirements:

a. The Company self-selects to do a combined site-HQ audit.

b. The Company notifies ACC of its self-selection as small company.

c. The Company will be listed on ACC performance metrics website as electing to conduct a combined HQ-site audit to meet its HQ deadline.

Certification Requirements:

a. The Company must complete the combined HQ-site audit by the end of the current certification three-year cycle.
b. Companies that conduct combined audits and have additional required facility audits in their audit sample (See RC201), must complete other required facility audits by the end of the current certification three-year cycle.

Small Company Scenario B

Qualifications:

a. ACC Member company must qualify as a small company. A small company is one that reports <2 million exposure hours for Occupational Injury and Illness Report (OIIR) purposes. This is the same ACC Group 1 company category used for annual OIIR safety reporting. For ACC certification purposes, the company’s employee OIIR data will be used to determine whether it is considered “small” and in scope for this special case.

b. The Company has a "minimal" level of Responsible Care activities at its HQ. The company may elect to conduct a combined HQ-site audit by bringing HQ staff and appropriate documents and records to a site for combined audit. In this situation, both the HQ and site functions are subject to the 3rd party audit under the Responsible Care Certification procedures.

Notification Requirements:

a. The Company self-selects to do a combined site-HQ audit.

b. The Company notifies ACC of its self-selection as small company.

c. The Company will be listed on ACC performance metrics website as electing to conduct a combined HQ-site audit to meet its HQ deadline.

Certification Requirements:

a. The Company must complete the combined HQ-site audit by the end of the current certification three-year cycle.

b. Companies that conduct combined audits and have additional required facility audits in their audit sample (See RC201), must complete other required facility audits by the end of the current certification three-year cycle.

Notification for both Scenario A & B shall be made to ACC as part of the company’s certification reporting process on the Responsible Care metrics website. If a company or its service provider is unsure of its status as a small company, please contact: Dan_roczniak@americanchemistry.com
APPENDIX 8.3 Guidance for Establishing Auditor Time for Responsible Care Certification

This Appendix has been developed to provide guidance on the appropriate length of time needed to complete the Responsible Care Certification audits at sites and headquarters. This guidance was developed considering the *IAF Guidance on the Application of ISO/IEC Guide 66: General Requirements for Bodies Operating Assessment and Certification/registration of Environmental Management Systems (EMS), Annex 1, Issue 3 (IAF GD 6:2003)*. This document does not provide absolute time frames for completing the audit however; audited companies should question the audit service provider if the proposed time frame for an audit is significantly different from the times suggested here. The user may also want to refer to Guide 66 for more information.

The following definitions are provided as they apply to the Organization being audited.

**High Complexity** – These facilities have a large number of environmental, health, safety and security hazards and a large number of significant risks associated with those hazards. These facilities are typically large manufacturing facilities handling a significant quantity of high hazard materials.

**Medium Complexity** – These facilities have an average number of environmental, health, safety and security hazards and a modest number of significant risks associated with those hazards. These facilities are typically small to medium size manufacturing facilities handling a limited quantity of high hazard materials. Medium complexity may also include a company’s headquarters depending on the number of employees within the headquarters audit scope or the amount of support provided for the Responsible Care management system (either RCMS or RC14001) in support of site operations.

**Low Complexity** – These facilities have a small number of environmental, health, safety, and security hazards and few significant risks associated with those hazards. These facilities are typically small manufacturing operations with few employees and few or no high hazard materials. Low complexity may typically also include a company’s headquarters depending on the level of complexity of the functions provided to support the Responsible Care management system.

**Limited Complexity** – These facilities have a very limited number of environmental, health, safety and security hazards and few or no significant risks associated with those hazards. They may include headquarters or other office type environments which provide limited support functions for the Responsible Care management system.

**Special Complexity** – These facilities require additional and unique consideration at the audit planning stage. An example would include a headquarters audit where functions to support the Responsible Care management system are managed via a virtual organization rather than a physical location.
The Table at the bottom of this page, along with the additional guidance comments below, provides the basis for auditor times recommended to complete Responsible Care Certification audits. The numbers of employees in the table, and the corresponding auditor times, should be seen as a continuum rather than a stepped change.

1. For RCMS audits, auditor days can be taken directly from the table.

2. For RC14001 audits, auditor days for an initial audit should be increased by 20% to account for the additional complexity of ISO requirements. Additional guidance regarding auditor time adjustments for surveillance or re-assessment audits required for ISO are provided in Guide 66 and should be used as appropriate.

3. Auditor days for a headquarters audit may be reduced up to 40% if appropriate to account for low hazards/risks and/or limited support functions for the Responsible Care® management system.

4. An “Auditor Day” as defined in Guide 66 is typically a full normal working day of 8 hours. Auditor days may include preliminary work to review documents prior to the on-site audit, and report writing time. Consistent with Guide 66, on-site auditor time should typically not be reduced to less than 80% of the total from these guidelines.

5. Additional guidance including criteria for defining “number of employees”, and examples of additional factors to be considered that may increase or decrease auditor time are provided in Guide 66 and should be used as appropriate.

6. In all cases where adjustments are made to the time provided in the Auditor Time table, the Audit Service Provider shall maintain sufficient evidence and records to justify the variation.

### RCMS FACILITY AUDITS – RECOMMENDED AUDITOR DAYS

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<thead>
<tr>
<th>Number of employees covered within the audit scope.</th>
<th>Auditor Days (# of days x # of auditors)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Complexity (auditor days)</td>
</tr>
<tr>
<td>10</td>
<td>4 ± 1</td>
</tr>
<tr>
<td>30</td>
<td>7 ± 2</td>
</tr>
<tr>
<td>100</td>
<td>11 ± 3</td>
</tr>
<tr>
<td>500</td>
<td>16 ± 5</td>
</tr>
<tr>
<td>2000+</td>
<td>23 ± 7</td>
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Examples of headquarters operations that support the Responsible Care management system may include but are not limited to logistics, research, purchasing, sales and marketing, and corporate governance. In addition, the hazards and risks associated with the physical location, and operation of the headquarters facility, are considered in determining complexity and auditor time.
**DOCUMENT CONTROL**

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<tr>
<td>Written By: Responsible Care® Certification Team Task Group (2003)</td>
<td>Jack Cherry for Team</td>
<td>11/01/03</td>
</tr>
<tr>
<td>Owner: RC Certification Process Technical Oversight Board (TOB)</td>
<td>Karl Kimball acting</td>
<td>11/01/03</td>
</tr>
<tr>
<td>Approved By: ACC Responsible Care®</td>
<td>Daniel Rocznik</td>
<td>11/01/03</td>
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**Distribution:**

**REVISION LOG**

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<td>Original issue</td>
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<td>Second issue for clarifications of BEAC and ANSI-RAB NAP roles in support of the process. Addition of Appendix 8.4 on “small” company option for combined HQ + Site audit.</td>
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