



Accreditation Procedure

6.0 DOCUMENTATION REVIEW

- 6.1 At minimum, PJLA will request baseline documents for the (CAB) to submit to initiate the documentation review. This includes documents such as: Quality Manual, performed and completed proficiency tests/inter lab comparisons as required per PJLA Policy PL-1, and measurement uncertainty budgets. * Note- Additional baseline documents may be requested depending on the accreditation program the (CAB) is applying for.* This will be communicated as necessary on specific Readiness Review Checklists. Once the documentation is received from the (CAB) the assessor will be notified and will begin the documentation review. Additional documents may be requested to be provided directly to the assessor(s) as necessary (i.e. SOPs, Work Instructions, Management Reviews, and Internal Audits). The lead assessor or team will complete their review and notify the (CAB) if any questions arise. The review will be documented on the LF-5a and placed in (CAB's) file. Assessors may identify nonconformities at this time that will be communicated to the (CAB) prior to or during the assessment. If the nonconformities are severe the assessor(s) will recommend that the assessment be postponed until the (CAB) is ready to proceed with accreditation. In such cases, the (CAB) will be communicated to in regards to the assessor(s) feedback and will be provided the opportunity to decide to 1) postpone the accreditation or 2) reduce their accreditation assessment to a preassessment. However, PJLA holds all rights to cancel assessments based on the (CAB's) undeveloped system. In any of the aforementioned situations, PJLA will place the (CAB's) application on "hold" status until receiving instructions from the applicant.
- 6.2 Once the documentation review is completed and a recommendation is made to proceed with the on-site assessment, the lead assessor will develop an assessment plan. This will include specifics to the assessment including but not limited to: the scope of the (CAB), appropriate standard(s) and references, location(s), dates, start/end times, names of the assigned management representatives, assessor names with specific identified tasks, confidentiality statements and a listing to whom their final report will be distributed to. (CABs) will have the opportunity to review the assessment plan at least 14-days prior to the assessment and communicated with the lead assessor of any recommended changes. PJLA headquarters will also retrieve a copy of the plan to review and approve within a similar timeframe.

7.0 ON-SITE ASSESSMENT CRITERIA

- 7.1 Assessments are carried out in accordance to ISO 17011:2004 and consist of the following:
- 7.1.1 **Opening Meeting** is conducted with the (CAB's) management to confirm the scope and purpose of the assessment, review the assessment plan, reporting procedures and criteria for accreditation, introduce the assessment team and to confirm all relevant details for the assessment. The assessment team will also request that the



Accreditation Procedure

(CAB) provides them any details in regards to proprietary information within their organization. They will explain the levels of possible nonconformities and observations that may or may not be detected during the visit. All members available at the opening meeting will also be required to sign an attendance sheet as evidence of their participation.

- 7.1.2 **Detailed Examination** of the (CAB) itself, via personnel assessment, document review, and interviews of personnel. The assessment is conducted at all locations where key activities are performed. Activities performed at field sites controlled by the (CAB) are witnessed when as available and as scheduled between PJLA and the (CAB). * An appropriate number of staff is interviewed to ensure the competency of the (CAB) to perform activities covered by its desired scope, including staff performing in-house calibrations that affect the traceability of calibrations and/or test results. The (CAB's) methods for performing their scope are assessed that includes: technical competency, environmental conditions, equipment, traceability, reporting of the results, measurement uncertainty, records and method validation. The (CAB) is obligated to assist the assessment team by ensuring that all facilities related to the scope of accreditation are accessible and that an appropriate number of staff members are made available to interview. Members of the (CAB) should participate with the assessment team by clearly communicating with them on their processes and have the ability to promptly provide supporting documentation or records for areas being assessed. Any delays by the (CAB) and its staff may cause a delay in the entire accreditation or specific applied areas of the scope.
- 7.1.2.1 During the time of the on-site examination assessors will clearly communicate any nonconformities or observation detected to the (CAB) representative. This includes the following:
- 7.1.2.1.1 **Major:** A total absence of a required system element, or a series of minor nonconformities which, taken together, indicate a total breakdown of a required system element.
 - 7.1.2.1.2 **Minor:** A single lapse in discipline or control.
 - 7.1.2.1.3 **Observation:** In addition to major and minor nonconformities, an "observation" is another class of assessment finding. While not strictly a "nonconformance", a finding classified as an observation indicates that, in the opinion of the



Accreditation Procedure

assessor, clarification or investigation is warranted to ensure the overall effectiveness of the system being assessed (Corrective action is not mandatory for observations).

7.1.2.2 If for any reason the assessment team is having difficulty identify whether a certain circumstance is or is not meeting the intent of the standard or PJLA policy then they may contact PJLA headquarters for clarification.

7.1.3 **Closing Meeting** is conducted upon completion of the assessment. This includes a discussion of the (CAB's) performance against the standard being assessed and any nonconformities or observation detected. The (CAB) will be provided a copy of all nonconformities and observations as well as a detailed report to follow along with the discussion. A final recommendation to proceed or/not will be announced during this time. The assessment team will inform the (CAB) of the timelines required for corrective action responses as applicable. The (CAB) will be informed of PJLA's Appeal and Dispute Procedure (SOP-10) in the case nonconformities cannot be agreed upon. A final review of the scope will be reviewed and approved between the assessors and the (CAB) prior to the end of the meeting. Additionally, a witness schedule of the (CABs) scope of activities will be agreed upon between the lead assessor and the (CAB) to ensure all assessment activities are witnessed over a 6 year period. This will be documented on the LF-21 supplement form and included in each assessment package. A discussion will take place in regards to the final steps of the accreditation process including: details for corrective action submission, final accreditation decision process by the executive committee and final certificate submission. All members involved with the closing meeting will be asked to sign an attendance sheet as evidence of their participation. Nonconformities cited during the visit will as be required to be signed by the (CAB's) management representative as indication of their acceptance of the finding(s).

8.0 POST ASSESSMENT ACTIVITIES/CORRECTIVE ACTION SUBMISSION

8.1 (CABs) are required to submit appropriate corrective action responses for all nonconformities with sufficient objective evidence of closure. Corrective action responses should provide the assessment team confidence that the nonconformity has been corrected and contained. Objective evidence for statements or activities completed due to corrective action taken should coincide with the nonconformity and should be clearly identifiable to the assessment team. Failure to do so could cause a delay in the corrective action review process or a possible rejection for unacceptable corrective action. (CABs) should submit



Accreditation Procedure

corrective action on their own corrective action forms and per the (CABs) own procedure for corrective action.

- 8.2 (CABs) have 60-days from the last day of the assessment to submit corrective action. Depending on the severity of the nonconformity this timeline may be adjusted or a follow-up visit to completely verify the effectiveness of the corrective action may be recommended. *Note some programs may require different timelines. In this case, these will be provided to the (CAB) during the closing meeting.* Failure to submit corrective action on-time or sufficiently may cause the accreditation to be voided requiring the (CAB) to re-apply or conduct a follow-up visit or suspension of a current accreditation. Multiple reviews of corrective action submissions are strongly discouraged and may cause PJLA to amend (CABs) agreements to include additional off-site time for the assessment team to complete the review.
- 8.3 In addition to corrective actions to nonconformities, the applicant (CAB) is also obligated to take corrective actions in response to complaints received, and to record the actions taken and their effectiveness.

9.0 FINAL ACCREDITATION DECISION

- 9.1 Upon completion and resolution of the assessment material including acceptable corrective action, the lead assessor makes a final recommendation to grant or deny the accreditation. Once the accreditation is recommended by the lead assessor the assessment material will be reviewed by PJLA headquarter staff for completion and submitted to the final decision making committee the Executive Committee. The Executive Committee is the final decision maker for the accreditation that grant or denies accreditation without undue delay. Members of the PJLA Executive Committee are independent parties from the assessment team that have no conflict of interest with the (CAB). Members are selected based on their fields of expertise aligning with the scope accreditation of the (CAB). More than one Executive Committee Member or Technical Reviewer may be selected to complete the final review. The final review consists of a complete assessment package review that should provide executive committee members confidence that the (CAB) is fully complying with the standard assessed and PJLA policies and have adequately responded to all non-conformities alleviating any doubt that the fulfillment of the requirements have been met. The Executive Committee may reject the assessment and request additional information at its discretion. In this case, the President/Operations Manager and/or Technical Program Manager(s) will instruct the lead assessor to retrieve more information from the laboratory or the laboratory may be communicated directly from PJLA headquarters. (CABs) have the opportunity to respond to any rejections or comments made by the Executive Committee. If the accreditation cannot be recommended by the lead assessor or the Executive Committee, then PJLA will communicate this to the (CAB). The (CAB) will either be required to completely reapply for accreditation or perform an extensive follow-up visit.



Accreditation Procedure

10.0 CERTIFICATE OF ACCREDITATION

- 10.1 Should the Executive Committee grant accreditation, PJLA issues a Certificate of Accreditation. Certificates are developed based on the final scope received from the assessment team. Once developed a draft is reviewed by a designated technical reviewer for adequacy against PJLA policies for certificates of accreditation. Any questions or comments derived from this review will be provided to the (CAB) or assessor for clarification. All certificates will be provided to the (CAB) for a final approval prior to release.
- 10.2 Certificates contain an initial accreditation date, an issue date (based on the date of the executive committee decision) and an expiration date and unique accreditation number and certificate number. The accreditation number remains the same for the life of the (CAB) as the certificate number is adjusted on an on-going basis. Revision dates are also issued as necessary. In some case, based on (CAB) preference the issue date may be later than the executive committee date. This is acceptable as long as the date is not before the approval date. The contents of the scope of accreditation include a scope statement from the (CAB) or a general scope field, based on the preference of the (CAB). A supplement is connected to each certificate that contains the items or activities the (CAB) is accredited for including an indication of activities being performed on-site at customer locations. The appropriate standard is indicated along with disclaimers to assist represent the entirety of the accreditation (i.e. CMC statements, remote/corporate scheme location references (some corporate certificates may include multiple certificate numbers (i.e. L12-006-1, L12-006-2), off-site activities references, etc.) (CABs) are required to approve their certificate draft. The PJLA symbol is provided on each certificate and the ILAC MRA mark for which PJLA has obtained recognition for. *Note some certificates are issued based on a separate accreditation cycle. The amount of these types of certificates is very minimal, but still remains valid until expiration. Effective April 1, 2011 this criteria has been relinquished and all (CABs) will be placed on a 2-year accreditation cycle.*
- 10.3 Once accreditation certificates are accepted by the (CAB) then a final certificate will be provided to the (CAB) via email in a non-editable format, hardcopy via mail and also posted on the PJLA website. Additionally, each (CAB) will be provided with a copy of the PJLA Accreditation Symbol Procedure (SOP-3) with the necessary artwork to promote their accreditation. Additionally, they will be informed about the use of the ILAC MRA mark that can be used along with the PJLA symbol.
- All (CABs) must adhere to the instructions outlined in (SOP-3) as outlined in their agreement for services. This includes requirements for the use of the accreditation symbols, the ILAC Mark and accreditation language. Assessors will review (CAB's) utilization of the accreditation symbol during on-site assessments and have full authority to document non-conformities for improper utilization. PJLA headquarters also has full authority to initiate a nonconformance against (SOP-3) if any misuse is found.



Accreditation Procedure

11.0 MULTIPLE SITE ACCREDITATION:

- 11.1 Where a (CAB) is operating through a number of remote locations or facilities, they may choose to pursue accreditation of all locations under a single accreditation if all of the following conditions exist:
- 11.1.1 the (CAB) has a similar quality management system that is implemented across all facilities;
 - 11.1.2 the (CAB) defines a tiered management structure defining ultimate authority of the entire accreditation;
 - 11.1.3 the (CAB) can attest that routine internal audits and management reviews encompass each facility and that they are reviewed by the designated management holding the ultimate authority over the entire accreditation. Note-records shall be made available to PJLA for all site internal audit or management review activities as requested, and;
 - 11.1.4 the authoritative site of the accreditation should be able to demonstrate their oversight of the following:
 - 11.1.4.1 policy formulation;
 - 11.1.4.2 process and/or procedure development;
 - 11.1.4.3 contract review;
 - 11.1.4.5 approval and decision making on the results of conformity assessments;
 - 11.1.4.6 management review;
 - 11.1.4.7 internal audit planning and evaluation of the results, and;
 - 11.1.4.8 evaluation of corrective actions.
- 11.2 On-site visits are conducted at all premises during the initial accreditation where activities are covered on the scope of accreditation and where the above key activities are performed. Upon accreditation all sites supporting the scope of accreditation or ones that meet the above key activities will be assessed on a routine basis throughout the accreditation cycle. In all cases, the designated authoritative location will be assessed annually and support sites/remote facilities will be sampled throughout the accreditation cycle. It is a practice that we complete a full system assessment of all facilities identified in the scope of accreditation over a two-year period. However, depending on the scope of activities being conducted at each location the schedule of assessments may be extended out to a 4-year period. A sampling schedule will be developed during initial contract stage and modified as appropriate based on feedback from the assessment team, or when an increase or decrease of sites or structural change occur.



Accreditation Procedure

12.0 MAINTENANCE OF ACCREDITATION

12.1 Surveillance Assessments

- 12.1.1 The continued fulfillment of accreditation requirements is maintained by conducting regular surveillance assessments. Surveillance assessments occur on-site within 12-months from the initial accreditation assessment.
- 12.1.2 Surveillance assessments are conducted to ensure compliance with accreditation requirements and are typically less comprehensive than accreditation assessments. At a minimum, the following aspects will be included during surveillance:
 - 12.1.2.1 enquiries from PJLA to the (CAB) on aspects concerning the accreditation;
 - 12.1.2.2 declaration by the (CAB) with respect to their operation;
 - 12.1.2.3 documents and records, including updates from the quality manual;
 - 12.1.2.4 (CAB's) performance (including through proficiency testing), and;
 - 12.1.2.5 clauses of both the quality system and the scope of accreditation activities:
 - 12.1.2.5.1 internal audit and management review;
 - 12.1.2.5.2 previous visit's findings;
 - 12.1.2.5.3 outstanding corrective action;
 - 12.1.2.5.4 performance in proficiency testing;
 - 12.1.2.5.5 personnel changes and other changes;
 - 12.1.2.5.6 changes in technical personnel or equipment;
 - 12.1.2.5.7 all PJLA policy requirements;
 - 12.1.2.5.8 Accreditation Symbol utilization, and;
 - 12.1.2.5.9 representative sampling of the accredited activities, covering all areas of competence.
- 12.1.3 Since surveillance assessments are less comprehensive than accreditation or reaccreditation assessments, a lead assessor or a team of assessors may be selected for the assignment as long as they possess the skills to assess quality system areas and at least one of the technical areas. In this case, PJLA will inform the assessment team of which areas of the scope of accreditation is allowable for them to assess. PJLA along with the recommendation of the assessor(s) on the initial accreditation assessment will specify items that should be witnessed to ensure that over a full accreditation cycle a sufficient number of items on the scope of accreditation are witnessed.



Accreditation Procedure

- 12.1.4 Surveillance assessments although less comprehensive than full system assessments (i.e. AC, RA) still allow for nonconformities to be detected. (CABs) should follow the requirement as indicated in section 8.0 of this procedure.
- 12.1.5 Surveillance assessments are reviewed by PJLA technical staff to decide based on the assessor's recommendation to allow or deny the accreditation to be maintained. If major nonconformities, fundamental system changes or scope changes occur then the material will be passed onto the Executive Committee for a final recommendation.
- 12.1.6 After the initial accreditation cycle, PJLA reserves the right to amend the frequency of on-site visits. The interval between on-site assessments depends on the demonstrated competency of the (CAB) during the past accreditation cycle. This is developed from the recommendation of the lead assessor on previous visits, history of the (CAB) in regards to complaints, nonconformity trends, systems and/or technology changes. PJLA along with the lead assessor will make the final decision to excuse on-site surveillance visits. When on-site surveillance visits are reduced from the (CAB's) accreditation cycle, PJLA will require the (CAB) to demonstrate its maintenance of their accreditation through an off-site documentation review. This review consists of the following:
 - 12.1.6.1 proficiency testing (PT) data review;
 - 12.1.6.2 internal audit results;
 - 12.1.6.3 management review;
 - 12.1.6.4 corrective actions taken;
 - 12.1.6.5 review of changes occurred in the laboratory, and;
 - 12.1.6.6 off-site technical review of at least one item on the scope of accreditation.
- 12.1.7 Designated assessment time will be provided to an assigned assessor to complete this review. Non-conformities may be detected during these reviews requiring (CABs) to following the corrective action requirements as indicated in section 8.0 of this procedure. (CABs) will be provided with an assessment schedule from PJLA that includes the date and assessor conducting the review and the items required to be submitted. CABs will receive a final report from the assessor based on the review of the above items. PJLA staff will review the report to ensure the accreditation can be sustained. In the case severe issues arise during these reviews; PJLA has the right to request on-site visits to occur.

12.2 Proficiency Testing Maintenance



Accreditation Procedure

- 12.2.1 In effort to ensure all (CABs) meet the PJLA Proficiency Testing Requirements (PL-1), (CABs) are required to develop a 4- year Proficiency Testing Plan. This plan will be evaluated during on-site assessments. Any deviations from the specified requirements for (PT) will be evaluated PJLA headquarters and communicated to the assessment team (i.e. use of other means of (PT) such as intra laboratory comparisons or repeatability). Any changes to the 4 year (PT) plan should be communicated to the PJLA assessment team.

12.3 Special Circumstance Assessments

- 12.3.1 PJLA reserves the right to conduct assessments during the course of the accreditation period when it is determined that the (CAB's) system may be or could potentially be at harm resulting in noncompliance with the standard. Situations such as the following may impose a special visit:

- 12.3.1.1 complaints from customers that are directed to the (CAB's) competency and results, and;
- 12.3.1.2 significant changes to the organization (i.e. ownership, management, address, technology/equipment change etc.).

- 12.3.2 If the changes do not directly affect the (CAB's) scope of accreditation results then it may be determined that a special assessment is not necessary and the changes will be reviewed during the regular assessment period.

12.3.3 If the (CAB) contemplates major changes it must notify PJLA.

13.0 REASSESSMENT

- 13.1 At the end of the (CAB's) accreditation cycle, PJLA conducts a complete reassessment, similar to the initial accreditation assessment and its processes. Such assessments take into account PJLA's relationship with accredited (CAB) during the accreditation period as well as customer complaints and experience gained during previous assessments.
- 13.2 (CABs) are required to complete a reassessment assessment within 2 years from their last full system assessment. Some (CABs) requiring an expiration date will be scheduled at least 60-90 days prior to this date to avoid a lapse in accreditation. In the case the (CAB) runs over its expiration the President/Operations Manager will grant an extension. An extension of the certificate will granted depending on the circumstance.



Accreditation Procedure

- 13.3 Once the reassessment is submitted to headquarters for review, the Accreditation Manager will conduct an entire Accreditation Cycle review of the accredited laboratory. This will consist of a full analysis of: the number of findings written throughout the cycle (2-3 years of assessment data), the nature of the findings and comments notated on the assessment report. If the Accreditation Manager finds that there is evidence that the assessor is over familiar with the laboratory's system, then the Accreditation Manager may discuss this issue with the President/Operations Manager. A decision will be made to change the assessor on the next accreditation cycle of the laboratory. However, during anytime in the accreditation cycle, PJLA may change assessors to ensure that assessments continue to be value-added, regardless of the results of the accreditation cycle review.

14.0 SCOPE EXPANSION

- 14.1 If a (CAB) requests to expand their scope of accreditation then they must complete an application for accreditation. PJLA will review the application and provide a quotation for the assessment time required to extend the scope of accreditation. Scope expansion may be conducted during any type of routine assessment or alone. Some scope expansions depending on the nature may be conducted off-site (i.e. expansions that include items that have already been witnessed and utilize the same equipment/technology).
- 14.2 Assessors will be selected as appropriate for all scope expansions. Special instructions will be given to the assessment team in regards to the areas to be assessed. At minimum the assessor will review the desired scope of accreditation to be extended against the applicable technical areas of the standard accredited to and any applicable quality management area that was impacted by the scope expansion. Non-conformities may be documented during scope extension assessments requiring (CABS) to comply with section 8.0 of this procedure in regards to corrective action response requirements. All scope expansions will be reviewed by the PJLA Executive Committee for a decision to grant/deny the additional scope items.

15.0 SUSPENSION, WITHDRAWAL, REDUCTION OR CANCELLATION OF ACCREDITATION

- 15.1 PJLA reserves the right to suspend, withdraw, reduce or cancel accreditation at any time during a (CAB's) accreditation period, in accordance with PJLA procedure SOP-11.
- 15.2 Generally, such actions are considered in the following instances:



Accreditation Procedure

- 15.2.1 (CAB) fails to complete corrective actions during the agreed timeframe;
 - 15.2.2 (CAB) persistently fails to conform to Standard and/or PJLA policies;
 - 15.2.3 (CAB), in PJLA's judgment, misuses PJLA's Accreditation Symbol, Certificate of Accreditation, or Accreditation Language as outlined in SOP-3;
 - 15.2.4 (CAB) becomes delinquent in its financial obligations to PJLA;
 - 15.2.5 (CAB) becomes subject to bankruptcy laws or makes any arrangements or composition with its creditors; enters into liquidation, whether compulsory or voluntary; and/or appoints, or has appointed on its behalf, a receiver;
 - 15.2.6 (CAB) is convicted of an offense tending to discredit the facility's reputation and goodwill, and;
 - 15.2.7 (CAB) commits acts that, in PJLA's sole judgment; impugn PJLA's goodwill, valuable name and reputation.
- 15.3 PJLA reserves the right to publicize any actions it may take with respect to withdrawal, cancellation, reduction or suspension of an applicant (CAB's) accreditation.
- 15.4 PJLA will also cancel accreditation upon the formal written request of applicant (CAB).
- 15.5 PJLA may take legal action for wrongful actions specified in 15.2.

16.0 DISPUTES AND APPEALS

- 16.1 The (CAB) or any interested party may dispute or appeal the decisions of PJLA with respect to:
- 16.1.1 refusal to accept an applicant (CAB's) application for accreditation;
 - 16.1.2 failure to confer accreditation;
 - 16.1.3 suspension, withdrawal, reduction, or cancellation of accreditation;
 - 16.1.4 refusal to extend an applicant (CAB's) Scope of Accreditation;
 - 16.1.5 an appeal by a third party against PJLA's decision to grant accreditation;
 - 16.1.6 assignment of assessment team;
 - 16.1.7 nonconformities written by the assessment team, and;
 - 16.1.8 any other issue relevant to the accreditation process.
- 16.2 (CABS) have access to the Dispute and Appeal Procedure (SOP-10) via PJLA website.



Accreditation Procedure

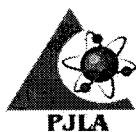
17.0 CONFIDENTIALITY

- 17.1 Except where required by law or statute, PJLA treats as confidential any information that comes into its possession in the course of the accreditation of the (CAB). PJLA, including all assessors, administrative staff, Executive Committee, Technical Committee and any other employee or contractor, promises not to disclose such information to any third party without prior written consent of the (CAB), except when required by law or statute. In the event that disclosure of such information is required by law or statute, PJLA will disclose the information as required and inform the (CAB) of such disclosure in writing in a timely fashion. Confidentiality Agreements will be signed and retained as evidence of agreement to the requirement of nondisclosure of confidential information.



Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

PJLA offers third-party accreditation services to Conformity Assessment Bodies (i.e. Testing and/or Calibration Laboratories, Reference Material Producers, Field Sampling and Measurement Organizations and Inspection Bodies). This procedure outlines PJLA's accreditation process and criteria administered to conformity assessments bodies for the **Federal Communication Commission (FCC) Office of Engineering and Technology (OET) program**. This is a **Supplemental Procedure to PJLA's Accreditation Procedure (SOP-1)**. **Both procedures shall be followed for the entirety of this accreditation program.**



Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

1.0 SCOPE/PURPOSE

- 1.1 The accreditation of CABs performing testing is done by PJLA based on the operating criteria as outlined in ISO/IEC 17011:2004 Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies.
- 1.2 This procedure includes information additional to the criteria as outlined in the main body of this document. Conformity Assessment Bodies (CABs) under the Federal Communication Commission (FCC) Office of Engineering and Technology (OET) program will be assessed to the all relevant requirements summarized in the document referenced in section 2.0 of this document.
- 1.3 PJLA will accept applications for FCC testing laboratories desiring ISO/IEC 17025:2005 within the United States for this program. Appropriate technical resources will be available to accredit laboratories within the United States including technical assessors, advisors and experts familiar with country specific regulations.

2.0 REFERENCES

- 2.1 ISO/IEC 17011:2004 General requirements – General requirements for accreditation bodies accrediting conformity assessment bodies
- 2.2 ISO/IEC 17025:2005 General requirements for the competency of testing and calibration laboratories
- 2.3 FCC Office of Engineering and Technology Laboratory Division "Accredited Testing Laboratory Program Roles and Responsibilities" 974614 D01 Accredited Test Lab Roles and Resp v04 , June 16, 2016.
- 2.4 FCC Office of Engineering and Technology Laboratory Division "OET Procedures for the Recognition Laboratory Accreditation Bodies -974614 D02 Accreditation Body Recognition v01, June 16, 2016.
- 2.5 FCC Accredited Testing Laboratory FCC Technical Assessment Checklist – 853844 D01 Accredited Lab Checklist v02r01, February 29, 2016

3.0 DEFINITIONS

- 3.1 **Accreditation Body (AB):** Authoritative body recognized by the FCC that performs accreditation. Accreditation is a third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks. The accrediting bodies



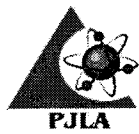
Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

assessing testing laboratories for the Certification or Declaration of Conformity (DoC) must be recognized by the FCC and/or under a government to government Mutual Recognition Agreement (MRA).

- 3.2 **Certification:** A rigorous equipment authorization procedure typically applied to RF equipment employing new technologies, or complex or not well defined testing methods, or having a high potential for causing interference. Examples are: mobile phones, wireless networking equipment, mobile radio transmitters, wireless medical transmitting equipment, cordless telephones, etc. All certified equipment is listed by the FCC in a database containing the application for certification, test report and other supporting information.
- 3.3 **Declaration of Conformity (DoC):** A self-approval process requiring a responsible party to use a FCC-recognized accredited test laboratory (CAB) to perform the measurements required to demonstrate compliance. The responsible party must include a compliance information statement that identifies the product and responsible party in the United States. (see 47 CFR 2.906 and 2.909).
- 3.4 **Conformity Assessment Body (CAB):** A body that performs conformity assessment services. Testing laboratories and certification bodies are considered to be conformity assessment bodies.
- 3.5 **Designating Authority (DA):** A body responsible for determining that the testing laboratory is competent and capable of performing testing within the scope of the designation.
- 3.6 **Testing Laboratory:** A CAB performing testing that is responsible to make a determination of the applicable test procedures and to properly test to those requirements. All testing for devices for certification or DoC is to be done by a recognized accredited testing laboratory. This includes EMC and radio parameter testing or other FCC technical requirements such as hearing aid compatibility, RF exposure testing, etc.

4.0 SUBSTANCE OF THE AGREEMENT

- 4.1 PJLA as an ILAC signatory for testing and calibration will perform assessments in accordance to ILAC criteria. In addition, PJLA will comply with the requirements of the FCC Office of Engineering and Technology (OET) accredited testing laboratory program and/or the NIST laboratory accreditation program to support the Asia Pacific Economic Cooperation (APEC) Mutual Recognition Agreement (MRA) for the Conformity Assessment of Telecommunications Equipment.



Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

5.0 MANUAL/ORGANIZATION

- 5.1 PJLA maintains a quality manual and operating procedures and work instructions to document its quality system to comply with ISO/IEC 17011 and other national/international programs including the FCC Office of Engineering and Technology (OET) accredited testing laboratory program and/or the NIST laboratory accreditation program to support the Asia Pacific Economic Cooperation (APEC) Mutual Recognition Agreement (MRA) for the Conformity Assessment of Telecommunications Equipment.

6.0 TRAINING AND QUALIFICATION

- 6.1 PJLA maintains a training, qualification and on-going continuing education program for assessors. A competency matrix is on file at PJLA Headquarters for assessors which indicate those areas of testing and calibration which the assessor is qualified to perform on behalf of PJLA. The assessors for this program assessors shall have at least 2 years of practical work experience performing testing for electromagnetic compatibility, electromagnetic interference, radio, and telecommunications equipment. Additionally, they should be familiar with testing requirements, techniques, and methods; reporting; products and processes inspected; FCC rules and procedures, the OET Knowledge Data Base (KDB); safety practices; sampling methods as applicable, and techniques used to assess professional judgment. Assessors designated as technical assessors for this program will be monitored by a designated lead assessor at all times until the lead assessor has approved them to be escalated to lead assessor status.

7.0 TESTING LABORATORIES PROCEDURES AND SCOPES OF ACCREDITATION

- 7.1 PJLA will perform on-site assessments to include the general ISO/IEC 17025 requirements, and those outlined in PL1-PL-4 as applicable, along with PJLA Accreditation Symbol Procedure, SOP-3. Assessments will focus on the CAB's quality management system including impartiality requirements and technical requirements such as equipment, environmental conditions, proficiency testing, measurement uncertainty, reporting and technical qualifications of all staff involved with the FCC program. The assessment will cover the regulations and measurement procedures for EMC, radio, or telecommunication devices for a CAB performing tests in support of the FCC's Declaration of Conformity (DOC) and Certification requirements. Assessments will consist of both on-site verification at client facilities and testing activities being addressed at the main location of the CAB. Testing being conducted at client facilities or other locations may be sampled for the scope of accreditation. However, verification of former records of testing will be verified at the fixed location.



Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

- 7.2 Testing laboratories are assessed to show that they are competent to perform tests for this program, specifically outlined in Appendix A of the 974614 D01 Accredited Test Lab Roles document. The testing laboratory needs to have a working knowledge of the applicable KDB Publications at the time of the assessment. If the testing laboratory is being assessed and found competent for a scope that has a KDB publication identified in the test method column, then the KDB publication will be identified by version in the scope of accreditation provided to the FCC. If the testing laboratory is being assessed and is found competent for a scope that has a KDB publication identified in the supporting FCC guidance column of Appendix A, it will not be necessary to include the KDB Publication on the scope of accreditation.
- 7.3 A testing laboratory is not required to be assessed and recognized for all of the scopes identified in Appendix A. However, scopes identified in Appendix A may be limited to upper frequency ranges but will not otherwise be recognized as partial scopes by the FCC. The maximum assessed frequency for each scope is the highest measurement frequency that the testing laboratory is capable of performing measurements. The maximum frequency range capability of the testing laboratory for each scope of accreditation will be specified. Deviations from the test methods as permitted in the FCC rules and procedures will be accepted. Any test method limitations in the testing laboratory's capability to perform all of the tests indicated in the test method for a given scope will be identified (e.g., ANSI C63.10-2013 requires the use of the site validation requirements in CISPR 16-1-4:2010-04, however, the FCC rules allow for a transition period of July 13, 2018.)
- 7.4 PJLA will retain a list of scopes for each accredited test lab on the PJLA Website. Once the FCC Electronic Filing System is completed certificate information will be updated to include specific criteria for this program.
- 7.5 Accredited testing laboratories can meet the full scope requirements using multiple testing locations of the same company at different locations as long as the laboratory has demonstrated that each laboratory falls under the same quality management system and all reside within the same country. PJLA will apply its criteria for multiple site accreditations, in accordance with PJLA's general SOP-1 General Accreditation procedure, Section 11. However, this will only apply to laboratories with multiple sites within the same country. Individual accreditations will be conducted for multiple site laboratories residing in different countries and for where PJLA is authorized by the FCC to do so.
- 7.6 Assessments for this program will include the completion of the FCC Accredited Test Laboratory Technical Assessment Evaluation checklist utilizing the FCC Accredited Testing Laboratory FCC Technical Assessment Checklist Document-853844 D01 Accredited Lab Checklist v02r01, which contains specific items to be covered in the technical assessment of the laboratory as to its competence in testing to FCC regulatory requirements contained in 47 CFR. The checklist is



Federal Communication Commission (FCC) Office of Engineering and Technology (OET) Program Accreditation Procedure

intended as a guide to provide a minimum of items to be covered in the technical assessment to ISO/IEC 17025 requirements. Technical assessors shall also use sound and appropriate engineering and other judgment in the assessment of the CAB. For initial accreditation assessments this checklist will be submitted to the FCC by PJLA. For reassessments a completed checklist with a statement indicating continued compliance will be submitted. Completed checklists will be made publicly available on the FCC website. Routine surveillances conducted in between initial and renewal assessments will also include an assessment of the laboratory scope. A checklist or portion of the checklist will be completed and submitted to the FCC as requested.

- 7.7 Assessments will be conducted on annual basis consisting of a full system assessment every two years with surveillance in between.

7.8 Radiated Emissions Test Facility

- 7.8.1 **Site Validation Requirements:** When using radiated emission test procedures that require the use of a validated test site (e.g., ANSI C63.4-2014 and ANSI C63.10-2013) the test site used shall meet the following site validation requirements.

- 7.8.1.1 Validation of the acceptability criterion shall be confirmed no less than once every three years.

- 7.8.2 **Description of Radiated Emission Test Facility:** A description of the measurement facilities used by the testing laboratory are required to be maintained in accordance with § 2.948(b).

- 7.8.2.1 Test facilities used to make radiated emission measurements from 30 MHz to 1 GHz are required to meet the site validation requirements in ANSI C63.4-2014.

- 7.8.2.2 For radiated emissions 1 GHz to 40 GHz the test facility used can use either site validation option in 5.5 of ANSI C63.4-2014. On and after the transition date, July 13, 2018, the test facility is required to comply with the site validation requirements in CISPR 16-1-4:2010-04.

- 7.8.3 **Antenna Calibration:** Testing laboratories performing radiated emission measurements and NSA measurements, as required by the FCC rules, are required to use antennas calibrated in accordance with ANSI C63.5-2006.15

- 7.8.4 **Compliance Testing Experimental Radio Licenses:** A testing laboratory located in the United States or territory of the United States



**Federal Communication Commission (FCC)
Office of Engineering and Technology (OET) Program
Accreditation Procedure**

that performs testing at an open area test site is required to have a valid compliance testing experimental radio license, per Subpart G of Part 5 of the rules

8.0 NOTIFICATION (CERTIFICATE PROCESS)

- 8.1 PJLA has an established executive committee to grant accreditation to CABs. Executive Committee members will be selected based on their knowledge of the scope of accreditation. Upon the Executive Committee's final approval of the accreditation, a certificate and scope will be created containing the information as specified for this program.
- 8.2 Under the FCC program, PJLA as the designated authority (DA) designates the CAB directly to the FCC. PJLA will provide the following information to the FCC for its review and recognition:
 - 8.2.1 name, location, mailing and contact information;
 - 8.2.2 Designation Number and FCC Registration Number (FRM);
 - 8.2.3 ISO/IEC 17025:2005 certificate of Accreditation (or equivalent information), including the scope of accreditation with the FCC related test methods and supporting FCC guidance for the accredited test laboratory as required;
 - 8.2.4 FCC rule sections to which the accreditation applies;
 - 8.2.5 the expiration date and period of accreditation;
 - 8.2.6 completed Accredited Laboratory FCC Technical Assessment checklist and/or (for renewals) a statement of continued compliance, and;
 - 8.2.7 a statement that the test laboratory complies with all provisions of the Accredited Testing Laboratory Program Rules and Responsibilities.
- 8.3 Upon this review, the FCC will notify PJLA as the DA regarding the decision regarding the request for recognition.
- 8.4 PJLA as the DA will submit the materials directly to the FCC, and not the CAB, through the use of the designated FCC database. For renewals, PJLA will update the FCC database expiration date.

9.0 RECORD RETENTION (RECORDS/COMPLAINTS)

- 9.1 PJLA currently retains records from three (3) to five (5) years (depending on the record), minimum.



**Federal Communication Commission (FCC)
Office of Engineering and Technology (OET) Program
Accreditation Procedure**

10.0 DELEGATION (SUBCONTRACTING OF ASSESSMENT ACTIVITIES)

- 10.1 PJLA will not delegate (whole or in part) the responsibility of (CAB) assessments to another organization, which is not itself recognized under the ILAC MRA, the FCC accreditation body recognition program or that does not have an MRA with the United States for this program. This will not extend to the assessors themselves, many/most of who are independent contractors. PJLA confidentiality and conflict of interest policies will be enforced.

11.0 SUBCONTRACTING OF (CAB) ACTIVITIES

- 11.1 All provisions of ISO/IEC 17025 regarding subcontracting will be enforced. When an FCC-recognized accredited testing laboratory uses external resources to perform testing, after July 12, 2017, it is required that such testing be performed by testing laboratories that have also been recognized by the Commission as accredited with the appropriate scope of accreditation.

12.0 PARTICIPATION AND MAINTENANCE OF RECOGNITION

- 12.1 PJLA will participate in meetings as required by the FCC and participate in forums to ensure updates to the program are being properly implemented. The FCC and/or NIST will be notified of routine peer evaluations and a schedule of assessments in order to witness CABs.



Quality Manual

This quality manual outlines the policies and references the procedures of PJLA relative to ISO/IEC 17011:2004. The implementation of these policies is accomplished through the use of documented procedures. These documents describe in detail how the policies of PJLA are implemented.

Additional details about the organizational framework of PJLA, its managerial structure and the functioning of its policy making bodies are found in the PJLA corporate By-Laws (IPL-1).



Quality Manual

0.0 INDEX

0.0	INDEX	2
0.1	AMENDMENT RECORD	4
0.2	QUALITY POLICY STATEMENT	5
1.0	COMPANY SCOPE	6
2.0	NORMATIVE REFERENCES	6
3.0	DEFINITIONS	6
4.0	GENERAL REQUIREMENTS	6
4.1	Legal Responsibility	6
4.2	Structure	7
4.3	Impartiality	8
4.4	Confidentiality	9
4.5	Liability and financing	9
4.6	Accreditation Activity	9
5.0	MANAGEMENT	10
5.1	General Management Requirements	10
5.2	Management System	10
5.3	Document Control	11
5.4	Records	11
5.5	Nonconformities and corrective action	11
5.6	Preventive Actions	12
5.7	Internal audits	12
5.8	Management reviews	13
5.9	Complaints	14
6.0	HUMAN RESOURCES	14
6.1	Personnel associated with the accreditation body	14
6.2	Personnel involved in the accreditation process	15
6.3	Monitoring	15
6.4	Personnel records	15
7.0	ACCREDITATION PROCESS	16
7.1	Accreditation criteria and information	16
7.2	Application for accreditation	17
7.3	Resource review	17
7.4	Subcontracting the assessment	17
7.5	Preparation for assessment	18
7.6	Document and record review	19
7.7	On-site assessment	19
7.8	Analysis of findings and assessment report	20
7.9	Decision-making and granting accreditation	22
7.10	Disputes and Appeals	23
7.11	Reaccreditation and surveillance	23
7.12	Extending accreditation	24
7.13	Suspending, withdrawing or reducing accreditation	24
7.14	CAB records	25
7.15	Proficiency Testing and other comparisons for laboratories	25



Quality Manual

8.0 RESPONSIBILITIES OF THE ACCREDITATION BODY AND CONFORMITY

ASSESSMENT BODY (CAB)	26
8.1 Obligations of the CAB	26
8.2 Obligations of the accreditation body	27
8.3 Reference to accreditation and use of symbols	27
Appendix 1: Organizational Chart	29
Appendix 2: Relationships with related bodies	30
Appendix 3: Relationships with Related bodies Organization Chart	Error! Bookmark not defined.



Quality Manual

0.1 AMENDMENT RECORD

This manual may contain only the pages issued by PJLA. The President/Operations Manager processes all authorized changes, inserts amended pages into official distribution copies, and ensures that obsolete pages are withdrawn and destroyed. The Master Copy of this quality manual, kept in the custody of the President/Operations Manager, is the final authority as to amendment status for all sections in the manual.

Date	Details	Rev Level
12/04	Initial Issue	0.0
03/04	Revision #1	1.1
10/05	Revision #2	1.2
01/07	Revision #3	1.3
05/07	Revision #4	1.4
07/07	Revision #5	1.5
10/07	Revision #6	1.6
1/08	Revision #7	1.7
12/09	Revision #8	1.8
1/13	Revision # 9	1.9
4/15	Revision #10	1.10
6/15	Revision #11	1.11



Quality Manual

0.2 QUALITY POLICY STATEMENT

PJLA is absolutely committed to meeting and exceeding the requirements and expectations of our clients, in terms of the quality of the services we provide. We continue to seek approval and membership from globally recognized organizations that are intent on maintaining the integrity of accreditation services, and will strive to perpetuate this belief in our day-to-day activities. I personally affirm this commitment.

Our company's Quality Management System is structured to conform to the requirements of ISO/IEC 17011: 2004. With this quality system, we commit ourselves to a strategy of continuous improvement, relentlessly seeking to learn the expectations of our customers and striving to meet and exceed those expectations at every juncture.

The entire PJLA team must adhere to the spirit and the letter of the firm's quality policy as well as the directives of this Quality Manual and its subordinate documents.

Signed:

President/Operations Manager

January 2007



Quality Manual

1.0 COMPANY SCOPE

The scope of PJLA's activities includes third party accreditation of testing, calibration laboratories (17025), Reference Material Producers (Guide 34), Field Sampling Organizations (TNI NEFAP Volume 1) and national, regulatory and government programs.

To deliver these services, PJLA maintains adequate facilities, employs competent personnel, operates under defined and understood procedures, and complies with the regulations of ISO/IEC 17011: 2004.

2.0 NORMATIVE REFERENCES

The following documents were referenced in preparing this quality manual:

ISO 9000: 2008, *Quality management systems—Fundamentals and vocabulary*
ISO/IEC 17011: 2004

VIM: 1993, International vocabulary of basic and general terms in metrology

3.0 DEFINITIONS

PJLA's Quality Manual, Procedural Manual and By-Laws adopt by reference the terms and definitions contained in ISO/IEC 17011: 2004 and the *International vocabulary of basic and general terms in metrology* (VIM).

References:

ISO/IEC 17011: 2004

VIM: 1993, International vocabulary of basic and general terms in metrology

4.0 GENERAL REQUIREMENTS

4.1 Legal Responsibility

Perry Johnson Laboratory Accreditation, Inc. (PJLA), founded in 1999, is a



Quality Manual

Michigan corporation wholly owned and controlled by Perry Lawrence Johnson. Mr. Johnson has no management role in the operation of PJLA.

PJLA is an independent corporation, incorporated under the laws of the State of Michigan.

4.2 Structure

- 4.2.1 The structure and operation of PJLA is designed in accordance with the requirements of ISO/IEC 17011:2004 and is sufficient to provide confidence in its accreditation.
- 4.2.2 PJLA has authority and is responsible for all decisions relating to the accreditations it awards, including granting, maintaining, extending, reducing suspending and withdrawing of accreditation.
- 4.2.3 PJLA has a description of its legal status and ownership. This description is located in Section 4.1 of this Quality Manual.
- 4.2.4 The duties, responsibilities and authorities of PJLA's top management and other personnel associated with the quality of accreditation are documented in SOP-2, PJLA Personnel Procedure.
- 4.2.5 PJLA identifies the members of top management having overall authority and responsibility for the development of policies and the supervision of their implementation, supervision of PJLA's finances, decisions on accreditation, contractual arrangements and delegation of authority in Appendix 2 of this Quality Manual.
- 4.2.6 PJLA has a Technical Committee that provides necessary expertise for advising PJLA on matters directly related to accreditation.
- 4.2.7 PJLA has formal rules for the appointment, terms of reference and operation of the Technical Committee and the Executive Committee in IPL-1 (By-Laws). The parties participating in these groups are identified in Appendix 2 of this manual.
- 4.2.8 The entire structure of PJLA is documented in an organizational chart, which can be found in Appendix 1 of this Quality Manual. The organization chart shows lines of communication responsibility and authority.



Quality Manual

4.3 Impartiality

- 4.3.1 PJLA is organized and operated so as to ensure the objectivity and impartiality of all its activities relating to the accreditation of (CABs).
- 4.3.2 PJLA has a documented and implemented corporate structure providing effective involvement by interested parties. The corporate structure ensures impartiality of PJLA's operations and is documented in Appendix 2 of this procedure.
- 4.3.3 PJLA's policies and procedures are non-discriminatory and are administered as such. PJLA makes its services available to all applicant laboratories whose requests are concurrent with the scope of PJLA's activity (see § 1.0 of this manual). The rules as defined in SOP-1, Accreditation Procedure, and terms contained in form LF-3, Contract for Services, ensure that access to PJLA accreditation is not conditional upon the size of the applicant laboratory; nor is it dependent upon the affiliation of the applicant laboratory with any group. PJLA does not restrict its activities based on the number of (CABs) currently accredited. (CABs) have access to PJLA accreditation services without undue financial and/or other conditions. PJLA is an Equal Opportunity organization, which does not discriminate in the administration of its procedures or in any other regard.
- 4.3.4 PJLA personnel (permanent and contract) and committees are free from undue commercial, financial and other pressures that may influence accreditation decisions and act accordingly.
- 4.3.5 PJLA ensures that all accreditation decisions are made by competent persons, independent of those who performed the assessment as described in SOP-1, Accreditation Procedure.
- 4.3.6 PJLA solely offers third party -accreditation services or training services. No activities are offered or performed that may affect PJLA's impartiality, such as conformity assessment body activities or consultancy.
- 4.3.7 PJLA ensures that the activities of its related bodies do not compromise the confidentiality, impartiality and objectivity of its accreditations. The relationships between PJLA and its related bodies have been identified and analyzed. They are documented in Appendix 3 of this Quality Manual. A related body may be a separate legal entity of PJLA that is linked by common ownership or contractual arrangements.



Quality Manual

4.4 Confidentiality

PJLA has adequate arrangements to ensure the confidentiality of the information obtained during the accreditation process. The confidentiality requirement is communicated and enforces through all levels of PJLA's personnel, including committee members, assessors and technical experts. To strengthen enforcement of PJLA's confidentiality policy, all contracts with external assessors include a confidentiality clause. These arrangements are detailed in IPL-1 By-Laws, and SOP-12 Handbooks, and SOP-1 Accreditation Procedure for Assessors. PJLA does not disclose any confidential information regarding its accredited (CABs) without their written consent, except where required by law.

4.5 Liability and financing

4.5.1 PJLA carries insurance to cover any liability arising from its activities.

4.5.2 PJLA has adequate financial resources required for the operations of its activities. Initial capital was supplied by the stockholder. Subsequent income is earned through accreditation and surveillance fees and accreditation renewals. Financial records are prepared in accordance with IPL-1, By-Laws, and are confidential and will be provided to appropriate parties upon receipt of a written request.

4.6 Accreditation Activity

4.6.1 PJLA's accreditation activities are documented and described in SOP-1, Accreditation Procedure.

4.6.2 PJLA reserves the right to adopt application or guidance documents and participate in their development. In the event that PJLA was involved in the preparation of these documents, PJLA would ensure that those parties involved possessed the necessary competence and took into account the input of any interested parties. International application or guidance documents will be used whenever possible.

4.6.3 PJLA solely offers third party accreditation services for testing and calibration laboratories, RMP(s), and FSMO(s). In the event, PJLA would receive a request for accreditation in an unfamiliar scope or program, an analysis will be conducted for the following:

- a) present competence
- b) suitability of extension



Quality Manual

- c) resources etc. in the new field
- d) accessing and employing expertise from other external sources
- e) evaluating the need for application or guidance documents
- f) initial selection and training of assessors and training accreditation body's staff in the new field

Details of this analysis is documented in SOP-1 Accreditation Procedure.

5.0 MANAGEMENT

5.1 General Management Requirements

5.1.1 PJLA has an established, implemented and maintained a management system and is committed to the continuous improvement thereof through client feedback, management reviews, internal audits and peer evaluations. The management system was created and is implemented in accordance with ISO/IEC 17011: 2004.

5.1.2 PJLA has established all standard operating procedures required by ISO/IEC 17011: 2004. These procedures, based on Tier One Standard Operating Procedures, are documented, implemented and maintained.

5.2 Management System

5.2.1 The President/Operations Manager has defined and documented PJLA's policies and objectives, including a quality policy (see § 0.3 of this quality manual), which demonstrates PJLA's commitment to quality and to compliance with ISO/IEC 17011: 2004. The President/Operations Manager is responsible for communication with all interested parties and ensures that the quality policy and quality objectives are communicated through all levels of PJLA personnel.

5.2.2 PJLA operates a management system appropriate to the type, range and volume of work performed. All requirements of ISO/IEC 17011: 2004 are addressed in this manual and its supporting procedures. The President/Operations Manager ensures that PJLA's quality documentation is accessible to personnel and that the quality procedures are effectively implemented.

5.2.3 The President/Operations Manager is appointed as the Accreditation Program Representative, is responsible for establishing, implementing, maintaining and managing the PJLA quality system, and has direct access to the PJLA Stockholder to report on quality system performance.



Quality Manual

5.3 Document Control

PJLA has established procedures to control the documents relating to its accreditation activities as demonstrated in SOP-4, Document and Data Control Procedure. This procedure defines the controls needed to:

- a) approve documents for adequacy prior to use
- b) review, update and re-approve documents
- c) ensure that changes and the current revision status of documents are identified
- d) ensure that current revisions of documents are available to personnel, assessors and technical experts and to applicant/accredited laboratories, where appropriate
- e) ensure that documents remain legible and identifiable
- f) prevent the use of obsolete documents and to ensure that obsolete documents are identified as such
- g) safeguard confidential information

5.4 Records

5.4.1 PJLA has established a procedure for the identification, collection, indexing, accessing, filing, storage, maintenance and disposal of records. Please see SOP-5, Quality Records.

5.4.2 PJLA's Quality Record procedure (SOP-5) outlines the procedure for retaining records for a period consistent with its contractual and legal obligations. Access to quality records is consistent with confidentiality requirements.

5.5 Nonconformities and corrective action

PJLA has an established procedure for the identification and management of internal nonconformities. PJLA takes action to identify and subsequently eliminate the causes of nonconformities when they arise in order to prevent recurrence. Corrective actions implemented are appropriate for the problems encountered. The Corrective and Preventive Action Procedure, SOP-8, covers the following:



Quality Manual

- a) the identification of nonconformities
- b) the determination of the cause of nonconformity
- c) the correction of nonconformity
- d) the evaluation of the need for action to ensure that the nonconformity does not recur
- e) the determination of the actions needed and the implementation of these actions in a timely manner
- f) the recording of the results of the actions taken
- g) the review of the corrective actions for effectiveness

5.6 Preventive Actions

PJLA has an established procedure to identify opportunities for improvement and to take preventive actions to eliminate causes of potential nonconformities prior to their occurrence. Preventive actions taken are appropriate and are defined by the potential impact of the problem. SOP-8, Corrective and Preventative Action Procedure, defines the requirements for:

- a) identifying potential nonconformities and their causes
- b) determining and implementing appropriate preventive actions
- c) monitoring and recording the results of the actions taken
- d) reviewing the effectiveness of the preventive actions

5.7 Internal audits

5.7.1 PJLA has an established, documented procedure for internal audits, which verifies that internal audits performed conform to the requirements of ISO/IEC 17011: 2004. The purpose of internal audits is to ensure that PJLA's management system is appropriately implemented and maintained.

5.7.2 PJLA performs internal audits at least once per year. An internal audit schedule is planned. This plan considers the importance and areas to be audited as well as results of previous audits.

5.7.3 Through following its Internal Audit Procedure (SOP-7), PJLA ensures that:



Quality Manual

- a) internal audits are performed by qualified personnel knowledgeable in accreditation, auditing and the requirements of ISO/IEC 17011: 2004
- b) internal audits are not conducted by personnel responsible for the activities to be audited
- c) personnel responsible for audited areas are informed of the audit's outcome
- d) corrective actions are taken in an appropriate and timely manner
- e) opportunities for improvement are identified

5.8 Management reviews

5.8.1 The President/Operations Manager has established a procedure (SOP-6) to review the management system at planned Intervals (annually) to ensure its continued conformity to ISO/IEC 17011: 2004 and the system's effectiveness in satisfying the standard's requirements. Quality policies and objectives are also reviewed during management reviews.

5.8.2 Inputs to management reviews include, but are not limited to:

- a) results of internal audits and evaluations by peer recognition bodies
- b) participation in national and international activities
- c) feedback from clients, assessors and other interested parties
- d) possible new areas of accreditation for scope expansion
- e) possible trends in nonconformities
- f) corrective and preventive action status
- g) action items from previous management review
- h) fulfillment of objectives
- i) internal or marketplace changes that may affect the management system
- j) disputes/appeals and complaints
- k) analysis of complaints

5.8.3 The outputs from management reviews include but are not limited to:

- a) actions related to the improvement of the management system and its related processes
- b) actions related to the improvement of services and accreditation process in conformance with ISO/IEC 17011: 2004, the requirements of recognition bodies, PJLA clients and other interested parties



Quality Manual

- c) actions related to the need for resources
- d) actions related to the defining, evaluating and redefining of quality policies, goals and objectives.

5.9 Complaints

PJLA has established a documented procedure for handling complaints. In accordance with SOP-9, Complaint Procedure, PJLA:

- a) determines the validity of the complaints
- b) ensures that a complaint against a PJLA accredited (CAB) is first addressed by said (CAB)
- c) takes appropriate actions and assesses the effectiveness of the actions
- d) records all complaints and actions taken
- e) responds to all complaints

6.0 HUMAN RESOURCES

6.1 Personnel associated with the accreditation body

6.1.1 PJLA employs a sufficient number of personnel (full-time and contract). Employees and contracted individuals possess the education, training, technical knowledge, skills and experience necessary to demonstrate competence for the functions they undertake in accordance to (SOP-2) Personnel Procedure. PJLA does not subcontract work to external accreditation bodies for internal staff positions but may utilize accreditation body assessment results as outlined in section 7.4 of this document. To ensure competence of all personnel, PJLA maintains up to date records on their relevant qualifications, training and experience.

6.1.2 PJLA has access to a sufficient number of assessors, including lead assessors, technical assessors and technical experts to cover all its activities.

6.1.3 The duties, authorities and responsibilities of each individual concerned with accreditation activities are clearly defined in Job Descriptions. Documented Job Descriptions instructing personnel on their duties and responsibilities are maintained up to date. Work instructions, where necessary and appropriate for specific work assignments, are maintained



Quality Manual

up to date.

- 6.1.4 All personnel (full-time and contract) are required to sign documents relating to confidentiality, availability and freedom from commercial or other interests.

6.2 Personnel involved in the accreditation process

- 6.2.1 For every activity involved in the accreditation process, PJLA describes the qualifications, experience and competence required and any training needed as detailed in SOP-2, Personnel Procedure.
- 6.2.2 The PJLA Personnel Procedure, SOP-2, defines the processes required for the selection, training and formal approval of assessors and experts used in the accreditation process.
- 6.2.3 PJLA identifies specific scopes in which each assessor demonstrates competence to assess.
- 6.2.4 PJLA ensures that assessors and experts are familiar with PJLA accreditation procedures, criteria and other relevant requirements, have undergone relevant assessor training, have thorough knowledge of appropriate assessment methods, can communicate effectively (orally and written) in the language of the (CAB) and have appropriate personal attributes as defined in SOP-2, Personnel Procedure.

6.3 Monitoring

- 6.3.1 PJLA ensures the satisfactory performance of the assessment and accreditation decision-making process through the monitoring of personnel performance as defined in SOP-2, Personnel Procedure. Personnel are reviewed in order to determine whether additional training is required.
- 6.3.2 Assessors are monitored at regular intervals on-site to ensure that they are performing competently. PJLA also conducts monitoring in the form of assessment report review and client feedback forms to evaluate assessor performance, as defined in SOP-2 (Personnel Procedure).

6.4 Personnel records



Quality Manual

6.4.1 PJLA maintains records of relevant qualifications, training, education and experience for each person involved in the accreditation process. These records are kept up to date.

6.4.2 Current records of assessors and experts are maintained and contain the following:

- a) name, address and contact information
- b) position held with PJLA
- c) for contracted staff, a current copy of his/her C.V.
- d) education, training and professional status
- e) work experience
- f) training related to position held
- g) competence to perform specific assessments
- h) experience in assessment
- i) results of monitoring (on-site)

7.0 ACCREDITATION PROCESS

7.1 Accreditation criteria and information

7.1.1 The general criteria for accreditation of (CABs) are in accordance with ISO/IEC 17011: 2004. Other guidelines, such as those published by recognition bodies, will also be referenced.

7.1.2 PJLA makes the following information publicly available on its website and/or written procedures/publications:

- a) Details of the assessment and accreditation process, including granting, maintaining, extending, reducing, suspending and withdrawing accreditation
- b) Requirements for accreditation, including technical requirements
- c) General information and description of fees
- d) Description of the rights and obligations of (CABs)
- e) Details of accredited (CABs) including name, address, dates of accreditation and expiration and associated scopes of accreditation
- f) Complaint and appeal procedures
- g) Authority and guidelines under which PJLA operates
- h) Rights and duties of PJLA
- i) Information on the means by which PJLA obtains financial support
- j) Activities and operational limitations of PJLA
- k) Information about related bodies



Quality Manual

The aforementioned information is updated when amendments to the aforementioned documentation have occurred. Additional relevant information is available upon request.

7.2 Application for accreditation

7.2.1 PJLA requires an appointed representative from an applicant (CAB) to provide information including corporate entity, name, address, legal status, employee count, activities performed, sites to be visited and desired scope of accreditation, including equipment and standards utilized. This information is furnished to PJLA through the use of the Client Questionnaire, as defined in SOP-1 Accreditation Procedure. PJLA requires the appointed (CAB) representative to sign the , Agreement for Services, which includes the requirement that the (CAB) agrees to fulfill PJLA's requirements for accreditation.

7.2.2 Prior to the commencement of assessment, PJLA requires that the (CAB) furnish information regarding activities to demonstrate compliance to the applicable standard of accreditation.

7.2.3 This information is reviewed for adequacy by the lead assessor prior to the on-site assessment of the (CAB).

7.3 Resource review

7.3.1 PJLA reviews its ability to perform the assessment of the applicant (CAB) in terms of PJLA policies, competence, availability and suitability of assessors

7.3.2 PJLA also considers its ability to perform the initial accreditation assessment in a timely manner.

7.4 Subcontracting the assessment

7.4.1 Assessments and accreditation decisions are typically not subcontracted. However, PJLA solely utilizes subcontracting when transferring a (CAB's)'s certificate from another accreditation body as defined in SOP-13.

7.4.2 PJLA will take full responsibility for all subcontracted assessments and shall itself have competence in the decision-making.

7.4.3 PJLA shall maintain its responsibility for granting, maintaining, extending,



Quality Manual

reducing and suspending or withdrawing accreditation.

7.4.4 PJLA shall ensure that the body and its personnel involved in the assessment process, to which assessment has been subcontracted, are competent and comply with the applicable requirements of this international standard and any provisions and guidelines given by the subcontracting accreditation body

7.4.5 PJLA shall obtain the written consent of the (CAB) to use particular subcontractor.

7.5 Preparation for assessment

7.5.1 Preliminary assessments may be performed prior to initial accreditation assessments at the request of the applicant (CAB). Preliminary assessments are designed to identify competencies of the applicant (CAB) and to determine any deficiencies in the quality system. PJLA has formal rules and exercises due care in avoiding any consultancy activities during a preliminary assessment. (SOP-1)

7.5.2 PJLA appoints an assessment team consisting of a lead assessor and an appropriate number of supporting assessors when necessary. Technical experts are employed as needed, typically when PJLA does not employ an assessor with the appropriate expertise relating to a (CAB's) scope. PJLA ensures that the assessment team has appropriate knowledge of the specific scope of accreditation and has sufficient understanding to make a reliable assessment of the competency of the applicant (CAB) to operate within its desired scope of accreditation. (SOP-1, SOP-2)

7.5.3 PJLA ensures that all team members act in an impartial and non-discriminatory manner. PJLA requires all members of the assessment team to sign a Statement of Availability (LF-34), in which each team member agrees that s/he is free to perform assigned duties free of any former, current or envisaged link or competitive position including consultancies.

7.5.4 PJLA informs the applicant (CAB) of the names of the members of the assessment team prior to the commencement of the assessment in sufficient time as to allow them to object to the appointment of any team member. PJLA has a policy on dealing with stated objections. (SOP-1)

7.5.5 The tasks of the assessment team are clearly defined and communicated by PJLA through the use of SOP-12, Handbook for Assessors, the LF-21 Assignment Form and outlined in SOP-2, Personnel Procedure. The team



Quality Manual

is required to review quality documents and conduct the on-site assessment of the (CAB).

7.5.6 PJLA has established procedures for sampling in situations where the applicant (CAB) desires a scope of accreditation covering a wide variety of services. A number of examples are witnessed to ensure a proper evaluation of the (CAB's)'s competency. (SOP-1)

7.5.7 In addition to the main office, PJLA requires that all sites where key activities are performed be visited during the initial accreditation assessment and throughout an established accreditation cycle as appropriate. (SOP-1)

7.5.8 In the event that the (CAB) performs activities covered by their scope of accreditations in multiple locations, PJLA has appropriate procedures for sampling the site so that an adequate number are visited during surveillances and reaccreditations.

7.5.9 All assessments are scheduled at dates and times agreed upon by the assessment team, PJLA headquarters and the (CAB). The PJLA headquarters pursues dates that are in accordance with the (CAB's) surveillance/reassessment plan. (SOP-1)

7.5.10 Appropriate documents required for the assessment, including copies of finding and reports from previous assessments, are furnished to the assessment team prior to the assessment.

7.6 Document and record review

7.6.1 PJLA requires that the assessment team review all relevant records and documentation provided by the (CAB) to evaluate the (CAB)'s compliance to the assigned standard to be assessed and PJLA's accreditation criteria. (SOP-12, SOP-1)

7.6.2 PJLA reserves the right not to proceed with an on-site assessment based on findings identified during the review of documentation. In this situation, nonconformities are reported in writing to the (CAB). (SOP-12, SOP-1)

7.7 On-site assessment

7.7.1 Pursuant to SOP-1, Accreditation Procedure and SOP-12, the on-site assessment commences with an opening meeting. The scope and purpose



Quality Manual

of the assessment are clearly defined during the opening meeting and the criteria for accreditation is reviewed. The schedule for the assessment is confirmed. The assessment team follows the directives provided on LF-18, Opening Meeting Minutes.

7.7.2 In an effort to determine the competency of the (CAB) an assessment is conducted at all locations where activities covered in the scope of accreditation are performed. Activities performed at field sites controlled by the (CAB) are also witnessed when applicable.

7.7.3 An appropriate number of staff is interviewed and witnessed to ensure the competency of the (CAB) to perform activities covered in its scope of accreditation.

7.8 Analysis of findings and assessment report

7.8.1 The assessment team considers all information and evidence gathered during the on-site assessment and the document review in determining the competence of the laboratory and its conformance to the standard/specification assessed and PJLA's requirements for accreditation. The team also offers opportunities for improvement in the form of observations. The team offers no consultancy.

7.8.2 In the event that the team cannot reach a consensus in the classification of a particular finding, the Lead Assessor contacts the PJLA President/Operations Manager and/or Technical Program Manager (s) for guidance. The President/Operations Manager or Technical Program Manager(s) may contact the Executive Committee, or Technical Committee, if necessary.

7.8.2 PJLA ensures that the following reporting requirements are fulfilled:

- a) A closing meeting takes place between the PJLA assessment team and the laboratory prior to PJLA's departure from the site. A report is provided to the laboratory on the findings obtained during the on-site analysis performed. The (CAB) has an opportunity to ask questions about any findings, including nonconformities and the basis thereof.
- b) A written report is left with the (CAB) at the close of the on-site assessment, during the closing meeting. The report contains comments on competence, conformity to accreditation requirements and identifies nonconformities.



Quality Manual

- c) The (CAB) is invited to respond to the report and to describe the actions to be taken to correct any nonconformity. (CABs) are required to close any nonconformity within specific timelines as identified by PJLA (SOP-1).

7.8.3 PJLA is responsible for the content of the assessment report, including any nonconformities.

7.8.4 PJLA ensures that the responses of the (CAB) to resolve nonconformities are reviewed by appropriate personnel to determine if actions are sufficient and effective. If the responses are found to be insufficient, further information is requested. Evidence of implementation is requested and verified at the next surveillance, or during a revisit, if required.

7.8.5 PJLA evaluates the listing of Executive Committee Members to select a qualified reviewer. In the case that the Executive Committee Members are not qualified in particular scopes of the client then PJLA will submit the assessment to a Technical Reviewer and then distribute it to the Executive Committee for the final decision.

7.8.6 Accreditation decisions are made by the Executive Committee. Information provided to the Executive Committee includes, but is not limited to the following:

- a) unique identification of the (CAB) (name, address, assessment number)
- b) dates of the on-site assessment
- c) names of all assessment team members
- d) unique identification of all sites assessed (name, address)
- e) proposed scope of accreditation assessed
- f) assessment reports
- g) statement of adequacy of the internal CAB organization and its procedures to demonstrate its competence as determined through its fulfillment of accreditation requirements
- h) information on the resolution of any nonconformities and objective evidence
- i) other objective evidence demonstrating the fulfillment of accreditation requirements and the competence of the applicant (CAB)
- j) a summary of the results of proficiency testing as required by PJLA PL-1, Proficiency Testing Policy, along with any action taken as a result of the activity
- k) a recommendation as to granting, reducing or extending accreditation for the proposed scope (LF-9, LF-50)
- l) Evidence of Accreditation Symbol utilization if applicable



Quality Manual

7.9 Decision-making and granting accreditation

- 7.9.1 Prior to making an accreditation decision, the Executive Committee ensures that it has received sufficient information to determine conformity and competence. The Executive Committee may request additional information at its discretion.
- 7.9.2 PJLA's Executive Committee makes all accreditation decisions in a timely manner on the basis of the material provided (see 7.8.7) and any additional information requested.
- 7.9.3 PJLA's Executive Committee may use the results of another accreditation body's assessment to make an accreditation decision when the (CAB) is transferring their accreditation to PJLA, as outlined in SOP-13, Transfer Procedure.
- 7.9.4 Upon the approval of the Executive Committee, PJLA provides an accreditation certificate with the front page containing the following information:
- a) PJLA's name and logo
 - b) the unique identity of the accredited (CAB)
 - c) the premises for which the activities covered in the scope of the accreditation takes place
 - d) the unique accreditation number of the accredited (CAB)
 - e) the dates of accreditation and expiration of accreditation as applicable, initial accreditation date
 - f) the scope of accreditation
 - g) a statement of conformity to the applicable standard assessed
- 7.9.5 PJLA's accreditation certificate shall also be formatted by the following:
- a) For calibration laboratories, the calibrations, including the types of measurements performed, the measurement ranges, the associated calibration and calibration measurement capability (CMC) and equipment/methods used (PL-4).
 - b) For testing laboratories, the tests or type of tests performed, the materials or products tested, the methods used and where applicable, the associated detection limits (WI-8).
 - c) For Reference Material Producer, RMP or CRM classification, category (i.e. chemical composition), the identification of the items or materials, specific constituents or properties, specific standard or methods used



Quality Manual

and range (as applicable).

- d) For DoD ELAP (CAB) certificates should contain: the appropriate matrix, method, technology and analyte.
- e) For TNI NEFAP Field Sampling & Measurement Organization certificates should contain: the sampling field, items or materials sampled and/or tested, specific properties measured and standard method and technique utilized.

7.10 Disputes and Appeals

7.10.1 PJLA has established a documented procedure to address disputes and appeals by (CABs) (SOP-10).

7.10.2 The PJLA Dispute and Appeal Procedure

- a) designates the person or group of persons appointed to investigate disputes and appeals who are competent and independent of the subject
- b) designates whom shall decide on the validity of the dispute and appeal
- c) provides guidelines on advising the (CAB) of the final decision made by PJLA
- d) details follow-up actions where required
- e) discusses records retention on all disputes appeals, the final decisions and any follow-up action taken

7.11 Reaccreditation and surveillance

7.11.1 As described in SOP-1 Accreditation Procedure and SOP-12 Handbook for Assessors, reaccreditations take into account the experience gained during previous assessments. Surveillance assessments are less comprehensive than reassessments.

7.11.2 Procedures and plans are established for conducting periodic surveillance activities and reaccreditations at sufficient intervals to monitor the (CAB's)' continued compliance to accreditation requirements.

7.11.3 PJLA ensures that representative samples of each (CAB's) scope of accreditation are witnessed during surveillances and reaccreditations.

The interval between on-site assessments depends on the demonstrated competency of the (CAB) during the initial accreditation cycle.



Quality Manual

PJLA relies on a combination of surveillance and reaccreditations during the first cycle of a (CAB's) accreditation cycle. Reaccreditation occurs every two-five years, with an annual surveillance every year.

7.11.4 The surveillance plan for on-site assessments takes into account other surveillance activities.

7.11.5 Time limits are defined for submission of corrective action in the event that nonconformities are identified during surveillance or reassessments.

7.11.6 PJLA confirms the continuation of accreditation after a successful surveillance or the reaccreditation of (CAB) after successful completion of a reaccreditation assessment.

7.11.7 PJLA reserves the right to conduct special assessments as a result of complaints or significant changes to the (CAB's)'s management system. (CABs) are advised of this possibility in the agreement for services, LF-3.

7.12 Extending accreditation

In the event that an accredited (CAB) requests a scope expansion, PJLA undertakes the necessary activities to determine whether the extension may be granted as detailed in SOP-1 and SOP-12. Assessment and granting procedures are as described above. PJLA encourages (CABs) to request scope expansions prior to on-site visits.

7.13 Suspending, withdrawing or reducing accreditation

7.13.1 PJLA has documented procedures for the suspension, withdrawal or reduction of the scope of accreditation (SOP-11).

7.13.2 As detailed in SOP-11, PJLA makes decisions to suspend and/or withdraw accreditation when an accredited (CAB) has repeatedly failed to meet the requirements of accreditation or to abide by the rules of accreditation as described in the contract for services (LF-3) and/or SOP-1, Accreditation Procedure and Symbol Procedure, SOP-3. PJLA also can suspend/withdrawal accreditation at the request of the accredited (CAB).

7.13.3 PJLA may decide to reduce an accredited (CAB's) scope of accreditation to exclude those items of the scope for which the requirements of accreditation are not met, including competence. PJLA may also reduce the



Quality Manual

scope of accreditation at the request of the accredited (CAB).

7.14 CAB records

7.14.1 PJLA maintains records on (CABs) to demonstrate that requirements for accreditation, including competence, have been effectively met in accordance with SOP-5, Quality Records Procedure.

7.14.2 PJLA maintains (CAB) records in a manner that ensures confidentiality. The records are managed in accordance with SOP-5 and the legal obligations of PJLA, where applicable.

7.14.3 Records maintained on (CABs) include but are not limited to:

- a) relevant correspondence
- b) records and reports from assessments
- c) where applicable, records of committee deliberations including deliberations on accreditation decisions
- d) copies of accreditation certificates

7.15 Proficiency Testing and other comparisons for laboratories

7.15.1 PJLA has established a policy (PL-1) to consider, during the assessment and decision-making process, the (CAB's)'s participation and performance in Proficiency Testing activities. Guidelines detailed in this policy are incorporated into PJLA procedures for assessors and of accreditation (SOP-12 and SOP-1, SOP-15) respectively.

7.15.2 PJLA reserves the right to organize proficiency testing or other comparisons and to involve other bodies deemed competent by the President/Operations Manager, the Technical Program Manager (s) and/or the Executive Committee.

7.15.3 PJLA ensures that its accredited (CABs) participate in proficiency testing activities, where available and appropriate and that corrective actions are taken and implemented when necessary. The amount and frequency of participation is outlined in PL-1, Proficiency Testing policy.



Quality Manual

8.0 RESPONSIBILITIES OF THE ACCREDITATION BODY AND CONFORMITY ASSESSMENT BODY (CAB)

8.1 Obligations of the CAB

8.1.1 PJLA requires accredited and applicant (CABs) to conform to the following guidelines:

- a) commits to fulfill the requirements set forth by PJLA as described in the contract for services (LF-3) and SOP-1, Accreditation Procedure for the areas covered by the desired/granted scope of accreditation. This includes agreement to adapt to changes in accreditation requirements (LF-3).
- b) afford necessary cooperation and accommodation to enable PJLA to verify fulfillment of accreditation requirements (LF-3, SOP-1). This is applicable for all facilities covered in the scope of accreditation.
- c) provide to PJLA access to all information, documents and records necessary for assessment and maintenance of accreditation (LF-3, SOP-1).
- d) provide documentation regarding its level of independence and impartiality of the (CAB) from any related bodies during the course of the on-site assessment (SOP-1).
- e) arrange for PJLA's witness of (CAB) services, whether in the field or at the (CAB) upon request (SOP-1).
- f) claim accreditation for only the items listed in the scope of accreditation (SOP-3, SOP-1).
- g) shall not use its accreditation in such a manner as to bring PJLA into disrepute (SOP-1).
- h) pay fees as stated in the contract for services (LF-3 and Appendix A).

8.1.2 PJLA requires that the (CAB) apprise PJLA of significant changes relevant to its accreditation in the contract for services (LF-3). Material changes include (but are not limited to) the following:

- a) its legal, commercial, ownership or organizational status
- b) the organization including top management, authorized signatories and personnel
- c) main policies
- d) resources and premises
- e) scope of accreditation
- f) other matters that may possibly affect the laboratory's ability to conform to PJLA's accreditation requirements.



Quality Manual

8.2 Obligations of the accreditation body

8.2.1 PJLA makes publicly available information regarding the current status of accreditations granted on its website, www.pjlabs.com. The information regarding accredited laboratories is updated continually. Information contained in the registry includes:

- a) the name and address of each accredited laboratory
- b) the dates of accreditation
- c) the dates of expiration (as applicable)
- d) each certificate, detailing the scope of accreditation in full

8.2.2 PJLA provides accredited and applicant (CAB's) information regarding suitable ways to obtain traceability in measurement results in relation to related scopes of accreditation in PL-2, Measurement Traceability policy. This policy is available on the PJLA website.

8.2.3 PJLA currently provides (CABs) or any other interested parties with our status in Mutual Recognition Arrangements or any other arrangements; however, in the event that this changes, they will be given information on the arrangement on the PJLA website and in writing if requested.

8.2.4 PJLA affords (CABs) notification of change to accreditation procedures. Views expressed by interested bodies are considered before deciding on the precise form and effective dates of changes. These decisions are made on a case-by-case basis. Following the decision on, and publication of the change, PJLA verifies that the changes have been implemented at the next surveillance, where appropriate.

8.3 Reference to accreditation and use of symbols

8.3.1 PJLA has a distinctive accreditation logo used on its accreditation certificate. The accreditation logo is registered with the U.S. Patent and Trademark Office under the applicable federal statutes. PJLA issues accredited (CABs) unique accreditation symbols once their accreditation is granted. PJLA has procedures governing its protection and use of these symbols, as outlined in SOP-3 Accreditation Symbol Procedure. A summary of this procedure is provided to laboratories when the camera-ready artwork is sent via UPS, signature required and via email.

8.3.2 PJLA takes effective measures to ensure that accredited (CABs):

- a) fully conform with PJLA's requirements for claiming accreditation status, and referencing their accreditation in communication media



Quality Manual

- b) only use the PJLA accreditation symbol for locations specifically included in the accreditation
- c) do not make any statement that, at the discretion of PJLA, is deemed misleading or unauthorized
- d) take due care to ensure that calibration/test/RMP certificates, are not used in a misleading manner
- e) discontinues use of all advertising matter containing reference to its PJLA accreditation upon suspension or withdrawal of accreditation
- f) do not allow their accreditation to be used to imply that a product, process, system or individual is approved by PJLA.

8.3.3 PJLA takes suitable action to deal with inappropriate references to accreditation status, misleading use of the PJLA symbol or accreditation certificate.

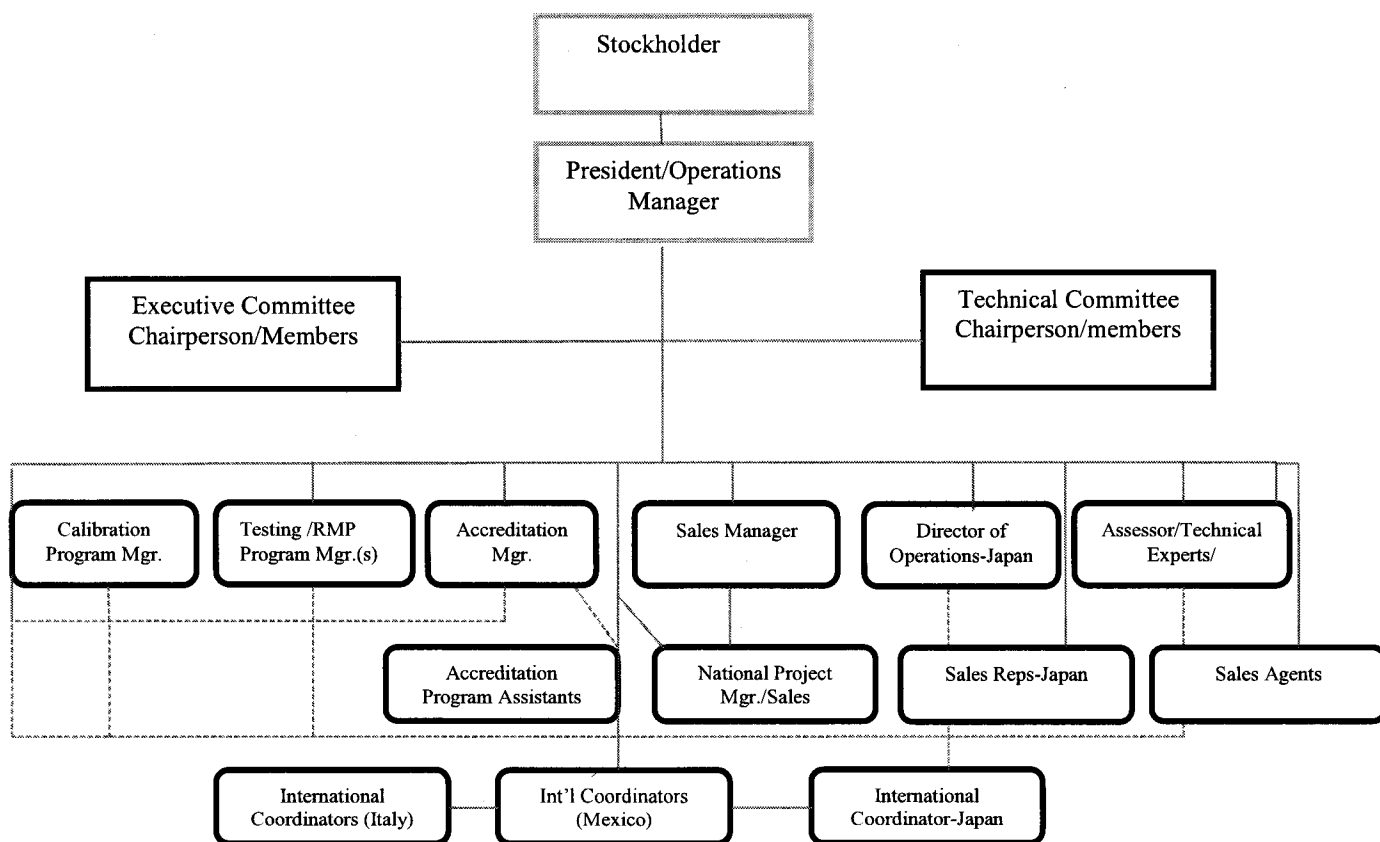


Quality Manual

Appendix 1: Organizational Chart

*Note a complete listing of staff names is maintained by the President/Operations Manager

PJLA Organizational Chart



Legend:

Report Line: _____

Support Line: - - - - -



Quality Manual

Appendix 2: Relationships with related bodies

Related Body: Perry Johnson Registrars, Inc. ("PJR")

Top Management: Mr. Terry Boboige

PJLA and PJR are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of either company.

A contract between PJLA and PJR exists that outlines resources provided by PJR to PJLA. This includes: Administrative Staff, Scanning Technicians, Sales and Marketing (Italy only) and Assessors. All PJR employees contracted to PJLA must meet PJLA requirements regarding qualifications and training. At no such time does any PJR employee have any influence over an accreditation decision.

Related Body: Perry Johnson, Inc. ("PJI")

Top Management: Mr. Perry Johnson

PJLA and PJI are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of PJLA.

PJLA utilizes PJI for accounting and IT functions. At no time are any PJI employees involved with the accreditation process.

Related Body: Auditing Services, Inc. ("ASI")

Top Management: Mr. George Cipolla

PJLA and ASI have separate ownership. PJLA utilizes ASI to supply assessment staff on an as need basis.

Related Body: Auditoría Global, S.A. de C.V.

Top Management: Ma. Angelica Brambila Amaya

PJLA and Auditoría Global, S.A. de C.V. have separate ownership. PJLA utilizes Auditoría Global, S.A. de C.V. to supply assessment staff, accounting and sales support.



Quality Manual

Related Body: Perry Johnson Holding-Japan (PJR and PJC Services)

Top Management: Ms. Yuko Seto

PJLA and Perry Johnson Holding-Japan are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of PJLA.

PJLA utilizes Perry Johnson Holding-Japan for IT and Accounting. At no such time does any PJH employee have any influence over an accreditation decision.

Related Body: Perry Johnson Registrars –Food Safety, Inc. -(PJRFSI)

Top Management: Mr. Terry Boboige

PJLA and PJRFSI are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of either company.

Related Body: Perry Johnson Carbon Emissions Services

Top Management: Mr. Terry Boboige and Mr. Shigetoshi Matsui

PJLA and PJR are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of either company. PJLA utilizes assessors on an as needed basis from this organization when necessary.

Related Body: Perry Johnson Food Safety Consulting-PJFSI

Top Management: Ms. Carrie Hayden

PJLA and PJFSI are owned by a single stockholder, Perry L. Johnson. Mr. Johnson has no active role in the management or activities of either company. No consulting services are performed by this organization that PJLA accredits.

Related Body: Independent Sales Agents

PJLA has independent agreements with Sales and Marketing Agents to support PJLA sales and marketing activities.

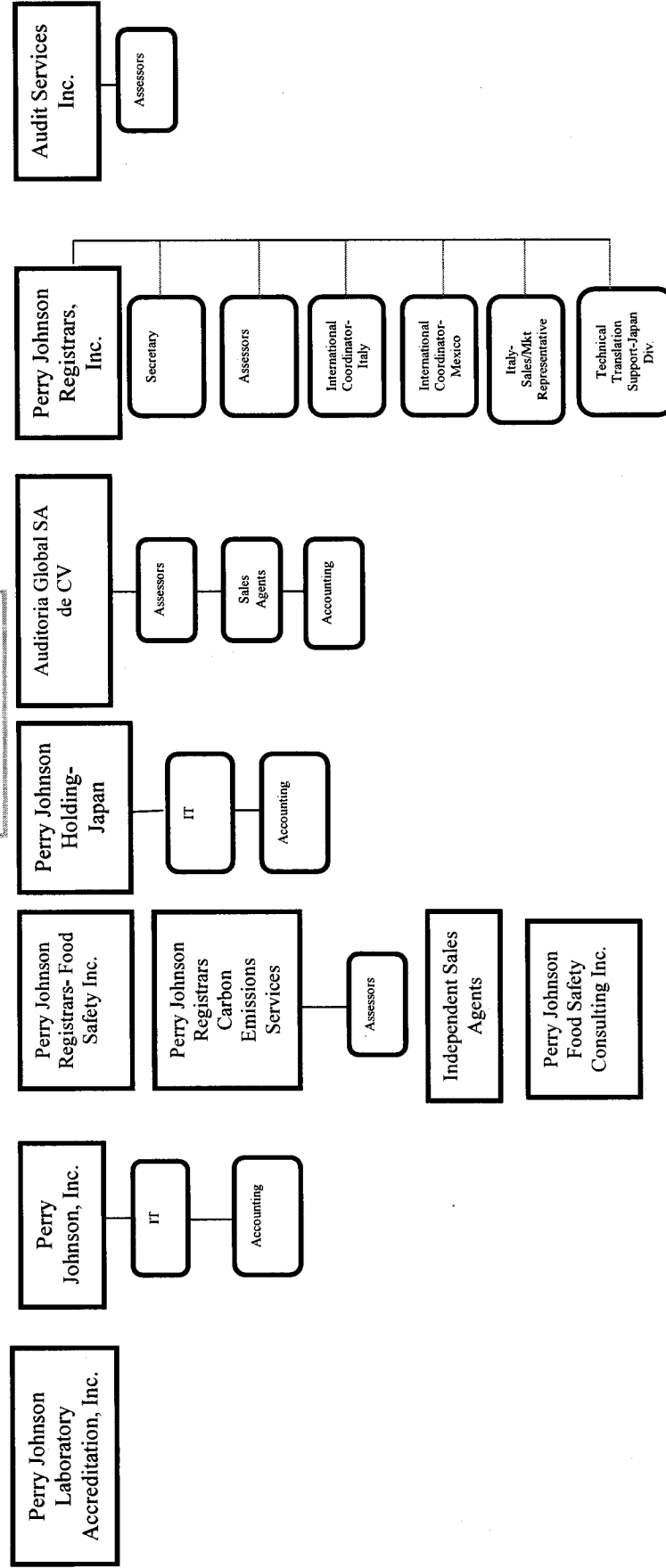


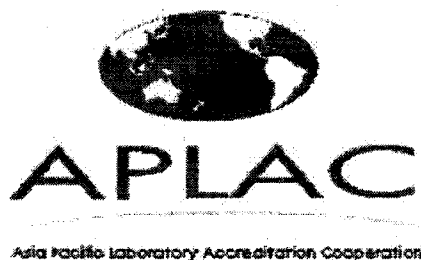
Quality Manual

Appendix 3: Relationships with Related bodies Organization Chart

PJLA Related Body Organization Chart

Stockholder
Mr. Perry L. Johnson





APLAC MUTUAL RECOGNITION ARRANGEMENT

AN ARRANGEMENT TO GRANT RECOGNITION

Having fulfilled the requirements of the APLAC Mutual Recognition Arrangement, **PJLA, United States of America** is a signatory to the Arrangement.

APLAC MRA signatories:

- (i) use equivalent procedures under ISO/IEC 17011 in the accreditation of laboratories against ISO/IEC 17025, medical laboratories against ISO 15189, inspection bodies against ISO/IEC 17020 and reference material producers against ISO Guide 34 in combination with ISO/IEC 17025;
- (ii) recognise, within the scope of recognition of this MRA, the accreditation of a laboratory, inspection body or reference material producer by other signatories as being equivalent to an accreditation by its own organisation;
- (iii) recommend and promote the acceptance by users in their economies of endorsed reports and certificates issued by laboratories, inspection bodies and reference material producers accredited by APLAC MRA signatories;
- (iv) investigate complaints initiated by a signatory resulting from reports or certificates issued by their accredited laboratories, inspection bodies or reference material producers; and
- (v) inform one another, as soon as possible, of any significant changes in the status and/or operational practices in their accreditation bodies.

Accreditation Body: Perry Johnson Laboratory Accreditation Inc.

Economy: United States of America

Scope of Recognition: Testing; Calibration

Date of Signing APLAC MRA: 6 June 2008; 21 May 2009

Terence S S Chan
APLAC Chair



ILAC MUTUAL RECOGNITION ARRANGEMENT

SIGNATORIES

We, the undersigned, endorse the terms of the ILAC Arrangement and undertake, to the best of our ability, fulfillment of its objectives.

Accreditation Body: Perry Johnson Laboratory Accreditation, Inc.
(PJLA)

Economy: USA

Scope: Testing

Authorised Representative: Tracy Szerszen

Signature:

Tracy Szerszen

Date: 6th June, 2008

Chairman, ILAC Arrangement Council:

Signature:

Daniel Pierre

Date: 6th June, 2008



ILAC MUTUAL RECOGNITION ARRANGEMENT

SIGNATORIES

We, the undersigned, endorse the terms of the ILAC Arrangement and undertake, to the best of our ability, fulfillment of its objectives.

Accreditation Body: Perry Johnson Laboratory Accreditation Inc (PJLA)

Economy: United States of America

Scope: Calibration (extension of existing scope)

Authorised Representative:

Signature:

Tracy Szerszen

Date: 21 May 2009

Chairman, ILAC Arrangement Council:

Signature:

Daniel Pierre

Date: 21 May 2009



CONFIDENTIALITY FORM
Promise of Nondisclosure

This document is a Promise of Nondisclosure of Information, given at the request of Perry Johnson Laboratory Accreditation, Inc. (PJLA), to _____ (Individual/Laboratory/Organization), regarding certain confidential and other business information.

Whereas, PJLA is a third party accreditation body which provides accreditation services for clients (Laboratories/Organizations), to ISO/IEC 17025, and

Whereas, in the purview of conducting its accreditation service, PJLA has access to certain information, confidential and otherwise, pertaining to its Laboratories/Organizations, and

Whereas, PJLA seeks to prevent disclosure of such Laboratory/Organization information,

I hereby agree not to divulge any information from any Laboratory/Organization that I acquire in the process of performing assessments, or that I acquire in any other fashion relative to my connection to PJLA, unless authorized to do so in writing by PJLA and/or the Laboratory/Organization.

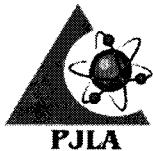
I hereby agree not to use any information gained in the assessment as a consulting opportunity. If I breach any part of the agreement, I understand that PJLA may choose to discontinue using my services.

Name (Print): _____

Signature: _____

Date: _____

Address: _____



POLICY ON CONFLICT OF INTEREST

Statement of General Policy

February 2008

This policy recognizes that both real and apparent conflicts of interest or dualities of interest (hereinafter referred to as "conflicts") sometimes occur in the course of conducting the company's daily affairs. A conflict refers only to personal, proprietary interests of the persons covered by this policy and their immediate families and not to philosophical or professional differences of opinion. Conflicts occur because the many persons associated with the corporation should be expected to have and do in fact generally have multiple interests and affiliations and various positions of responsibility within the community. Sometimes a person will owe identical duties to two or more organizations conducting similar activities.

Conflicts are undesirable because they potentially or apparently place the interests of others ahead of the corporation's obligations to its corporate purposes and to the public interest. Conflicts are also undesirable because they often reflect adversely upon the persons involved and upon the institutions with which they are affiliated, regardless of the actual facts or motivations of the parties. However, the long-range best interests of the corporation do not require the termination of all association with persons who may have real or apparent conflicts if a prescribed and effective method can render such conflicts harmless to all concerned.

Therefore, PJLA's policy is to require that all actual or apparent conflicts be disclosed promptly and fully to all necessary parties and to prohibit specified involvement in the affairs of the corporation by persons having such conflicts.

Coverage of this Policy

This policy shall apply to all parties involved with the PJLA Accreditation system, including: employees, committees, sub-contracted assessors or sub-contracted staff. The corporation's management shall have the affirmative obligation to publicize this policy to all such parties.

Disclosure of All Conflicts

All persons to whom this policy applies shall disclose all real and apparent conflicts which they discover or have been brought to their attention in connection with the corporation's activities. "disclosure" shall mean providing promptly to the appropriate person a written description of the facts comprising the real and apparent conflict. The written disclosure notices of conflicts shall be filed with the President/Operations Manager of the corporation or any other person designated by him from time to time to receive such notification.

Prescribed Activity by Persons Having Conflicts



When an individual believes that he or she or a member of his immediate family might have or does have a real or apparent conflict, he should, in addition to filing the disclosure notice abstain from making motions, voting, executing agreements, or taking any other similar direct action on behalf of the corporation. Any person having a real or apparent conflict of interest, as described hereunder, must be absent from any discussion and vote on the matter in conflict. When any person requests in writing, or upon its own initiative, the President/Operations Manager may at any time establish further guidelines consistent with the interest of the corporation for the resolution of any real or apparent conflicts.

AFFIRMATION

I, (please print) _____ hereby affirm that I have received, read, understand and agree to be bound by the PJLA's "Policy on Conflict of Interest", dated February 2008. I agree to report to the President/Operations Manager any events or transactions known to me which appear to be in violation of either the letter or spirit of this "Policy on Conflict of Interest"

Signature: _____

Primary Business Affiliation: _____

Title: _____

Address: _____

Date: _____

Perry Johnson Laboratory Accreditation, Inc.
Assessor Biography-(FCC Assessors)

Note all technical assessors will be accompanied by the designated lead assessor for this program and will be escalated to lead assessor status upon oversight and training by qualified designated lead assessors

Werner Schafer –Lead Assessor

Werner has over 30 years of experience in the electrical, EMC and RF industry. He currently is the owner and principal engineer of Schaefer Associates, a consulting firm. Formerly he was employed with Cisco Systems as an internal consultant for EMC testing and RF/uvwave calibration activities as well as the development, maintenance and implementation of a globally used laboratory quality system; Hewlett-Packard and Agilent Technologies with responsibility for definition and design of new EMC hardware and software products. He actively participates in the development of (ANSI C63) and international EMC standards (IEC CISPR/A and CISPR/B) as well as quality standards (ISO CASCO) and ICAC (US). He is a recognized Bluetooth Assessor (BTA) and recognized assessor for CTIA and CCF in the mobile communications industry. He obtains degrees from Technical University of Darmstadt, Darmstadt/Germany, 1982, RF and Microwave Major, MSEE received in 1982. Hochschule für Berufstätige, Rendsburg/Germany, Marketing Major, MBA received in 1990 and currently has the following memberships: a) CISPR/A (chairman of CISPR/A/WG1 and member of CISPR/A/WG2) ; b) CISPR/B (Member of CISPR/B/WG1) c) ANSI C63 (including membership of sub-committee 1, 3, 6 and 8); d) SAE AE4; e) ASQ; (Member of American Society for Quality) f) ICAC (Member of International Conformity Assessment Committee); g) member of ISO g) CASCO (Member of ISO committee on conformity assessment). He was a lecturer for the IEEE EMC Society (distinguished lecturer for the term 2000 and 2001) and IEC 1906 Award winner (2007). He is a NARTE certified EMC engineer since 1996, RAB certified as Quality Management System Lead Auditor since 2003, ISO 17025 Lead Assessor and GSA:G2S certified engineer. Werner as also conducted A2LA assessments since 1997 in the following areas: EMC testing (to all international standards), Radio testing (related to FCC, ETSI/EN, RSS and other related international standards), OTA testing (mostly per CTIA test plans), RF/uvwave calibration, Lighting testing, other niche markets (like gaming industry, P25 program, high voltage testing, software testing). Approximate number of total assessments: 296, of which about 195 included FCC related testing

NVLAP assessments since 2007 in the following areas: EMC testing (to all international standards), Radio testing (related to FCC, ETSI/EN, RSS and other related international standards), OTA testing (mostly per CTIA test plans), RF/uvwave calibration, Lighting testing. Approximate number of total assessments: 85, of which about 40 included FCC related testing

In addition, assessments are performed infrequently for DAkkS, Germany (for EMC, OTA and Radio testing) as well as IANZ, New Zealand (for P25, EMC and Radio testing).

Jerome Bambach –Technical Assessor

Jerome has over 30 years of work experience in the electrical field. He is a 17025 lead assessor and continues his experience in this industry performing routine assessments of accredited laboratories and consulting. Jerome has worked for the following organizations: ATI Systems, EQS Systems (Quality Engineer) and Tektronix, Inc. (Field Engineer) and has acted as a technical consultant for GM Proving Ground, Chrysler, TRW, Panashield Anechoic Chambers and Noiseken for EMC/EMI specialty areas. He holds Bachelors in Industrial Engineering and Electrical Engineering. He also obtains additional certifications and standard training such as Heavy Ground Radar Systems and Measurement, Tracking & Targeting Radar, Textronic-EMC, EMI and ESD class, SAE Powertrain Noise Engineering Training, ISO 9001 and 17025 specific training.

Enrique Servin –Technical Assessor

Enrique has over 30 years of experience in the electrical industry including but not limited to: EMC, Frequency, Signal, Power, Emissions, Voltage and Resistance. Currently, Enrique continues his experience in these fields by conducting 17025 and 17020 assessments in the United States and in Mexico and provides technical consulting. He has worked for the following organizations: PROLCI-a certification body for QMS, Inspection and EMS Standards holding several responsibilities such as: Oversight of the inspection program, liaison for NOM's and NMX standards including GT-77-B-The Working Group for High Frequency Standards-Electromagnetic Compatibility. He worked for Sistemas Electronicos Anser S de R.L. MI as the General Manager responsible for the production of electronic equipment (voltage, regulators, power supplies and inverters), Underwriters Laboratory as an inspector of electrical products, and SacMag as an electrical project supervisor. He gained years of experience in the EMC areas working for Xerox Mexicana and Xerox Corporation in New York. There he held various positions such as: Configuration Control & Reliability Tests Manager, Special Testing Engineer, Product Safety Coordinator and Manufacturing Engineer. He was primarily responsible for product safety performance including electromagnetic testing on new products in order to meet the requirements of the FCC, VDE, UL and CSA. He has a Bachelor Degree in Electrical Engineering and has attended multiple training sessions and seminars in the electrical and mechanical fields. He is currently a ISO 17025, ISO 17020 assessor both in the United States and Mexico for Perry Johnson Laboratory Accreditation and for EMA Entidad Mexicana de Accreditation, A.C. He has performed several EMC specialized assessments for EMA and assisted with developing

NMX-ANCE Mexican Standards on EMC testing methods based on the following standards: FCC.CFR47-Part 15-107, Part 15-109, 15-201, 247, 257, IEC CISPR 22, CISPR 14-1, CISPR 14-2, CISPR 24, ANSI-C63-10, ISC 60335-1, IEC 61000-4-2, 4-3, 4-4, 4-5, 4-6,4-11 and 4-13.

RK Varma-Technical Assessor

RK has over 35 years of work experience in the electrical and energy fields. He is a 17025 assessor and continues his experience in this industry performing routine assessments of accredited laboratories and consulting. RK has worked for the following organizations: PowerStation (India) and Common Wealth of Pennsylvania as a Chief Engineer primary focused in Fiber Optics and EMC (Conducted and Radiated emissions, EFT, ESD OATS, Anechoic Chambers and CISPR. He also has conducted several assessments for CSA in Canada for CFR Part 18 and CFR Part 15 in the following areas: Software and Firmware, Test Equipment Verified for function, Measurement Uncertainty, Antenna Requirements, Channel Separation and 20dB Bandwidth, Time of Occupancy (Dwell Time) ,Conducted Output Power and Band-edge Compliance of RF Conducted Emissions. He holds a Bachelor Degree in Electrical Engineering in Transmission and Distribution: Electrical Power. He also obtains additional certifications and standard training such as Measurement of Radio and Noise Emissions, Solar Photovoltaic Energy Systems, Design of Electrical Systems for Facilities, and Electrical Power Generation. He is a member of the IEE EMC Society and continues to participate in local seminar and webinars in the EMC industry.