



"Reliable Results Through Recognized Accreditation"

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NACLA Recognized Accreditation Bureaus (ABs)

- Laboratory Accreditation Bureau, Fort Wayne, Indiana
 - ISO / IEC 17025
 - ANSI / NCSL Z540.3 subclause 5.3

- Construction Materials Testing (CMET)
- Health Physics Society, McLean, VA
 - ISO / IEC 17025

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National Cooperation for Laboratory Accreditation

Certificate of Recognition

The National Cooperation for Laboratory Accreditation (NACLA) has evaluated

Laboratory Accreditation Bureau (L-A-B)

NACLA recognizes this Accreditation Body as compliant with ISO/IEC 17011:2004 and the NACLA recognition requirements in the field of

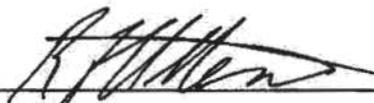
Calibration & Testing

NACLA also recognizes this Accreditation Body as compliant with the NACLA recognition requirements for the Sector Specific Technical Programs of

ANSI/NCSL Z540.3 subclause 5.3 Construction Materials Testing (CMET)

This recognition is granted this 1st day of May 2011




Executive Officer
For the National Cooperation for Laboratory Accreditation
Certificate No. 20065
Valid to October 31, 2014

L-A-B Recognition

Authority and Recognition



Laboratory Accreditation Bureau is a Nationally and Internationally Recognized Accreditation Body operating in the US recognized by NACLA and ILAC to perform accreditations of laboratories to ISO/IEC 17025. Our international ISO/IEC 17011 recognition is maintained through the Asia Pacific Laboratory Accreditation Cooperation (APLAC) and the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA). Our national recognition is maintained through the National Cooperation of Laboratory Accreditation (NACLA) stakeholder recognition process.

The international recognition process assures global acceptance of L-A-B accredited laboratories test reports and calibration certificates for the purposes of free trade and regulatory acceptance.

The national recognition process assures domestic acceptance by regulators who specify a scope of recognition by NACLA with or without their sector specific requirements.

U.S. Regulators and Specifiers utilizing the NACLA process and recognizing L-A-B are:

- 1. Federal Highway Administration (FHWA) - L-A-B** has added Construction Materials Testing (CMT) to it's NACLA scope of recognition and as a result is recognized to accredit laboratories to Federal Highway Administration (FHWA) requirements as specified in FHWA Quality Assurance Laboratory ... Qualification Program (23 CFR 637.209).
 - 2. U.S. Navy - L-A-B** has added the sector specific requirements of Sub-clause 5.3 of ANSI/NCSL Z540.3 to the scope of recognition for NACLA and as a result the US Navy recognized L-A-B to perform ISO/IEC 17025 accreditations along with ANSI/NCSL Z540 Sub-clause 5.3 requirements to meet US Navy requirements.
 - 3. U.S. Navy** has entered into a Navy Calibration Cooperative Agreement with L-A-B. Under this agreement, the Navy approves and accepts accreditations from calibration laboratory's accreditation bodies headquartered in the U.S. and recognized by a laboratory accreditation cooperation such as NACLA, APLAC and ILAC. L-A-B is recognized by NACLA, APLAC and ILAC.
- 4.1 Automotive Industry - L-A-B** is formally recognized by GM as an approved third party laboratory accreditation body that suppliers to GM may use in order to meet the requirements of General Motor's GP-10 accreditation program. Through NACLA's recognition and approved

scope, L-A-B's Accreditation Program has been recognized within QS-9000:1998 Third Edition as one option that commercial and independent calibration and testing facilities serving the automotive industry. Additionally GM defines (in GM Customer Specifics - for ISO/TS 16949) an "Accredited Laboratory is one that that has been reviewed and approved by a nationally-recognized accreditation body ..." such as L-A-B by NACLA.

4.2 Automotive Industry - In Chrysler Group LLC Customer-Specific Requirements for use with ISO/TS 16949:2009 and ISO 14001:2004, an Accredited Lab is defined as (ISO/TS 16949 clause 3.1.5) "An accredited laboratory is one that has been independently evaluated for technical competence. The criteria for evaluation are based on ISO/IEC 17025, or national equivalent. Accreditation is performed by qualified agencies (public or private) operating in accordance with ISO/IEC 17011." **L-A-B** is found to be in compliance with ISO/IEC 17011 by both NACLA and APLAC (ILAC) to accredit laboratories to ISO/IEC 17025.

5. The U.S. Coast Guard (Department of Homeland Security) has developed criteria to be used by its Life Saving & Fire Safety Division for the acceptance of independent laboratories that conduct initial and follow-up testing of lifesaving and fire protection equipment and materials that require Coast Guard approval. ISO/IEC 17025 accreditation from an accreditation body who is a recognized by NACLA (**such as L-A-B**) is required for acceptance of testing under the International Maritime Organization (IMO) Fire Test Procedure (FTP) Code.

6. Aerospace Industry - In Fokker Aerostructures B.V. Quality Requirements Cessna Aircraft Company AppB-CEen2008, Special Processors QMS audit may be waived for suppliers accredited to ISO 17025 with a scope of accreditation covering the Nadcap scope of accreditation and be from an approved NACLA / ILAC accrediting body, such as **L-A-B**.

6.1 Aerospace Industry - In Harlow Aerostructures, LLC supplier quality requirements, Special Processors QMS audit may be waived for suppliers accredited to ISO 17025 with a scope of accreditation covering the Nadcap scope of accreditation and be from an approved NACLA / ILAC accrediting body, such as **L-A-B**.

6.3 Aerospace Industry - In the Goodrich Aerospace Quality Systems manual requirements, Special Processors QMS audit may be waived for suppliers accredited to ISO 17025 with a scope of accreditation covering the Nadcap scope of accreditation and be from an approved NACLA / ILAC accrediting body, such as **L-A-B**.

7. General Services Administration (GSA) - In Star-of-Life Ambulance Specification KKK-A-1822F criteria for certifications are an ISO/IEC 17025 accredited laboratory by an accreditation body that is recognized by NACLA or ILAC (**such as L-A-B**) and the scope of accreditation shall include AMD tests 1-25.

8. **National Association of State Fire Marshals** - In a Guide for State Fire Marshals and their staffs for the purpose of describing how testing laboratories are accredited and the available accreditation standards, along with criteria for judging the credibility of the laboratory and its accrediting body. Nationally recognized (NACLA) and internationally recognized (ILAC) AB's (such as L-A-B) accredited laboratories should be deemed as the a way to assure testing was done by a creditable organizations for the basis of reliable data.

Additionally U.S. Regulators and Specifiers specify L-A-B by virtue of international recognition through ILAC:

1. **DoD Environmental Laboratory Accreditation Program (DoD ELAP) - L-A-B** is approved by the DoD Environmental Data Quality Work group (**EDQW - US Army, Navy, Air Force, and Defense Logistics Agency**) to provide Environmental Laboratory Accreditation to all laboratories that need recognized by the DoD to perform environmental testing in support of the DoD environmental restoration programs at DoD operations, activities, installations, including government-owned, contractor-operated facilities and formerly-used defense sites (FUDS).

2. **The Environmental Protection Agency EPA** has released the ENERGY STAR for Computers Verification and Testing Guidelines and Procedures Manual Version 1.0. According to the document, in order to conduct verification testing to determine whether the computer products meet the ENERGY STAR Program Requirements for Computers Version 5.0, laboratories must be accredited to ISO/IEC 17025. L-A-B meets the requirements of the EPA as a signatory to an internationally recognized mutual recognition arrangement (MRA) such as ILAC.

3. **The National Institute of Standards and Technology (NIST)** has recognized L-A-B to accredit testing laboratories under the USGv6 Test Program. This program requires that laboratories performing testing of Internet Protocol version 6 (IPv6) products for use in the United States government be accredited by an ILAC MRA signatory.

4. **The U.S. Consumer Product Safety Commission (CPSC)** published notices in the Federal Register regarding accreditation requirements for third party laboratories that are testing in conformance with the Consumer Product Safety Improvement Act (CPSIA) of 2008 for lead in paint, cribs, pacifiers, small parts, and children's jewelry. According to these publications and the CPSIA, all products currently subject to the lead in paint regulation at 16 CFR 1303, all cribs subject either to 16 CFR 1508 or 1509, all pacifiers subject to 16 CFR 1511, small parts subject to 16 CFR 1501, and children's jewelry subject to the 600 ppm and 300 ppm lead content limits, must be tested by a laboratory accredited to ISO/IEC 17025 by an accreditation body (such as L-A-B) who is a signatory to the ILAC Mutual Recognition Arrangement (ILAC MRA).

5. The Office of Nuclear Reactor Regulation (NRC), in a letter, provides for acceptance of L-A-B accreditation to ISO/IEC 17025 as a means of qualifying calibration laboratories to provide commercial-grade calibration services to the Palo Verde Nuclear Generating Station. The accreditation process is accepted in lieu of a supplier audit, commercial-grade survey, or in-process surveillance.

6. National Lead Laboratory Accreditation Program (NLLAP), EPA has established the National Lead Laboratory Accreditation Program (NLLAP) to recognize laboratories that demonstrate the ability to accurately analyze paint chip, dust, or soil samples for lead. A fixed-site laboratory, a mobile laboratory, or a testing firm that operates portable equipment are all eligible to obtain EPA recognition through the NLLAP. An organization may choose to be recognized for one, two, or all three of the sample types (paint chips, dust, soil) in the NLLAP.

L-A-B Fields of Accreditation

Testing

Acoustical
Biological
Chemical
Construction Materials
Durability
Electrical
Electromagnetic Compatibility (EMC) / Electromagnetic Interference (EMI)
Energy Consumption
Environmental
Environmental Simulation
Information Technology
Mechanical
Microbiological
Non-Destructive
Optical & Radiometric
Thermal
Vibration and Shock

Calibration or Measurement

Accelerometry
Acoustics
Amount of Substance
Electrical
Fluid Properties and Quantities
Ionizing Radiation
Length
Luminous Intensity
Mass
Thermodynamics
Time and Frequency



Issue Date: 1/11/13

Assessment Plan			
Company:	[REDACTED]		Customer No. [REDACTED]
Address:	[REDACTED]		Scope No. [REDACTED]
City, State, Zip:	[REDACTED]		Program Manager Jason Stine
Contact:	[REDACTED]		
Phone:	[REDACTED]	Fax:	[REDACTED]
Email:	[REDACTED]		
Client Instructions			
<p>Listed below is a schedule that the assessor will follow during the on-site assessment. Changes to the agenda can and will be made to accommodate the completeness of the assessment. <u>Please review the above information for correctness.</u> Identify any changes as necessary. At the end of this document is a space for your name and signature of approval of this Assessment Agenda. Upon approval please e-mail or fax this document to the L-A-B Operations office Operations@l-a-b.com. Fax - (260-637-2791). The assessor will make appropriate travel arrangement as per L-A-B requirements. If your facility has arrangements for discounts for lodging, please let L-A-B or the lead assessor know for consideration.</p>			
Current Project Year	Base Surveillance Date	Lead Assessor	Team Assessor(s)
Year 0 Re-Assessment	3/1/2013	Jason Stine (1.5 MD)	Victor Kuczynski (1.5 MD)
Quoted Mandays	Scheduled Mandays	Confirmed Dates	
3.0	3.0	April 3-4, 2013	
Prior Years N/C's	Closed N/C's	Open N/C's & Reason if Open	
6	6		
Additional L-A-B Programs to be Assessed		LABPR 406 – FCC Accreditation Program	
Instructions for Current Project			
This assessment will be performed to ISO/IEC 17025 and LABR406 requirements. This assessment will be witnessed a representative of the FCC.			

For services performed at the following location			
Site Location	[REDACTED]	Field Technicians:	0
Address:	[REDACTED]	In House Technicians:	38
City, State, Zip	[REDACTED]	Scope Parameters Onsite:	
Quality Manager:	[REDACTED]	Technical Manager:	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
E-mail:	[REDACTED]	E-mail:	[REDACTED]

Day 1 Wednesday April 3, 2013		Multiple Assessors
Time	Activity - Notes	Comments
8:15 AM	Arrival and Introductions	Jason and Victor will arrive together
8:30 AM	Opening Meeting	<input type="checkbox"/> Meeting Attendance <input type="checkbox"/> Introductions <input type="checkbox"/> Accuracy of the Application Confirmed <input type="checkbox"/> Purpose of the Assessment <input type="checkbox"/> Accreditation Process <input type="checkbox"/> Assessment as a Sampling Process <input type="checkbox"/> Reports Produced During the Process <input type="checkbox"/> Checklists Used by the Assessor <input type="checkbox"/> Non Conformance Report <input type="checkbox"/> Agreed Upon Scope <input type="checkbox"/> Review of Current Draft Scope of Accreditation <input type="checkbox"/> Opportunities to Change the Scope <input type="checkbox"/> Arrangements for Private Area to Work <input type="checkbox"/> Location to Review the Quality System <input type="checkbox"/> Private Area for the Assessment Team to Work <input type="checkbox"/> Lunch Arrangements <input type="checkbox"/> Time for Closing Meeting <input type="checkbox"/> Safety Issues for the Assessment Team <input type="checkbox"/> Closure of Meeting and Tour of Facilities
	Lead Assessor Activities (Stine)	Team Assessor Activities (Victor Kuczynski)
9 AM	Review of Proposed Scope of Accreditation	
	Lab Tour/ General Discussion of Lab Activities	
9:30 AM	Section 4.1 Organization	
	Section 4.2 Management	
	Section 4.15 Management Review	
	Section 4.14 Internal Audit	
	Section 4.3 Document Control	
	Section 4.4 Review of requests, contracts	
	Section 4.5 Subcontracting of tests	
	Section 4.6 Purchasing of services	
12 PM	Lunch - Whatever	
	Section 4.7 Service to customer	Technical Evaluation of the scope of accreditation. All scope parameters must be evaluated.
	Section 4.8 Complaints	
	Section 4.9 Control of non conforming work	17025 sections 5.2 - 5.10 will be evaluated to assure compliance with Lead Assessor assistance.
	Section 4.10 Improvement	
	Section 4.11 Corrective Action	
	Section 4.13 Control of records	
	Section 5.2 - Personnel / Training	
	Section 5.5 Equipment	
4:30 PM	Closing Meeting	
5:00 PM	Depart	

Day 2 Thursday April 4, 2013		Multiple Assessors
Time	Activity - Notes	Comments
	Lead Assessor Activities (Stine)	Team Assessor Activities (Victor Kuczynski)
8:15 AM	Arrival	Jason and Victor will arrive together
	Section 5.3 Environment	Technical Evaluation of the scope of accreditation. All scope parameters must be evaluated. 17025 sections 5.2 – 5.10 will be evaluated to assure compliance with Lead Assessor assistance.
	Section 5.4 Test and Calibration Methods	
	L-A-B Policy 001.1- Uncertainty	
	Section 5.6 Measurement traceability	
	L-A-B Policy 001 - Traceability	
	L-A-B Form 001 – Traceability Tracking	
	Section 5.7 Sampling	
	Section 5.8 Handling of Test Items	
	Section 5.9 Quality Assurance	
	L-A-B Policy 002- Proficiency Testing	
	Section 5.10 Reporting the results	
	L-A-B Policy 012- Use of L-A-B Symbol	
10:30 AM	Assessor Private Time/ Review of Unfinished Areas	
1: AM	Writing Assessment report	
11:30 AM	Closing Meeting	
12 PM	Depart	

The agenda listed above has been prepared for the assessment of your organization IAW the requirements of ISO/IEC 17025:2005 and the L-A-B program requirements. This preliminary work allows me to predict closure of the assessment as proposed on the agenda.

The closing meeting may be modified based on the assessment team's travel arrangements. In order to use our time together to its fullest advantage, it is requested that everyone involved in the assessment review this agenda information to get an idea of what will take place during the assessment. Arrangements for lunch are preferably a light meal that is brought in and can be considered a "working lunch". This allows discussion about the assessment plan and the current status of the assessment in an open & friendly atmosphere.

The information listed below is provided as further guidance to help you prepare for your upcoming assessment.

1. The following documentation should be readily available for review during the assessment visit:

- Any completed non-disclosure agreements
- Any completed confidentiality agreement statements
- All records pertaining to changes in controlled documents
- Any quality documents still in draft form
- All obsolete documents records
- Current master documents list (including normative documents)
- Subcontractors list (as applicable)
- Completed purchase orders for purchased supplies and/or services
- Evaluation records of approved suppliers
- List of approved suppliers
- Records of supplies and services ordered from vendors

- Records of complaints
- Records of corrective actions
- Records of preventative actions
- Records of improvements
- All completed internal audits conducted in the last year
- All completed internal audits conducted for onsite and or technical operations
- Copy of schedule for internal audits (audit plan)
- Schedule and results of completed Management Review
- Records of the laboratory environment for the last 12 months (where relevant)
- L-A-B Form 001 with any revisions since latest submittal
- Latest PT/ILC results including any corrective actions for outliers
- PT/ILC plan for Policy 002 compliance
- Samples of usage of the L-A-B Accredited symbol (business cards, invoices, brochures, quotes, etc.)

2. Since the assessor is expected to observe as many scope related measurements made in your laboratory as possible, please try to have as many instruments or tests available as you can for observation by the assessor.

3. Please have the following readily available for each parameter / technology on your scope:

- Records for each calibration in the measurement traceability chain
- Uncertainty budgets where necessary for the traceability chain, including any calibrations performed in-house
- Training records and authorization of technicians performing the calibration or test
- Recent sample calibration certificate or test report for scope items
- Results of intermediate checks performed
- Calibration / test procedure(s) utilized to perform calibration or testing from the scope

4. I will also need to review the recent proficiency testing or intra-laboratory comparisons performed in the last year. This will include your submittal of a Form 28.12 schedule as per L-A-B Policy 002. As your organization may participate in proficiency testing from commercially available providers, the results of these tests can be provided electronically. It is preferred to receive these documents in this media and typically be requested from the PT providers via email.

5. Onsite calibrations or tests scheduled to be performed at your customer's facility should be arranged at a site within 30 minutes driving time and without time consuming safety or security restrictions. If a visit to a customer site is not reasonably practical, we can go through an "onsite simulation" activity at your laboratory. Remember, onsite visits are not only for technical competency, but also involves the assessor(s) review of your staff as an ambassador of your organization and the Laboratory Accreditation Bureau.

6. Please provide the following information for planning purposes:

On-Site Location		Estimated Travel Time (1 way)	
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Safety Equipment Required:

Safety Glasses: Y N

Hearing Protection: Y N

Safety Shoes: Y N

Metatarsal Guards: Y N

7. Technical witnessing of the scope of accreditation will involve witnessing your staff performing tests or calibrations of the items or parameters currently on your scope. If applicable, requested additions to the scope will be covered sometimes in lieu of current parameters.

Client Approval Confirms:

- Dates of assessment as stated above

- Agenda events as shown
- No conflict of interest between Assessor(s) and client company
- Accreditation is to ISO/IEC 17025 and additional program(s) as stated above
- Client understands that prior corrective actions to N/C's are to be verified as fully implemented

We agree with and accept the L-A-B assessment dates and duration contained herein, and understand that the assessment scheduled cannot proceed until all outstanding L-A-B invoices are paid.

[Redacted Signature Area]

Laboratory Representative Name	Title	Signature	Date
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Assessment Report

7) Site Assessment Summary

Please include the summary report below: (Use as much space as needed)

Summary shall include comments on competence, conformity and opportunities for improvement.

On April 3-4, 2013 a Year 0 reassessment of the [REDACTED] was performed. This visit included assessment and onsite technical evaluation of the [REDACTED] which included the laboratory operations supporting their scope of accreditation at this site only.

This assessment was performed to assure that [REDACTED] facility operates in compliance with the requirements of ISO/IEC 17025, L-A-B General Accreditation Requirements, LABPR 406 – Electromagnetics Compatibility & Telecommunications Accreditation Program, their own quality management system and the specific methods identified on their scope of accreditation. This assessment included a technical evaluation the testing activities performed within the [REDACTED] laboratory supporting their scope of accreditation.

This assessment was performed by Lead Assessor Jason Stine by performing an offsite review of laboratory quality documentation, processes and quality procedures related to the proposed scope of accreditation. Technical evaluation of the scope testing was performed by L-A-B Technical Expert, Victor Kuczynski, by thoroughly reviewing the validity of the technical procedures and documentation offsite and evaluating the technical competency of the laboratory staff and capability to perform correct testing within the [REDACTED] laboratory. The quality system was reviewed and thoroughly discussed to assure proper implementation through interviews with laboratory personnel. Records, reports and documentation were examined and reviewed to assure the requirements of ISO/IEC 17025:2005 and L-A-B are effectively implemented.

0 non-compliances were identified during this years Full reassessment. The non-compliances from last year's assessment were verified as effectively implemented and should be considered closed.

Comments and Opportunities for Improvement (OFI) were identified and will be provided within the L-A-B full assessment checklist to be provided within a week.

The [REDACTED] Laboratories quality management system appears mature and functioning well. Top Management, Quality Management and Technical Management have shown a clear and committed dedication to the quality and improvement of this system and understanding of necessary requirements throughout the assessment. Laboratory Quality and Technical staff have a high level of experience and have demonstrated a commitment to quality data. The entire [REDACTED] organization appears to have embraced the requirements of ISO/IEC 17025, L-A-B, and their own quality management system. All personnel observed and interviewed were open and honest and appeared to understand and follow the quality system and technical requirements very well.

[REDACTED] Quality Management and Technical staff have demonstrated overall good laboratory practice and competency in the field of testing to the specific methods listed on their scope of accreditation and to ISO/IEC 17025:2005. [REDACTED] Testing Laboratory recommended for continued accreditation to ISO/IEC 17025:2005, L-A-B General Accreditation Requirements, L-A-B PR406 – Electromagnetics Compatibility & Telecommunications Accreditation Program and the specific methods listed on their scope. Congratulations on a job well done. Nice Job!

8) Closing

- Form 33 – Non-Compliance Report shall be provided to a management representative; if necessary.
- L-A-B has an appeals process per SOP 203 if an agreement cannot be reached on any decision.



**LABORATORY
ACCREDITATION
BUREAU**

Form 48B

**Quality System Review &
Assessment Checklist**

ISO/IEC 17025:15 MAY 2005

Revision 1

Quality System Review & Assessment Checklist-Form 48B

Laboratory Information

Company Name	[REDACTED]
Address (Include addresses of all sites covered by this assessment)	[REDACTED]
Quality Manager	[REDACTED]
Phone	[REDACTED]
FAX	[REDACTED]
Contact E-Mail	[REDACTED]
Form Completed By	Client document reference Pdf. Version Completed by [REDACTED]
Date Form Completed	March 13, 2013
Assessor Name	Jason Stine
Date of Assessment	April 3-4, 2013

Quality System Review & Assessment Checklist-Form 48B

Assessment Summary

The summary on this form should include a listing of all non conformances, observations for improvement or any necessary details observed during the assessment.

On April 3-4, 2013 a Year 0 reassessment of the [REDACTED] was performed. This visit included assessment and onsite technical evaluation of the [REDACTED] facility located in [REDACTED] which included the laboratory operations supporting their scope of accreditation at this site only.

This assessment was performed to assure that [REDACTED] facility operates in compliance with the requirements of ISO/IEC 17025, L-A-B General Accreditation Requirements, LABPR 406 – Electromagnetics Compatibility & Telecommunications Accreditation Program, their own quality management system and the specific methods identified on their scope of accreditation. This assessment included a technical evaluation the testing activities performed within the [REDACTED] laboratory supporting their scope of accreditation.

This assessment was performed by Lead Assessor Jason Stine by performing an offsite review of laboratory quality documentation, processes and quality procedures related to the proposed scope of accreditation. Technical evaluation of the scope testing was performed by L-A-B Technical Expert, Victor Kuczynski, by thoroughly reviewing the validity of the technical procedures and documentation offsite and evaluating the technical competency of the laboratory staff and capability to perform correct testing within the [REDACTED] laboratory. The quality system was reviewed and thoroughly discussed to assure proper implementation through interviews with laboratory personnel. Records, reports and documentation were examined and reviewed to assure the requirements of ISO/IEC 17025:2005 and L-A-B are effectively implemented.

0 non-compliances were identified during this full reassessment. The non-compliances from last year's assessment were verified as effectively implemented and should be considered closed.

Comments and Opportunities for Improvement (OFI) were identified and will be provided within the L-A-B full assessment checklist to be provided within a week.

The [REDACTED] Laboratories quality management system appears mature and functioning well. Top Management, Quality Management and Technical Management have shown a clear and committed dedication to the quality and improvement of this system and understanding of necessary requirements throughout the assessment. Laboratory Quality and Technical staff have a high level of experience and have demonstrated a commitment to quality data. The entire [REDACTED] organization appears to have embraced the requirements of ISO/IEC 17025, L-A-B, and their own quality management system. All personnel observed and interviewed were open and honest and appeared to understand and follow the quality system and technical requirements very well.

[REDACTED] Quality Management and Technical staff have demonstrated overall good laboratory practice and competency in the field of testing to the specific methods listed on their scope of accreditation and to ISO/IEC 17025:2005. [REDACTED] Testing Laboratory recommended for continued accreditation to ISO/IEC 17025:2005, L-A-B General Accreditation Requirements, L-A-B PR406 – Electromagnetics Compatibility & Telecommunications Accreditation Program and the specific methods listed on their scope. Congratulations on a job well done. Nice Job!

Quality Document Review & Assessment Checklist-Form 48B

NO	REQUIREMENT	YOUR DOCUMENT	DOC REVIEW / PRE-ASSESSMENT NOTES		ASSESSMENT NOTES	
			C	N	C	N
4	Management Requirements					
4.1	Organization					
4.1.1	Entity is legally identifiable?		C		C	Yes. Verified.
4.1.2	Does entity conduct activities to be compliant with 17025, the needs of the client, regulators, or recognition bodies?		C		C	Yes.
4.1.3	Does the management system cover all work, including permanent location, and on-site, mobile or temporary facility?		C		C	Yes. Management system covers all work performed under this accreditation in the laboratory location in [REDACTED]
4.1.4	Is the organization structure defined in order to identify potential conflicts of interest?		C		C	Yes. Defined in the organizational chart and QM.
4.1.5	The laboratory shall:					
a)	Provide personnel with the authority and resources to carry out their duties. Including the implementation, maintenance and improvement of the management system.		C		C	All laboratory personnel appear to have the authority and resources necessary to perform their job functions correctly. Observed compliance.
b)	Have provisions to assure that staff is free from undue internal and external pressures.		C		C	Proper organization structure in place to assure. Detailed policies and Training also in place to help assure.

Legend: C=Compliant, N=Noncompliant, Your Document=laboratory's document where compliance to the requirement is found and includes: Document name(s), paragraph number(s) or equivalent. IAW=in accordance with.

Quality Document Review & Assessment Checklist-Form 48B

NO	REQUIREMENT	YOUR DOCUMENT	C		DOC REVIEW / PRE-ASSESSMENT NOTES	C		ASSESSMENT NOTES
				N			N	
c)	Protect the client's confidential information and proprietary rights.		C		Observed policy and procedure in place.	C		Observed appropriate procedures and measures in place to assure confidentiality. Observed compliance.
d)	Avoid involvement in activities that diminish confidence in competence, impartiality, judgment or operational integrity.		C			C		Discussed at length. The necessary procedures are in place and the laboratory appears to understand and meet the requirements of this element. Observed compliance thru records review and discussions.
e)	Define the organization and management structure.		C			C		Defined within the quality documentation.
f)	Specify the responsibility, authority and interrelationships of all personnel affecting quality of work.		C			C		Defined within the quality documentation.
g)	Provide adequate supervision.		C			C		Appears appropriate.
h)	Have a technical manager.		C			C		██████████ takes overall responsibility of the technical management duties. The laboratory appears to have multiple technically competent resources available internally if necessary.
i)	Have a quality manager (however named) who is responsible for the quality system.		C			C		██████████
j)	Appoint deputies for key managerial personnel.		C			C		Defined within the quality documentation. Deputy assignments appear understood and appropriate.

Legend: C=Compliant, N=Noncompliant, Your Document=laboratory's document where compliance to the requirement is found and includes: Document name(s), paragraph number(s) or equivalent. IAW=in accordance with.

Quality Document Review & Assessment Checklist-Form 48B

NO	REQUIREMENT	YOUR DOCUMENT	C		DOC REVIEW / PRE-ASSESSMENT NOTES	C		ASSESSMENT NOTES
				N			N	
k)	Ensure that personnel are aware of the importance of their activities.		C			C		Daily communication and formal communication meetings assure this. Observed compliance.
4.1.6	Top management shall ensure that communication processes regarding the effectiveness of the management system are established.		C			C		Insured through daily formal and informal communication, training quality processes.
Comments on the laboratory's compliance with this element:								
<p>The laboratory appears compliant with all elements of this section at the time of the assessment. The laboratories top management, quality, and technical staff appear to have the authority and resources needed to carry out their duties. Policies and procedures are in place and enforced to ensure the requirements of this section are satisfied.</p>								

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Quality Document Review & Assessment Checklist-Form 48B

NO	REQUIREMENT	YOUR DOCUMENT	C		DOC REVIEW / PRE-ASSESSMENT NOTES	C		ASSESSMENT NOTES
				N			N	
4.2	Quality System							
4.2.1	The laboratory shall establish, implement and maintain a quality system appropriate to its scope of activity.		C				C	Laboratory utilizes an appropriate quality system that covers the scope of its testing activities.
4.2.2	The laboratory's quality system policies shall be defined in a quality manual (however named).		C		Quality manual.		C	Yes. 17025 Quality Manual. Confirmed.
4.2.2	The overall objectives shall be established and reviewed during management review. A quality policy statement shall be issued under the authority of the chief executive and shall include:		C		Quality policy present.		C	Goals and objectives appear in place. Discussed and reviewed evidence to support compliance during the assessment.
a)	Management's commitment to good professional practice and quality of its tests and calibrations.		C				C	Included in Quality Policy.
b)	Laboratory's standard of service.		C				C	Included in Quality Policy.
c)	The purpose of the management system related to quality.		C				C	Included in Quality Policy.
d)	Requirement that personnel familiarize themselves with the quality documentation and implement the policies and procedures in their work.		C				C	Included in Quality Policy.
e)	Management's commitment to compliance with 17025 and continually improving the effectiveness of the management system.		C				C	Included in Quality Policy.

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				N			N	
4.2.3	Top management shall provide evidence of commitment toward continually improving the effectiveness of the management system		C			C		Many forms of improvement were observed during the assessment demonstrating management's commitment. Examples include, but not limited to, continuous involvement of the quality documentation and processes and use of the CA / PA system.
4.2.4	Top management shall communicate the importance of meeting customer, statutory and regulatory requirements		C			C		Small laboratory environment for the 17025 quality system. Daily communication through formal and informal methods assures.
4.2.5	The quality manual includes or makes reference to supporting procedures, and outlines the structure of the documentation used.		C		Described within the quality documentation	C		Yes. Confirmed.
4.2.6	The quality manual defines the roles and responsibilities of the technical and quality managers for ensuring compliance with 17025.		C		Defined	C		Compliant.
4.2.7	The integrity of the management system must be maintained by top management when changes are made.		C			C		
Comments on the laboratory's compliance with this element:								
<p>Laboratory appears compliant with all elements of this section at the time of the assessment. The management system in place appears very appropriate for the activities performed within the laboratory. The quality policy statement appears compliant with the requirements of 17025. Top management appears very involved in the activities of the laboratory and shows good support for the laboratory testing activities.</p>								

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NO	REQUIREMENT	YOUR DOCUMENT	C		DOC REVIEW / PRE-ASSESSMENT NOTES	C		ASSESSMENT NOTES
				N			N	
4.3	Document Control							
4.3.1	General							
	Have procedures to control all documents that form part of its quality system, both internal and external documents.		C		Policy and procedure in place	C		Policy and procedure appear understood and implemented within the laboratory.
4.3.2	Document Approval & Issue							
4.3.2.1	Documents issued as part of the quality system are reviewed and approved by authorized personnel.		C			C		All laboratory documentation observed appeared to have the proper authorizations.
4.3.2.1	Have a master list or equivalent identifying the current revision and distribution of documents.		C			C		Document Masterlist in place and appears appropriate for this laboratory.
4.3.2.2	The procedure shall ensure:							
a)	Authorized editions of documents are available, where necessary, for the effective functioning of the laboratory.		C			C		Electronic and hard copy system utilized. Ready access to all documents available by local computers.
b)	Documents are periodically reviewed and revised as necessary to ensure continued suitability.		C			C		All documents reviewed during the assessment appeared current. Document review system relies on the internal audits to capture.
c)	Invalid and obsolete documents are promptly removed from service, or assured against unintended use.		C			C		Observed all obsolete with limited access but available when necessary.
d)	Obsolete documents retained are suitably marked.		C			C		Observed compliance.

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				N			N	
4.3.2.3	Quality system documents generated are uniquely identified.		C			C		All documentation observed appears uniquely identified.
4.3.3	Document Changes							
4.3.3.1	Changes shall be reviewed and approved by the same function. The designated person shall have access to background information.		C			C		Change and approval process in place. This was reviewed and discussed and appears compliant.
4.3.3.2	Altered or new text shall be identified, where practical.		C			C		Observed compliance.
4.3.3.3	Hand amendments shall be clearly marked, initialed and dated. The new document shall be issued ASAP.		C			C		None observed.
4.3.3.4	Computerized maintenance for documents shall be established in a procedure.		C			C		Procedure in place that defines this process.
Comments on the laboratory's compliance with this element:								
<p>The laboratory has an electronic and hard copy document control system meeting the requirements of 17025. All documents observed relevant to the quality system appeared controlled and readily available. The laboratory has a sufficient review and approval process of new and revised documents. All documentation is readily available to all that need access. Policies and procedures are in place and sufficiently define the document control process.</p>								

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				N			N	
4.4	Review of requests, tenders and contracts							
4.4.1	Procedures for review of requests, tenders & contracts.		C		Policy and procedure in place	C		Observed compliance with procedures.
4.4.1	Policies and procedures for review shall ensure:							
a)	Requirements are adequately defined, documented and understood.		C			C		The laboratory performs contract review at the acceptance of each request for testing or acceptance of a contract for testing activities.
b)	Lab has the capability and resources.		C			C		Technical personnel review all requests for testing.
c)	Appropriate method is selected and can meet the client's requirements.		C			C		Yes. Performed in the review process.
	Differences between request or tender and the contract shall be resolved.		C			C		Yes. Performed in the review process.
4.4.2	Records of reviews are maintained. Records of pertinent discussions with clients should be maintained.		C			C		Compliant. Observed evidence to support compliance.
4.4.3	Review shall include subcontracted work.		C			C		The laboratory does not subcontract any 17025 testing.

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Quality Document Review & Assessment Checklist-Form 48B

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4.4.4	Client informed of deviation from contract.		C			C		No examples observed. Procedures define appropriately.
4.4.5	Contracts amended after work starts must have the same review as the original.		C			C		No examples observed. Procedures define appropriately.
Comments on the laboratory's compliance with this element:								
<p>The laboratory appears compliant with all requirements if this section. Technical personnel are directly involved in all requests for testing. The laboratory appears to have a strong system in place for contract review.</p>								

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