Organization Name:	
Address (Mailing):	
Address:	
(Physical Location):	
Telephone:	
Fax:	
E-mail:	
Web Address:	
Assessment Location (If different):	
Assessment Date:	
Assessment Organization:	
Assessors(s):	
(Signatures):	
Receipt acknowledgment by Laboratory:	

Section Reference	Question	Y	N	Comments
	Volume 1, Module 1: Proficiency Testing			
5.0	**Requirements for PT Sample Handling, Analysis, & Reporting**			
5.1	**PT Sample Analysis**			
5.1.1	Did the laboratory the laboratory analyze PT samples in the same manner as used for routine environmental samples using the same staff, sample tracking, sample preparation and analysis methods, standard operating procedures, calibration techniques, quality control procedures and acceptance criteria?			
5.1.1 Note	The laboratory is permitted to analyze the same PT sample for any accreditation or experimental FoPT by multiple methods so long as those test methods are within the same field of accreditation matrix. If the laboratory is accredited for multiple test methods that use the same technology within a field of accreditation, the laboratory is not required to analyze a PT sample for each test method, except for fields of accreditation for the drinking water accreditation matrix for which a PT sample per test method is required. The laboratory may analyze and report the PT sample by one test method and an acceptable performance score for that test method will be acceptable for all test methods that use that same technology within that field of accreditation. When the laboratory reports an analytical result for an accreditation FoPT within the same field of accreditation and accreditation matrix by more than one test method using the same technology, an unacceptable score for either test method will result in an unacceptable score for all test methods for that accreditation FoPT.			
5.1.2.a	Did the laboratory comply with not subcontract the analysis of any PT sample or a portion of a PT sample to another laboratory for any accreditation or experimental FoPT?			
5.1.2.b	Did the laboraotry comply with not knowingly receive and analyze any PT sample or portion of a PT sample from another laboratory for which the results of the PT sample are intended for use for initial or continued accreditation?			
5.1.2.c	Did the laboraotry comply with not communicating with any individual at another laboratory concerning the analysis of the PT sample prior to the closing date of the study?			
5.1.2.d	Did the labortory comply with not attempting to obtain the assigned value of any accreditation or experimental FoPT from the PTP?			
5.2	PT Sample Reporting Requirements			
5.2.1.a	Did the laboratory, For instrument technology that employs a multi-point calibration, the laboratory shall evaluate the analytical result to the value of the lowest calibration standard established for the test method used to analyze the PT sample. The working range of the calibration under which the PT sample is analyzed shall be the same range as used for routine environmental samples?			
5.2.1.a.i	For a result for any FoPT at a concentration above or equal to the lowest calibration standard was it reported as the resultant value?			
5.2.1.a.ii	For a result for any FoPT at a concentration less than the lowest calibration standard, was it reported as less than the value of the lowest calibration standard?			
5.2.1.b	For instrument technology (such as ICP-AES or ICP-MS) that employ standardization with a zero point and a single point calibration standard, did the laboratory evaluate the analytical result to the limit of quantitation (LOQ) established for the test method used to analyze the PT sample? (note: he LOQ for the FoPT shall be the same as used for routine environmental samples)			
5.2.1.b.i	Was a result for any FoPT at a concentration above or equal to the LOQ reported as the resultant value?			
5.2.1.b.ii	Was a result for any FoPT at a concentration less than the LOQ shall be reported as less than the value of the LOQ?			
5.2.2	Did the laboratory report the analytical results for accreditation and experimental FoPTs to the PTP on or before the closing date of the study using the reporting format specified by the PTP?			
5.2.3	Did the laboratory on or before the closing date of the study, authorize the PTP to release the laboratory's final evaluation report directly to the laboratory's Primary AB?			
5.3	**PT Sample Record Retention Requirements**			
5.3.1	Does the laboratory retain all records necessary to facilitate historical reconstruction of the analysis and reporting of analytical results for PT samples for a minimum of five years?			
5.3.2	Do the historical records shall include a copy of the reporting forms used by the laboratory to report the analytical results for PT samples to the PTP?			
5.3.2	If the analytical results for the PT samples were entered or uploaded electronically to a PTP website, does the laboratory retain a copy of the on-line data entry summary or similar documentation of entry of the PT results from the PTP's website?			
5.3.3	Does the laboratory make these records available for review upon request by the Primary AB?			
6.0	**Requirements for Corrective Action**			
6.1	Note: The requirements for corrective action are described in Volume 1, Module 2			
6.1.a	Was the PT sample obtained from any PTPA–accredited PTP unless there are not any PTPA-accredited PTP for the FoPT in which case the PT sample may be purchased from any PTP?			

Section Reference	Question	Y	N	Comments
6.1.a	Did the laboratory notify the PTP that the PT sample will be used for corrective action purposes so the PTP may ensure that the PT sample supplied meets the requirements for supplemental PT as defined in Volume 3 of this standard?			
6.1.b	Did the laboratory ensure that there were at least fifteen calendar days between the analysis dates of successive PT samples for the same accreditation FoPT?			
6.1.c	Was the PT sample shall be analyzed and reported in accordance with the requirements described this Module?			
7.0	**Requirements for Complaint Resolution**			
7.1	Did the laboratory submit questions about PT samples or performance evaluations made by the PTP to the PTP or to the PTP's PTPA, if the PTP is not able or is unwilling to resolve the question to the satisfaction of the laboratory?			
8.0	**Requirements for Reinstatement of Accredtiation After Suspension or Revocation**			
8.1	Did the laboratory requirements for continued accreditation as described in Section 4.2 of this module for reinstatement after suspension?			
8.2	Did the laboratory requirements for continued accreditation as described in Section 4.1 of this module for reinstatement after revocation?			
4.0	**MANAGEMENT REQUIREMENTS**			
4.0	**TNI Requirements for Accreditation**			
	Volume 1, Module 2: Quality Systems General Requirements			
4.1	**Organization**			
4.1	**TNI Initial Accreditation Requirements**			
4.1.1	Does the laboratory successfully analyze two unique TNI compliant PT samples for each accreditation FoPT that correspond to the fields of accreditation for which it seeks accreditation?			
	Note 1: The requirements for successful PT performance are described in Volume 2, Module 2, and in Volume 3. Note 2: Accreditation and experimental FoPT are established by the TNI PT Board. The official Tables of FoPT are posted to the TNI website.			
4.1.1	Are PT samples used for initial accreditation obtained from any PTPA-accredited PTP as part of a TNI-compliant study?			
4.1.2	Does the laboratory uphold its responsibility to carry out its testing and/or calibration activities in such a way as to meet the requirements of this standard			
4.1.2	Does the laboratory carry out its testing and/or calibration activities in such a way as to meet the requirements of the customer, the regulatory authorities or organizations providing recognition?			
4.1.2	Does the lab obtain PT samples from ny PTPA-accredited PTP as part of a TNI-compliant study?			
4.1.2	If the PT sample for an accreditation FoPT is not available from any accredited PTP, does the laboratory obtain the PT sample from any non-PTPA-accredited PTP?			
4.1.3	Does the laboratory management system cover work carried out in the laboratory's permanent facilities, at sites away from its permanent facilities, and/or in its associated temporary or mobile facilities?			
4.1.3	Are the analysis dates of the PT samples for the same accreditation FoPT more than eighteen (18) months prior to the application date of accreditation, with the analysis date of the most recent PT sample having been no more than six (6) months prior to the application date for accreditation. Otherwise, there shall be at least fifteen (15) calendar days between the analysis dates of successive PT samples for the same accreditation FoPT			
4.1.4	If the laboratory is part of an organization performing activities other than testing and/or calibration, are the responsibilities of key personnel in the organization defined in order to identify potential conflicts of interest?			
4.1.5.a	Does the laboratory managerial and technical personnel have the authority and resources needed to perform their duties?			
4.1.5.a	Does the laboratory managerial and technical personnel have the authority and resources needed to identify departures from the management system or from the procedures for performing tests and/or calibrations?			
4.1.5.a	Does the laboratory managerial and technical personnel have the authority and resources needed to initiate actions to prevent or minimize such departures?			
4.1.5.a	Does the laboratory managerial and technical personnel have the authority and resources needed to - implement, maintain and improve the management system irrespective of other responsibilities?			
4.1.5.b	Does the laboratory have arrangements to ensure that its management & personnel are free from any undue internal and external commercial, financial and other pressures that may adversely affect the quality of their work?			
4.1.5.c	Does the laboratory have have policies and procedures to ensure the protection of its customers' confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results?			
4.1.5.d	Does the laboratory avoid involvement in any activities that would diminish confidence in its competence, impartiality, judgment or operational integrity?			
4.1.5.e	Does the laboratory define the organization and management structure of the laboratory, its place in any parent organization, and the relationships between quality management technical operations and support services?			

Section Reference	Question	Y	N	Comments
4.1.5.f	Does the laboratory specify the responsibility, authority and interrelationships of all personnel who manage, perform or verify work affecting the quality of the tests and/or calibrations?			
4.1.5.g	Does the laboratory provide adequate supervision of testing and/or calibration staff, including trainees, by persons familiar with methods and procedures, purpose of each environmental test, and with the assessment of the results?			
4.1.5.h	Does the laboratory have technical management, which has overall responsibility for the technical operations and the provision of the resources needed, ensure the required quality of laboratory operations?			
4.1.5.i	Does the laboratory appoint a member of staff as quality manager (however named)?			
4.1.5.i	Does the does this quality manager (however named) have defined responsibility and authority for ensuring that the management system is implemented and followed at all times?			
4.1.5.i	Does the does this quality manager (however named) have direct access to the highest level of management at which decisions are made on laboratory policy or resources?			
4.1.5.j	Does the laboratory appoint deputies for key managerial personnel including the technical director(s) and/or quality manager?			
4.1.5.k	Does the laboratory ensure that personnel are aware of the relevance and importance of their activities and how they contribute to overall management system goals?			
4.1.6	Does top management ensure that communication processes are established and that communication regarding the effectiveness of the management system takes place?			
4.1.7.1.a	Does the laboratory's quality manager and/or his/her desinee(s) serve as the focal point for QA/QC and be responsible for the oversight and/or review of quality control data?			
4.1.7.1.b	Does the laboratory's quality amanger and/or his/her desinee(s) have functions independent from laboratory operations for which they have quality assurance oversight?			
4.1.7.1.c	Are the laboratory's quality manager and/or his/her desinee(s) able to evaluate data objectively and perform assessments without outside (e.g.,managerial) influence?			
4.1.7.1.d	Does the laboratory's quality manager and/or his/her desinee(s) have documented training and/or experience in QA/QC procedures and the laboratory's quality system?			
4.1.7.1.e	Does the laboratory's quality manager and/or his/her desinee(s) have a general knowledge of the analytical methods for which data review is performed?			
4.1.7.1.f	Does the laboratory's quality manager and/or his/her desinee(s) arrange for or conduct internal audits as per Section 4.14 annually?			
4.1.7.1.g	Does the laboratory's quality manager and/or his/her desinee(s) notify laboratory management of deficiencies in the quality system?			
4.1.7.1.h	Does the laboratory's quality manager and/or his/her desinee(s) monitor corrective actions?			
	NOTE: Where staffing is limited, the quality manager may also be the technical manager.			
4.1.7.2.a	Is the laboratory's technical manager(s) and/or his/her desinee(s) a member of the staff of an environmental laboratory who exercises actual day-to-day supervision of laboratory operations for the appropriate fields of accreditation and reporting of results?			
4.1.7.2.b	Is the laboratory's technical manager(s) and/or his/her desinee(s) experienced in the fields of accreditation for which the laboratory is seeking accreditation?			
4.1.7.2.c	Does the laboratory's technical manager(s) and/or his/her desinee(s) have duties that include monitoring standards of performance in quality control and quality assurance and monitoring the validity of the analyses performed and data generated in the laboratory to assure reliable data?			
4.1.7.2.d	If the tehcnical manager is the technical manager of more than one accreditaiton environmental laboratory, does the tehcnical manager have authorization from the primary AB?			
4.1.7.2.e	If the technical manager is absent for a period of time exceeding fifteen (15) consecutive calendar days does the labortory designated another full-time staff member meeting the qualifications of the technical manager(s) to temporarily perform this function?			
4.1.7.2.e	If the technical manager has been absent for a period of time exceeding thirty-five (35) consecutive calendar days, is the primary accreditation body notified in writing?			
4.1.7.2.f	Does the technical manager meet the requirements as specified in Section 5.2.6.1 of TNI EL-V1M2-2011?			
4.2	**Management**			
4.2.1	Has the laboratory established, implemented, & maintained a management system appropriate to the scope of its activites?			
4.2.1	Does the laboratory document its policies, systems, programs, procedures and instructions to the extent necessary to assure the quality of test and/or calibration results?			
4.2.1	Is the quality system documentation communicated to, understood by, available to, & implemented by the appropriate personnel?			

Section Reference	Question	Y	N	Comments
4.2.1	Does the laboratory analyze at least two TNI-compliant PT samples per calendar year for each accreditation FoPT for which the laboratory is accredited unless TNI-compliant PT samples are not available from any PTPA approved PT provider at least twice per year, in which case thelaboratory shall analyze the PT samples in the minimum time frame in which the PT samples are available?			
4.2.1	Are the analysis dates of successive PT samples for the same accreditation FoPT at least five (5) months apart and no longer than seven (7) months apart unless the PT sample is being used for corrective action to reestablish successful history in order to maintain continued accreditation, or is being used to reinstate accreditation after suspension, in which case are the analysis dates of successive PT samples for the same accreditation FoPT at least fifteen (15) days apart?			
4.2.1	Does the laboratory maintain a history of at least two (2) successful performances out of the most recent three (3) attempts; for each accreditation FoPT?			
4.2.1	Does the laboratory obtain the PT samples from any PTPA-accredited PTP. If a PT sample for a FoPT is not available from any accredited PTP, the laboratory shall obtain the PT sample from any non-PTPA-accredited PTP			
4.2.2	When a laboratory is accredited for a field of accreditation for which the FoPT is an experimental FoPT, did the laboratory shall analyze two (2) PT samples for the experimental FoPT per year within the same time frames specified for accreditation FoPT. However, successful performance of the experimental PT is not a requisite for continued accreditation?			
4.2.2	Are the laboratory's quality system policy and objectives defined in a quality manual (however named)?			
4.2.2	Are the overall objectives documented in a quality policy statement, issued under the authority of the chief executive?			
4.2.2.a	Does the quality policy include the laboratory management's commitment to good professional practice and to the quality of its environmental testing in servicing its clients? The laboratory shall define and document its policies and objectives for, and its commitment to accepted laboratory practices and quality of testing and/or calibration services.			
4.2.2.b	Does the quality policy include the management's statement of the laboratory's standard of service?			
4.2.2.c	Does the quality policy include the objectives of the quality system?			
4.2.2.d	Does the quality policy include a requirement that all personnel concerned with environmental testing activities within the laboratory familiarize themselves with the quality documentation and implement the policies and procedures in their work?			
4.2.2.e	Does the quality policy include the laboratory management's commitment to compliance with this Standard?			
Note	The quality policy statement should be concise and may include the requirement that tests and/or calibrations shall always be carried out in accordance with stated methods and customers' requirements.			
4.2.3	Does top management provided evidence of commitment to the development and implementation of the management system and to continually improving its effectiveness?			
4.2.4	Does top management communicated to the organization the importance of meeting customer, statutory and regulatory requirements?			
4.2.5	Does the quality manual include or make reference to supporting and technical procedures and does it outline the structure of the documentation used in the management system?			
4.2.6	Does the quality manual define the roles and responsibilities of the technical and quality managers, including the roles which ensure compliance with this standard?			
4.2.7	Does Top Management ensured that the integrity of the management system is maintained when changes are planned and implemented?			
4.2.8	Does the laboratory's data integrity system the following four required elements			
4.2.8	data integrity training?			
4.2.8	signed data integrity documentation for all laboratory employees?			
4.2.8	in-depth, periodic monitoring of data integrity?			
4.2.8	data integrity procedure documentation			
4.2.8	Has the laboratory established and maintained a documented data integrity system?			
4.2.8.1	Are the data integrity procedures signed and dated by top management?			
4.2.8.1.a	Does the laboratory have a procedure for confidential reporting of data integrity issues in their laboratory?			
4.2.8.1.a	Does the procedure assure confidentiality and a receptive environment in which all employees may privately discuss ethical issues or report items of ethical concern?			
4.2.8.1.b	Where there is ethical concern, does the procedure include a process whereby laboratory management is to be informed of the need for any further detailed investigation?			
4.2.8.2	Is the quality manager responsible for maintaining and ensuring the currency of the quality manual?			
4.2.8.3	Does the quality manual include the following:			
4.2.8.3.a	document title?			
4.2.8.3.b	laboratory's full name and address?			
4.2.8.3.c	name, address (if different from above), and telephone number of individual(s) responsible for the laboratory?			

Section Reference	Question	Y	N	Comments
4.2.8.3.d	identification of all major organizational units which are to be covered by this quality manual and the effective date of the version?			
4.2.8.3.e	identification of the laboratory's approved signatories?			
4.2.8.3.f	the signed and dated concurrence (with appropriate names and titles), of all responsible parties including the quality manager(s), technical manager(s), and the agent who is in charge of all laboratory activities, such as the laboratory director or laboratory manager?			
4.2.8.3.g	the objectives of the quality system and contain or reference the laboratory's policies and procedures?			
4.2.8.3.h	the laboratory's official quality policy statement, which shall include quality system objectives and management's commitment to ethical laboratory practices and to upholding the requirements of this Standard?			
4.2.8.3.i	a table of contents, and applicable lists of references, glossaries and appendices?			
4.2.8.4	Does the quality manual contain or reference			
4.2.8.4	a) All maintenance, calibration and verification procedures used by the laboratory in conducting tests;			
4.2.8.4	b) Major equipment and reference measurement standards used as well as the facilities and services used by the laboratory in conducting tests			
4.2.8.4	c) Verification practices, which may include inter-laboratory comparisons, proficiency testing programs, use of reference materials and internal quality control schemes			
4.2.8.4	d) Procedures for reporting analytical results			
4.2.8.4	e) The organization and management structure of the laboratory, its place in any parent organization, and relevant organizational charts			
4.2.8.4	f) Procedures to ensure that all records required under this Standard are retained, as well as procedures for control and maintenance of documentation through a document control system that ensures that all standard operating procedures (SOPs), manuals, or documents clearly indicate the time period during which the procedure or document was in force			
4.2.8.4	g) job descriptions of key staff and reference to the job descriptions of other laboratory staff			
4.2.8.4	h) procedures for achieving traceability of measurements			
4.2.8.4	i) a list of all methods under which the laboratory performs its accredited testing			
4.2.8.4	j) procedures for ensuring that the laboratory reviews all new work to ensure that it has the appropriate facilities and resources before commencing such work			
4.2.8.4	k) procedures for handling samples			
4.2.8.4	l) procedures to be followed for feedback and corrective action whenever testing discrepancies			
4.2.8.4	are detected, or departures from documented policies and procedures occur			
4.2.8.4	m) policy for permitting departures from documented policies and procedures or from standard specifications;			
4.2.8.4	n) procedures for dealing with complaints			
4.2.8.4	o) procedures for protecting confidentiality (including national security concerns), and proprietary rights)			
4.2.8.4	p) procedures for audits and data review			
4.2.8.4	q) procedures for establishing that personnel are adequately experienced in the duties they are expected to carry out and are receiving any needed training			
4.2.8.4	r) policy addressing the use of unique electronic signatures, where applicable			
4.2.8.5	Does the laboratories maintain SOPs that accurately reflect all phases of current laboratory activities, such as assessing data integrity, corrective actions, handling customer complaints, and all methods?			
4.2.8.5	a) These documents, for example, may be equipment manuals provided by the manufacturer, or internally written documents with adequate detail to allow someone similarly qualified, other than the analyst, to reproduce the procedures used to generate the test result.			
4.2.8.5	b) The relevant SOPs shall be readily accessible to all personnel.			
4.2.8.5	c) Each SOP shall clearly indicate the effective date of the document, the revision number, and the signature(s) of the approving authority			
4.2.8.5	d) Documents that contain sufficient information to perform the tests do not need to be supplemented or rewritten as internal procedures if the documents are written in a way that they can be used as written. Any changes, including the use of a selected option, shall be documented and included in the laboratory's method records			
4.2.8.5	e) The laboratory shall have and maintain an SOP for each accredited analyte or method			
4.2.8.5	f) The SOP may be a copy of a published or referenced method or may be written by the laboratory			
4.2.8.5	In cases where modifications to the published method have been made by the laboratory or where the referenced method is ambiguous or provides insufficient detail, these changes or clarifications shall be clearly described			
4.2.8.5	Does each method include or reference the following topics where applicable:			
4.2.8.5	i. Identification of the method			
4.2.8.5	ii. Applicable matrix or matrices			
4.2.8.5	iii. Limits of detection and quantitation			
4.2.8.5	iv. Scope and application, including parameters to be analyzed			
4.2.8.5	v. Summary of the method			
4.2.8.5	vi. Definitions			

Section Reference	Question	Y	N	Comments
4.2.8.5	vii. Interferences			
4.2.8.5	viii. Safety			
4.2.8.5	ix. Equipment and supplies			
4.2.8.5	x. Reagents and standards			
4.2.8.5	xi. Sample collection, preservation, shipment and storage			
4.2.8.5	xii. Quality control;			
4.2.8.5	xiii. Calibration and standardization			
4.2.8.5	xiv. Procedure			
4.2.8.5	xv. Data analysis and calculations			
4.2.8.5	xvi. Method performance			
4.2.8.5	xvii. Pollution prevention			
4.2.8.5	xviii. Data assessment and acceptance criteria for quality control measures			
4.2.8.5	xix. Corrective actions for out-of-control data			
4.2.8.5	xx. Contingencies for handling out-of-control or unacceptable data			
4.2.8.5	xxi. Waste management			
4.2.8.5	xxii. References			
4.2.8.5	xxiii. Any tables, diagrams, flowcharts and validation data			
4.3	**Document Control**			
4.3.1	Has the laboratory established procedures to control all documents that form part of its management system (internally generated or from external sources) such as regulations, standards, other normative documents, test and/or calibration methods, as well as drawings, software, specifications, instructions and manuals?			
4.3.2.1	Are all documents issued to laboratory personnel as part of the management system reviewed and approved for used by authorized personnel prior to issue?			
4.3.2.1	Is there a master list (or equivalent procedure) identifying the current revision status and distribution of documents in the management system?			
4.3.2.1	Is this master list readily available to preclude the used of invalid and/or obsolete documents?			
4.3.2.2.a	Does the document control procedure(s) adopted ensure that authorized editions of appropriate documents are available at all locations where operations essential to the effective functioning of the laboratory are performed?			
4.3.2.2.b	Does the document control procedure(s) adopted ensure that documents are periodically reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements?			
4.3.2.2.c	Does the document control procedure(s) adopted ensure that invalid or obsolete documents are promptly removed from all points of issue or use, or otherwise assured against unintended use?			
4.3.2.2.d	Does the document control procedure(s) adopted ensure that obsolete documents retained for either legal or knowledge presentation purposes are suitable marked?			
4.3.2.3	Are management system documents generated by the laboratory uniquely identified?			
4.3.2.3	Does this identification include the date of issue and/or revision identification, page numbering, the total number of pages or a mark to signify the end of the document, and the issuing authority(ies)?			
4.3.3.1	Are changes to documents reviewed and approved by the same function that performed the original review unless specifically designated otherwise?			
4.3.3.1	Does designated personnel have access to pertinent background upon which to base their review and approval?			
4.3.3.2	Where practicable, is the altered or new text identified in the document or the appropriate attachments?			
4.3.3.3	If the laboratory's documentation control system allows for the amendment of documents by hand, pending the re-issue of the documents, are the procedures and authorities for such amendments defined?			
4.3.3.3	Are amendments to documents clearly marked, initialed and dated?			
4.3.3.3	Is a revised document formally re-issued as soon as practicable?			
4.3.3.4	Are procedures established to describe how changes in documents maintained in computerized systems are made and controlled?			
4.4.1	Has the laboratory established and maintained procedures for the review of requests, tenders and contracts?			
4.4.1	Are these procedures maintained?			
4.4.1.a	Do the policies and procedures for reviews leading to a contract for environmental testing ensure that the requirements, including the methods to be used, are adequately defined, documented and understood?			
4.4.1.b	Do the policies and procedures for reviews leading to a contract for environmental testing and/or calibration ensure that the laboratory has the capability and resources to meet the requirements?			
4.4.1.c	Do the policies and procedures for reviews leading to a contract for environmental testing ensure that the appropriate environmental test method is selected and capable of meeting the clients' requirements?			
4.4.1	Are any differences between the request or tender & the contract resolved before any work commences?			
4.4.1	Is each contract acceptable to both the laboratory and the customer?			
4.4.2	Are records of reviews, including any significant changes maintained?			

Section Reference	Question	Y	N	Comments
4.4.2	Are records also maintained of pertinent discussions with a client relating to the client's requirements or the results of the work during the period of execution of the contract? Note: For review of routine and other simple tasks, the date and the identification (e. g. the initials) of the person in the laboratory responsible for carrying out the contracted work are considered adequate. For repetitive routine tasks, the review need be made only at the initial enquiry stage or on granting of the contract for on-going routine work performed under a general agreement with the client, provided that the client's requirements remain unchanged. For new, complex or advanced environmental testing and/or calibration tasks, a more comprehensive record should be maintained. (5.4.4.2).			
4.4.3	Does the review cover any work that is subcontracted by the laboratory?			
4.4.4	Is the client informed of any deviation from the contract?			
4.4.5	If a contract needs to be amended after work has commenced, is the same contract review process repeated?			
4.4.5	Are any contract amendments communicated to all affected personnel?			
4.5.1	When a laboratory subcontracts work, whether because of unforeseen reasons (workload, need for further expertise or temporary incapacity) or on a continuing basis (permanent subcontracting, agency or franchising arrangements), is this work placed with a competent subcontractor?			
4.5.2	Does the laboratory have a policy of advising the client of the arrangement in writing and, when possible, gain the approval of the clients, preferably in writing?			
4.5.3	Does the laboratory have a policy for the responsibility to the client for the subcontract's work, except in the case where the client or a regulatory authority specified which subcontract is to be used?			
4.5.4	Does the laboratory maintain a register of all subcontractors that it uses for tests?			
4.5.4	Does the laboratory maintain a record of evidence of compliance with this standard for the work in question?			
4.5.5	When a laboratory subcontracts work, is the work placed with a laboratory accredited to the Standard for the tests to be performed or with a laboratory that meets applicable statutory and regulatory requirements for performing the tests and submitting the results of tests performed?			
	Does the laboratory performing the subcontracted work indicated in the final report?			
	Does the laboratory make a copy of the subcontractor's report available to the client when requested?			
4.6.1	Does the laboratory have a policy and procedure(s) for the selection and purchasing of services and supplies it uses that affect the quality of the environmental tests?			
4.6.1	Do procedures exist for the purchase, reception, & storage of reagents & consumable materials relevant for the environmental tests?			
4.6.2	Does the laboratory ensure that purchased supplies, reagents and consumable materials that affect quality are not used until they have been inspected or otherwise verified as complying with requirements defined in the methods for the environmental tests concerned?			
4.6.2	Are the services and supplies used compliant with specified requirements?			
4.6.2	Are records maintained of action taken to check compliance?			
4.6.3	Do purchasing documents for items affecting the quality of laboratory output contain data describing the services and supplies ordered?			
4.6.3	Are these purchasing documents reviewed & approved for technical content prior to release?			
4.6.4	Does the laboratory evaluate suppliers of critical consumables, supplies and services that affect the quality of testing and calibration?			
4.6.4	Are records maintained of these evaluations?			
4.6.4	Do they list those approved?			
4.7.1	Does the laboratory afford customers or their representative's cooperation to clarify the customer's request and in monitoring the laboratory's performance in relation to the work performed, provided that the laboratory ensures confidentiality to other customers?			
4.7.2	Does the laboratory maintain and document timely communication with the client for the purposes of seeking feedback, both positive and negative, and clarifying customer requests.			
4.8	Does the laboratory have a policy and procedure for the resolution of complaints received from customers or other parties?			
4.8	Are records maintained of all complaints and of the investigations and corrective actions taken?			
4.9.1	Does the laboratory have a policy and procedures that are implemented when any aspect of its environmental testing, or the results of this work, does not conform to its own procedures or the agreed requirements of the client?			
4.9.1.a	Do the policy and procedures for nonconforming work ensure that the responsibilities and authorities for the management of nonconforming work are designated and actions (including halting of work and withholding of test reports and calibration certificates, as necessary) are defined and taken when nonconforming work is identified?			
4.9.1.b	Do the policy and procedures for nonconforming work ensure that an evaluation of the significance of the nonconforming work is made?			
4.9.1.c	Do the policy and procedures for nonconforming work ensure that corrective actions are taken immediately, together with any decision about the acceptability of the nonconforming work?			

Section Reference	Question	Y	N	Comments
4.9.1.d	Do the policy and procedures for nonconforming work ensure that where the data quality is or may be impacted, the client is notified?			
4.9.1.e	Do the policy and procedures for nonconforming work ensure that the responsibility for authorizing the resumption of work is defined?			
4.9.2	Where the evaluation indicates that the nonconforming work could recur or that there is doubt about the compliance of the laboratory's operations with its own policies and procedures, are the corrective action procedures given in 4.10 promptly followed?			
4.10.0	Has the laboratory improved the effectiveness of its management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review?			
4.11.1	Does the laboratory have an established policy and procedure and designated appropriate authorities for implementing corrective action when nonconforming work or departures from the policies and procedures in the quality system or technical operations have been identified?			
4.11.1	Has the laboratory designated appropriate authorities for implementing corrective action in the above situations?			
4.11.2	Does the procedure for corrective action start with an investigation to determine the root cause(s) of the problem?			
4.11.3	Where corrective action is needed, does the laboratory identify potential corrective actions?			
4.11.3	Does the laboratory select and implement the action(s) most likely to eliminate the problem and prevent recurrence?			
4.11.3	Are corrective actions made to a degree appropriate to the magnitude and the risk of the problem?			
4.11.3	Does the laboratory document and implement any required changes resulting from corrective action investigations?			
4.11.4	Does the laboratory monitor the results to ensure that the corrective actions taken are effective?			
4.11.5	Where the identification of nonconformances or departures casts doubts on the laboratory's compliance with its own policies and procedures, or on its compliance with this Standard, does the laboratory ensure that the appropriate areas of activity are audited in accordance with 4.14 as soon as possible?			
4.11.6	Does the laboratory documented procedure(s) to address 4.11.1 and 4.11.3 through 4.11.5?			
4.11.6	Do the procedure(s) also include:			
4.11.6	a) Which individual(s) or positions are responsible for assessing each QC data type?			
4.11.6	b) Which individual(s) or positions are responsible for initiating and/or recommending corrective actions?			
4.11.7	Does the cause analysis described in Section 4.11.2 applies to failures that indicate a systematic error?			
4.12.1	Are needed improvements and potential sources of nonconformities, either technical or concerning the management system, identified?			
4.12.2.2	If preventive action is required, are action plans: - developed - implemented - and monitored to reduce the likelihood of the occurrence of such nonconformities and to take advantage of the opportunities for			
4.12.2.2	Do procedures for preventive actions include the initiation of such actions and application of controls to ensure that they are effective?			
4.13.1.1	Has the laboratory established procedures for: - identification - collection - indexing - access - filing - storage - maintenance - disposal of all quality and technical records?			
4.13.1.1	Does the laboratory maintain these procedures?			
4.13.1.1	Do the quality records include reports from internal audits and management reviews as well as records of corrective and preventive actions?			
4.13.1.2	Are all records legible?			
4.13.1.2	Are all records retained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss?			
4.13.1.2	Are the retention times established?			
4.13.1.3	Are all records held secure and in confidence?			
4.13.1.4	Does the laboratory have procedures to protect and back up records stored electronically and to prevent unauthorized access to or amendment of these records?			

Section Reference	Question	Y	N	Comments
4.13.2.1	Does the laboratory retain records of original observations, derived data and sufficient information to establish an audit trail, calibration records, staff records and a copy of each test report or calibration certificate issued, for a defined period?			
4.13.2.1	Do the records for each test or calibration contain sufficient information to facilitate, if possible, identification of factors affecting the uncertainty and to enable the test or calibration to be repeated under conditions as close as possible to the original?			
4.13.2.1	Do the records include the identity of personnel responsible for the - sampling? - performance of each test and/or calibration? - and checking of results?			
4.13.2.2	Are observations, data and calculations recorded at the time they are made?			
4.13.2.2	Are they identifiable to the specific task?			
4.13.2.3	When mistakes occur in records, is each mistake crossed out, not erased, made illegible or deleted, and the correct value entered alongside?			
4.13.2.3	Are all such alterations to records signed or initialed by the person making the correction?			
4.13.2.3	In the case of electronic records, are equivalent measures taken to avoid loss or change of original data?			
4.13.3	a) Has the laboratory established a record keeping system that allows the history of the sample and associated data to be readily understood through the documentation?			
4.13.3	a) Does the system produce unequivocal, accurate records that document all laboratory activities such as laboratory facilities, equipment, analytical methods, and related laboratory activities, such as sample receipt, sample preparation, or data verification, and inter-laboratory transfers of samples and/or extracts?			
4.13.3	b) Does the laboratory retain all records for a minimum of five (5) years from generation of the last entry in the records?			
4.13.3	c) Are records available to the accreditation body?			
4.13.3	d) Are records that are stored only on electronic media supported by the hardware and software necessary for their retrieval?			
4.13.3	e) Is the access to archived information documented with an access log?			
4.13.3	f) Is all information necessary for the historical reconstruction of data maintained by the laboratory?			
4.13.3	i. Is all raw data, whether hard copy or electronic, for calibrations, samples and quality control measures including analysts' worksheets and data output records (chromatograms, strip charts, and other instrument response readout records) maintained?			
4.13.3	ii. Is a written description or reference to the specific method used, which includes a description of the specific computational steps used to translate parametric observations into a reportable analytical value documented?			
4.13.3	iii. Are laboratory sample ID code used			
4.13.3	iv. Is the Date of analysisrecorded?			
4.13.3	v. Time of analysis is required if the holding time is seventy-two hours or less, or when time critical steps are included in the analysis (e.g., extractions and incubations)			
4.13.3	vi. Instrumentation identification and instrument operating conditions/parameters (or Reference to such data)			
4.13.3	vii. All manual calculations;			
4.13.3	viii. Analyst's or operator's initials/signature or electronic identification			
4.13.3	ix. Sample preparation, including cleanup, separation protocols, incubation periods or subculture, ID codes, volumes, weights, instrument printouts, meter readings, calculations, reagents			
4.13.3	x. Test results			
4.13.3	xi. Standard and reagent origin, receipt, preparation, and use			
4.13.3	xii. Calibration criteria, frequency and acceptance criteria			
4.13.3	xiii. Data and statistical calculations, review, confirmation, interpretation, assessment and reporting conventions			
4.13.3	xiv. Quality control protocols and assessment			
4.13.3	xv. Electronic data security, software documentation and verification, software and hardware audits, backups, and records of any changes to automated data entries			
4.13.3	xvi. Method performance criteria including expected quality control requirements			
4.13.3	xvii. Proficiency test results			
4.13.3	xviii. Records of demonstration of capability for each analyst			
4.13.3	xix. A record of names, initials, and signatures for all individuals who are responsible for signing or initialing any laboratory record			
4.13.3	g) All generated data, except those that are generated by automated data collection systems, shall be recorded legibly in permanent ink			
4.13.3	i. Is the individual making corrections to records recording date and initials to the correction?			
4.13.3	ii. Corrections due to reasons other than transcription errors shall specify the reason for the correction			
4.13.3	h) Does the laboratory have a plan to ensure that the records are maintained or transferred according to the clients' instructions in the event that a laboratory transfers ownership or goes out of business?			
4.13.3	h) In addition, are appropriate regulatory and state legal requirements concerning laboratory records followed?			

Section Reference	Question	Y	N	Comments
4.14.1	Does the laboratory periodically, in accordance with a predetermined schedule and procedure, conduct internal audits of its activities to verify that its operations continue to comply with the requirements of the management system and this standard?			
4.14.1	NOTE: The cycle for internal auditing should normally be completed in one year.			
4.14.1	Does the internal audit program address all elements of the management system, including the testing and/or calibration activities?			
4.14.1	Is it the responsibility of the quality manager to plan and organize audits as required by the schedule and requested by management?			
4.14.1	Are such audits performed by trained personnel who are, wherever resources permit, independent of the activity to be audited?			
4.14.2	When audit findings cast doubt on the effectiveness of the operations or on the correctness or validity of the laboratory's test or calibration results, does the laboratory take timely corrective action?			
4.14.2	Does the laboratory notify customers in writing if investigations show that the laboratory results may have been affected?			
4.14.3	Are the following recorded: - area of activity audited? - audit findings? - corrective actions that arise?			
4.14.4	Do follow-up audit activities verify and record the implementation and effectiveness of the corrective action taken?			
4.14.5	a) Does the laboratory have a policy that specifies the time frame for notifying a client of events that cast doubt on the validity of the results?			
4.14.5	b) Does the laboratory management ensure that these actions are discharged within the agreed time frame?			
4.14.5	c) Is the Internal audit schedule completed annually?			
4.15.1	In accordance with a predetermined schedule and procedure, does the laboratory's top management periodically conduct a review of the laboratory's management system and testing and/or calibration activities to ensure their continuing suitability and effectiveness, and to introduce necessary changes or improvements?			
4.15.1	Does the review take account of: - the suitability of policies and procedures? - reports from managerial and supervisory personnel? - the outcome of recent internal audits? - corrective and preventive actions? - assessments by external bodies? - the results of inter-laboratory comparisons or proficiency tests? - changes in the volume and type of work? - customer feedback? - complaints? - recommendations for improvement? - other relevant factors, such as quality control activities, resources and staff training?			
4.15.2	Are findings from management reviews and ensuing actions recorded?			
4.15.2	Does management ensure that those actions are carried out within an appropriate and agreed timescale?			
4.15.3	Is the Management review completed on an annual basis?			
4.16	**Data Integrity Investigations**			
4.16	Are all investigations resulting from data integrity issues conducted in a confidential manner until they are completed?			
4.16	Are investigations resulting from data integrity documented, as well as any notifications made to clients receiving any affected data?			
5	**TECHNICAL REQUIREMENTS**			
5.1.1.a-g	Does the laboratory determine correctness and reliability of the environmental tests include contributions from:			
5.1.1.a-g	¨ Human factors (5.5.2)			
5.1.1.a-g	¨ Accommodation and environmental conditions (5.5.3)?			
5.1.1.a-g	¨ Environmental test methods and method validation (5.5.4)?			
5.1.1.a-g	¨ Equipment (5.5.5)?			
5.1.1.a-g	¨ Measurement traceability (5.5.6)?			
5.1.1.a-g	¨ Sampling (5.5.7)?			
5.1.1.a-g	¨ The handling of samples (5.5.8)?			
5.1.2	Does the laboratory take account of the factors that contribute to the total uncertainty of measurement in developing environmental test methods and procedures, in the training and qualification of personnel, and in the selection and calibration of the equipment it uses?			
5.2.1	Does the laboratory management ensure the competence of all who:			
5.2.1	- operate specific equipment?			
5.2.1	- perform tests and/or calibrations?			

Section Reference	Question	Y	N	Comments
5.2.1	- evaluate results?			
5.2.1	- sign test reports and calibration certificates?			
5.2.1	When using staff undergoing training, is appropriate supervision provided?			
5.2.1	Are those personnel performing specific tasks qualified on the basis of appropriate education, training, experience and/or demonstrated skills, as required?			
5.2.2	Does the management formulate goals with respect to the education, training and skills of the laboratory personnel?			
5.2.2	Does the laboratory have a policy and procedures for identifying training needs and providing training of personnel?			
5.2.2	Is the effectiveness of the training actions taken evaluated?			
5.2.3	Does the laboratory use personnel who are employed by, or under contract to, the laboratory?			
5.2.3	Where contracted and additional technical and key support personnel are used, does the laboratory ensure that such personnel are supervised and competent and that they work in accordance with the laboratory's quality system?			
5.2.4	Does the laboratory maintain current job descriptions for the following types of personnel involved in tests and/or calibrations:			
5.2.4	- managerial?			
5.2.4	- technical?			
5.2.4	- key support?			
5.2.4				
5.2.4	NOTE: Job descriptions, as a minimum, should define:			
5.2.4	- responsibilities for performing tests/calibrations			
5.2.4	- responsibilities for planning and evaluation of results of tests/calibrations			
5.2.4	- responsibilities for reporting interpretations			
5.2.4	- responsibilities for method modifications and development and validation of new methods			
5.2.4	- expertise/experience required			
5.2.4	- qualifications/training programs			
5.2.4	- managerial duties			
5.2.5	Does management authorize specific personnel to perform particular types of sampling, environmental testing, to issue test reports, to give opinions and interpretations and to operate particular types of equipment?			
5.2.5	Does the laboratory maintain records of the relevant authorization(s), competence, educational and professional qualifications, training, skills and experience of all technical personnel, including contracted personnel?			
5.2.6.	Additional Personnel Requirements			
5.2.6.1.	Technical Manager Qualifications: The applicable requirements for technical managers are listed below			
5.2.6.1.a	Is the technical manager of an accredited environmental laboratory that engaged in chemical analysis a person with a bachelor's degree in the chemical, environmental, biological sciences, physical sciences or engineering, with at least twenty-four (24) college semester credit hours in chemistry and at least two (2) years of experience in the environmental analysis of representative inorganic and organic analytes for which the laboratory seeks or maintains accreditation? A master's or doctoral degree in one of the above disciplines may be substituted for one year of experience.			
5.2.6.1.b	Is the technical manager of an accredited environmental laboratory limited to inorganic chemical analysis, other than metals analysis, a person with at least an earned associate's degree in the chemical, physical or environmental sciences, or two (2) years of equivalent and successful college education, with a minimum of sixteen (16) college semester credit hours in chemistry? In addition, the person shall have at least two (2) years of experience performing such analysis.			
5.2.6.1.c	Is the technical manager of an accredited environmental laboratory engaged in microbiological or biological analysis shall be a person with a bachelor's degree in microbiology, biology, or biological analysis shall be a person with a bachelor's degree in microbiology, biology, chemistry, environmental sciences, physical sciences or engineering with a minimum of sixteen college semester credit hours in general microbiology and biology and at least two (2) years of experience in the environmental analysis of representative analytes for which the laboratory seeks or maintains accreditation? A master's or doctoral degree in one of the above disciplines may be substituted for one (1) year of experience.			
5.2.6.1.c	Note: A person with an associate's degree in an appropriate field of the sciences or applied sciences, with a minimum of four (4) college semester credit hours in general microbiology may be the technical manager(s) of a laboratory engaged in microbiological analysis limited to fecal coliform, total coliform, E. coli, and standard plate count. Two (2) years of equivalent and successful college education, including the microbiology requirement, may be substituted for the associate's degree. In addition, each person shall have one (1) year of experience in microbiological analyses.			

Section Reference	Question	Y	N	Comments
5.2.6.1.d	Is the technical manager of an accredited environmental laboratory engaged in radiological analysis shall be a person with a bachelor's degree in chemistry, environmental, biological sciences, physical sciences or engineering with twenty-four (24) college semester credit hours of chemistry with two (2) or more years of experience in the radiological analysis of environmental samples. A master's or doctoral degree in one of the above disciplines may be substituted for one (1) year experience			
5.2.6.1.e	Is the technical manager(s) of an accredited environmental laboratory engaged in microscopic examination of asbestos and/or airborne fibers shall meet the following requirements:			
5.2.6.1.e	i. For procedures requiring the use of a transmission electron microscope, a bachelor's degree, successful completion of courses in the use of the instrument, and one (1) year of experience, under supervision, in the use of the instrument. Such experience shall include the identification of minerals.			
5.2.6.1.e	ii. For procedures requiring the use of a polarized light microscope, an associate's degree or two (2) years of college study, successful completion of formal coursework in polarized light microscopy, and one year of experience, under supervision, in the use of the instrument. Such experience shall include the identification of minerals.			
5.2.6.1.e	iii. For procedures requiring the use of a phase contrast microscope, as in the determination of airborne fibers, an associate's degree or two (2) years of college study, documentation of successful completion of formal coursework in phase contrast microscopy, and one (1) year of experience, under supervision, in the use of the instrument.			
5.2.6.1.f	Is the technical manager of an accredited environmental laboratory engaged in the examination of radon in air shall have at least an associate's degree or two (2) years of college and one (1) year of experience in radiation measurements, including at least one (1) year of experience in the measurement of radon and/or radon progeny.			
5.2.6.2	**Technical Manager Qualification Exceptions**			
5.2.6.2.a	Notwithstanding any other provision of this Section, a full-time employee of a drinking water or sewage treatment facility who holds a valid treatment plant operator's certificate appropriate to the nature and size of such facility shall be deemed to meet the educational requirements as the technical manager. A technical manager shall have two (2) year testing experience devoted exclusively to the testing of environmental samples specified in the scope of the facility's regulatory permit. Such accreditation for a water treatment facility and/or a sewage treatment facility shall be limited to the scope of that facility's regulatory permit.			
5.2.6.2.b	A full-time employee of an industrial waste treatment facility with a minimum of two (2) years of experience under supervision in testing of environmental samples taken within such facility for the scope of that facility's regulatory permit shall be deemed to meet the requirements for serving as the technical manager of an accredited laboratory. Such accreditation for an industrial waste treatment facility shall be limited to the scope of that facility's regulatory permit.			
5.2.6.2.c	Persons who do not meet the education credential requirements but possess the requisite experience of 5.2.6.1 shall qualify as technical manager(s) subject to the following conditions:			
5.2.6.2.c	i. The person shall be a technical manager of the laboratory on the date the laboratory applies for accreditation and/or becomes subject to accreditation under this Standard, and shall have been a technical manager in that laboratory continuously for the previous twelve (12) months or more.			
5.2.6.2.c	ii. The person will be approved as a technical manager for only those fields of accreditation for which he/she has been technical manager in that laboratory for the previous twelve (12) months or more.			
5.2.6.2.c	iii. A person who is admitted as a technical manager under these conditions, and leaves the laboratory, will be eligible for hire as a technical manager for the same fields of accreditation in another accredited laboratory.			
5.2.7	**The requirements for data integrity training and documentation**			
5.2.7	Is data integrity training provided as a formal part of new employee is it provided on an annual basis for all current employees?			
5.2.7	Are topics covered documented in writing and provided to all trainees?			
5.2.7	Does data integrity training require emphasis on the importance of proper written narration on the part of the analyst with respect to those cases where analytical data may be useful, but are in one sense or another partially deficient?			
5.2.7	Are employees required to understand that any infractions of the laboratory data integrity procedures will result in a detailed investigation that could lead to very serious consequences including immediate termination, debarment or civil/criminal prosecution?			
5.2.7	Does the initial data integrity training and the annual refresher training have a signature attendance sheet or other form of documentation that demonstrates all staff have participated and understand their obligations related to data integrity?			
5.2.7	At a minimum, are the following topics and activities included?			
5.2.7	a) organizational mission and its relationship to the critical need for honesty and full disclosure in all analytical reporting, how and when to report data integrity issues, and record keeping;			
5.2.7	b) training, including discussion regarding all data integrity procedures;			
5.2.7	c) data integrity training documentation;			
5.2.7	d) in-depth data monitoring and data integrity procedure documentation;			
5.2.7	e) specific examples of breaches of ethical behavior such as improper data manipulations, adjustments of instrument time clocks, and inappropriate changes in concentrations of standards.			

Section Reference	Question	Y	N	Comments
5.2.7	Does the data integrity procedures include written ethics agreements, examples of improper practices, examples of improper chromatographic manipulations, requirements for external ethics program training, and any external resources			
5.3.1	Are laboratory facilities for environmental testing, including but not limited to energy sources, lighting and environmental conditions, such as to facilitate correct performance of the environmental tests?			
5.3.1	Is particular care taken when sampling and environmental tests are undertaken at sites other than a permanent laboratory facility?			
5.3.1	Are the technical requirements for accommodation and environmental conditions that can affect the results of environmental tests documented?			
5.3.2	Does the laboratory:			
5.3.2	- monitor?			
5.3.2	- control?			
5.3.2	- and record?			
5.3.2	environmental conditions as required by the relevant specifications, methods and procedures or where they influence the quality of results?			
5.3.2	Is due attention paid, for example, to biological sterility, dust, electromagnetic disturbances, radiation, humidity, electrical supply, temperature, and sound and vibration levels, as appropriate to the technical activities concerned?			
5.3.2	Are environmental tests and calibrations stopped when the environmental conditions jeopardize the results of the environmental tests?			
5.3.3	Is there effective separation between neighboring areas in which there are incompatible activities including culture handling or incubation areas and volatile organic chemicals handling areas?			
5.3.3	Are measures taken to prevent cross-contamination?			
5.3.4	Does the laboratory determine the extent of control based on its particular circumstances?			
5.3.4	Is access to and use of areas affecting the quality of the environmental tests controlled?			
5.3.5	Are measures taken to ensure good housekeeping in the laboratory?			
5.3.5	Are special procedures prepared where necessary?			
5.4.1	Does the laboratory use appropriate methods and procedures for all environmental tests and/or calibrations within its scope?			
5.4.1	These include sampling, handling, transport, storage and preparation of items to be tested and/or calibrated, and where appropriate, an estimation of the measurement uncertainty as well as statistical techniques for analysis of test and/or calibration data.			
5.4.1	Does the laboratory have instructions on the use and operation of all relevant equipment, and on the handling and preparation of samples where the absence of such instructions could jeopardize the results of environmental tests?			
5.4.1	Are all instructions, standards, manuals and reference data relevant to the work of the laboratory kept up to date and made readily available to personnel?			
5.4.1	Do deviations from environmental test methods occur only if the deviation has been documented, technically justified, authorized, and accepted by the client?			
5.4.2	Does the laboratory use methods for environmental testing, including methods for sampling, which meet the needs of the client and which are appropriate for the environmental tests it undertakes?			
5.4.2	Are methods published in international, regional or national standards used if possible?			
5.4.2	Does the laboratory ensure that it uses the latest valid edition of a standard unless it is not appropriate or possible to do so?			
5.4.2	When necessary, is the standard supplemented with additional details to ensure consistent application?			
5.4.2	When the use of specific methods for a sample analysis are mandated or requested, are only those methods used?			
5.4.2	When the client does not specify the method to be used or where methods are employed that are not required, are the methods fully documented and validated?			
5.4.2	Is the client informed as to the method chosen?			
5.4.2	Does the laboratory inform the client when the method proposed by the client is considered to be inappropriate or out of date?			
5.4.3	Is the introduction of environmental test methods developed by the laboratory for its own use a planned activity?			
5.4.3	Is the introduction of environmental test methods assigned to qualified personnel equipped with adequate resources?			
5.4.3	Are plans updated as development proceeds and is there effective communication amongst all personnel involved?			
5.4.3	Is effective communication amongst all personnel involved ensured?			
5.4.6.	**Estimation of Analytical Uncertainty**			
5.4.6.	Does the Environmental testing laboratories have a procedure(s) for estimating analytical uncertainty? Quality control measurement data may be used to determine analytical uncertainty			
5.4.7.1	Are calculations and data transfers subject to appropriate checks in a systematic manner?			

Section Reference	Question	Y	N	Comments
5.4.7.2.a	When computers, automated equipment, or microprocessors are used for the acquisition, processing, recording, reporting, storage or retrieval of environmental test, does the laboratory ensure that computer software developed by the user is documented in sufficient detail and is suitably validated as being adequate for use?			
5.4.7.2.b	When computers, automated equipment, or microprocessors are used for the acquisition, processing, recording, reporting, storage or retrieval of environmental test, does the laboratory ensure that procedures are established and implemented for protecting the data; such procedures shall include, but not be limited to, integrity and confidentiality of data entry or collection, data storage, data transmission and data processing?			
5.4.7.2.c	When computers, automated equipment, or microprocessors are used for the acquisition, processing, recording, reporting, storage or retrieval of environmental test, does the laboratory ensure that computers and automated equipment are maintained to ensure proper functioning and are provided with the environmental and operating conditions necessary to maintain the integrity of environmental test data?			
5.5.1	Is the laboratory furnished with all items of sampling, measurement and test equipment required for the correct performance of the environmental tests (including sampling, preparation of samples, processing and analysis of environmental data)?			
5.5.1	In those cases where the laboratory needs to use equipment outside its permanent control, does it ensure that the requirements of this Standard are met?			
5.5.2	Is the equipment and the software used for testing; capable of achieving the accuracy required and does it comply with specifications relevant to the environmental tests concerned?			
5.5.2	Before being placed into service, is equipment (including that used for sampling) calibrated or checked to establish that it meets the laboratory's specification requirements and complies with the relevant standard specifications?			
5.5.3	Is equipment operated by authorized personnel?			
5.5.4	Is each item of equipment and its software used for environmental testing and calibration that is significant to the result, uniquely identified, when practicable?			
5.5.5	Are records maintained of each major item of equipment and its software significant to the environmental tests performed?			
5.5.5.a-j	Do the maintenance records include at least the following:			
5.5.5.a-j	¨ The identity of the item of equipment and its software?			
5.5.5.a-j	¨ The manufacturer's name, type identification, and serial number or other unique identification?			
5.5.5.a-j	¨ Checks that equipment complies with the specification (see 5.5.5.2)?			
5.5.5.a-j	¨ The current location?			
5.5.5.a-j	¨ The manufacturer's instructions, if available or reference to their location?			
5.5.5.a-j	¨ Dates, results and copies of reports and certificates of all calibrations, adjustments, acceptance criteria, and the due date of next calibration?			
5.5.5.a-j	¨ The maintenance plan, where appropriate, and maintenance carried out to date; documentation on all routine and non-routine maintenance activities and reference material verifications?			
5.5.5.a-j	¨ Any damage, malfunction, modification or repair to the equipment?			
5.5.6	Does the laboratory have procedures for safe handling, transport, storage, use and planned maintenance of measuring equipment to ensure proper functioning and in order to prevent contamination or deterioration?			
5.5.7	Is equipment that has been subjected to overloading or mishandling, gives suspect results, or has been shown to be defective or outside specified limits, taken out of service?			
5.5.7	Is the equipment isolated to prevent its use or clearly labeled or marked as being out of service, until it has been repaired and shown by calibration or test to perform correctly?			
5.5.7	Does the laboratory examine the effect of the defect or departure from specified limits on previous environmental tests and institute the "Control of nonconforming work" procedure as required by 5.4.9?			
5.5.8	Whenever practicable, is all equipment under the control of the laboratory and requiring calibration labeled, coded or otherwise identified to indicate the status of calibration including the date when last calibrated and the date or expiration criteria when recalibration is due?			
5.5.9	When, for whatever reason, equipment goes outside the direct control of the laboratory, does the laboratory ensure that the function and calibration status of the equipment are checked and shown to be satisfactory before the equipment is returned to service?			
5.5.10	When an initial calibration is not performed on the day of analysis, is the validity of the initial calibration verified prior to sample analyses by continuing instrument calibration verification with each analytical batch?			
5.5.11	Where calibrations give rise to a set of correction factors, does the laboratory have procedures to ensure that copies (e.g. in computer software) are correctly updated?			
5.5.12	Is test equipment, including both hardware and software, safeguarded from adjustments which would invalidate the test results?			
5.5.13	**Calibration requirements for analytical support equipment are included in this Section**			

Section Reference	Question	Y	N	Comments
5.5.13	This Standard applies to all devices that may not be the actual test instrument, but are necessary to support laboratory operations. These include, but are not limited to: balances, ovens, refrigerators, freezers, incubators, water baths, temperature measuring devices (including thermometers and thermistors), thermal/pressure sample preparation devices and volumetric dispensing devices (such as Eppendorf® or automatic dilutor/dispensing devices), if quantitative results are dependent on their accuracy, as in standard preparation and dispensing or dilution into a specified volume.			
5.5.13.a	Are all support equipment maintained in proper working order? Also, are the records of all repair and maintenance activities, including service calls, shall be kept?			
5.5.13.b	Are all support equipment calibrated or verified at least annually, using a recognized National Metrology Institute, such as NIST, traceable references when available, bracketing the range of use. The results of such calibration or verification shall be within the specifications required of the application for which this equipment is used or:			
5.5.13.b	i. the equipment shall be removed from service until repaired; or			
5.5.13.b	ii. the laboratory shall maintain records of established correction factors to correct all measurements.			
5.5.13.c	Are Raw data records retained to document equipment performance?			
5.5.13.d	On each day the equipment is used, balances, ovens, refrigerators, freezers and water baths are they checked and documented? Is the acceptability for use or continued use documented according to the needs of the analysis or application for which the equipment is being used?			
5.5.13.e	Are Volumetric dispensing devices (except Class A glassware and Glass microliter syringes) checked for accuracy on a quarterly basis?			
5.6.3.1	Does the laboratory have a program and procedure for the calibration of its reference standards?			
5.6.3.1	Are reference standards calibrated by a body that can provide traceability to national standards?			
5.6.3.1	Are reference standards calibrated before and after any adjustment?			
5.6.3.1	Are reference standards of measurement held by the laboratory (such as class S or equivalent weights or traceable thermometers) used for calibration only and for no other purpose, unless it can be shown that their performance as reference standards would not be invalidated?			
5.6.3.2	Are reference materials, where commercially available, traceable to SI units of measurement, or to certified reference materials?			
5.6.3.2	Are internal reference materials checked as far as is technically and economically practicable?			
5.6.3.3	Are checks carried out to maintain confidence in the status of reference, primary, transfer or working standards and reference materials according to defined procedures and schedules?			
5.6.3.4	Does the laboratory have procedures for safe handling, transport, storage and use of reference standards and reference materials in order to prevent contamination or deterioration and in order to protect their integrity?			
5.6.4.1	Does the laboratory provide satisfactory evidence of correlation of results, for example, by participation in a suitable program of inter-laboratory comparisons, proficiency testing, or independent analysis?			
5.6.4.1.a	a) Reference Standards: Where commercially available, is there traceability to a national standard of measurement?			
5.6.4.1.b	b) Reference Materials: Where possible, is there traceability to national or international standards of measurement or to national or international standard reference materials? Are Internal reference materials checked as far as is technically and economically practicable?			
5.6.4.2.	Does the laboratory have documented procedures for the purchase, receipt and storage of consumable materials used for the technical operations of the laboratory?			
5.6.4.2.a	a) Does the laboratory retain records for all standards, reagents, reference materials, and media, including the manufacturer/vendor, the manufacturer's Certificate of Analysis or purity (if available), the date of receipt, and recommended storage conditions.			
5.6.4.2.b	b) For original containers, if an expiration date is provided by the manufacturer or vendor is it recorded on the container? If an expiration date is not provided by the manufacturer or vendor it is not required.			
5.6.4.2.c	c)Are Records maintained on standard, reference material, and reagent preparation? Do these records indicate traceability to purchased stocks or neat compounds, reference to the method of preparation, date of preparation, expiration date and preparer's initials?			
5.6.4.2.d	d) Do all containers of prepared standards, reference materials, and reagents bear a unique identifier and expiration date?			
5.6.4.2.e	e) Are procedures in place to ensure prepared reagents meet the requirements of the method?			
5.6.4.2.f	f) Are standards, reference materials, and reagents used after their expiration dates unless their reliability is verified by the laboratory?			
5.7.1	Does the laboratory have a sampling plan and procedure for sampling when it carries out sampling of substances, materials or products for subsequent environmental testing?			
5.7.1	Is the sampling plan as well as the sampling procedure available at the location where sampling is undertaken?			
5.7.1	Are sampling plans, whenever reasonable, based on appropriate statistical methods?			
5.7.1	Does the sampling process address the factors to be controlled to ensure the validity of the environmental test and calibration results?			

Section Reference	Question	Y	N	Comments
5.7.1	Where subsampling (as in obtaining sample aliquots from a submitted sample) is carried out as part of the test method, does the laboratory use documented procedures and appropriate techniques to obtain representative sub-samples?			
5.7.2	Are client required deviations, additions or exclusions from the documented sampling procedure, recorded in detail with the appropriate sampling data?			
5.7.2	Are any required deviations, additions, or exclusions (to sampling plans) communicated to the appropriate personnel?			
5.7.3	Does the laboratory have procedures for recording relevant data and operations relating to sampling that forms part of the testing or calibration done?			
5.7.4	a) Documentation shall include the date and time of sampling.			
	b) Any deviations from sampling procedures shall be documented.			
5.8.1	Does the laboratory have procedures for the transportation, receipt, handling, protection, storage, retention, and/or disposal of samples, including all provisions necessary to protect the integrity of the sample, and to protect the interests of the laboratory and the client, including:			
5.8.1	¨ Transportation?			
5.8.1	¨ Receipt?			
5.8.1	¨ Handling?			
5.8.1	¨ Protection?			
5.8.1	¨ Storage?			
5.8.1	¨ Retention and/or disposal of samples, including all provisions necessary to protect the integrity of the sample?			
5.8.2	Does the laboratory have a system for identifying samples?			
5.8.2	Is the sample identification retained throughout the life of the sample in the laboratory?			
5.8.3	Upon receipt of the sample(s) is the condition, including any abnormalities or departures from normal or specified conditions as described in the environmental test method, recorded?			
5.8.3	Does the laboratory consult with the client for further instruction when there is doubt as to the suitability of a sample for environmental test, or when a sample does not conform to the description provided, or the environmental test or calibration required is not specified in sufficient detail?			
5.8.3	Are such discussions with the client (on suitability of the sample for testing) recorded?			
5.8.4	Does the laboratory have procedures and appropriate facilities for avoiding deterioration, contamination, loss or damage to the sample during storage, handling, preparation and testing?			
5.8.4	Are conditions maintained, monitored and recorded when samples have to be stored or conditioned under specified environmental conditions?			
5.8.4	Where a sample or a portion of a sample is to be held secure, does the laboratory have arrangements for storage and security that protect the condition and integrity of the secured samples or portions concerned?			
5.8.5.	The following are essential to ensure the validity of the laboratory's data.			
5.8.5.a	a) Does the laboratory have a documented system for uniquely identifying the samples to be tested, to ensure that there can be no confusion regarding the identity of such samples at any time? And does the system include identification for all samples, sub-samples, preservations, sample containers, tests, and subsequent extracts and/or digestates?			
5.8.5.b	b)Does the laboratory code maintain an unequivocal link with the unique field ID code assigned to each sample?			
5.8.5.c	c) Is the laboratory ID code placed as a durable mark on the sample container?			
5.8.5.d	d) Is the laboratory ID code entered into the laboratory records and does the link associate the sample with related laboratory activities such as sample preparation?			
5.8.5.e	e) In cases where the sample collector and analyst are the same individual, or the laboratory pre-assigns numbers to sample containers, is the laboratory ID code the same as the field ID code?			
5.8.6	Does the laboratory have a written sample acceptance policy ? And does it includes the following:			
5.8.6.a	a) proper, full, and complete documentation, which includes sample identification, the location, date and time of collection, collector's name, preservation type, sample type and any special remarks concerning the sample			
5.8.6.b	b) proper sample labeling to include unique identification and a labeling system for the samples with requirements concerning the durability of the labels (water resistant) and the use of indelible ink;			
5.8.6.c	c) use of appropriate sample containers;			
5.8.6.d	d) adherence to specified holding times;			
5.8.6.e	e) sufficient sample volume to perform the necessary tests;			
5.8.6.g	f) procedures to be used when samples show signs of damage, contamination or inadequate preservation;			
5.8.6.f	g) qualification of any data that do not meet the above requirements.			
5.8.7.1	Has the laboratory implement procedures for verifying and documenting preservation?			
5.8.7.2	If the sample does not meet the sample receipt acceptance criteria listed in this Standard, the laboratory shall either:			
5.8.7.2	a) retain correspondence and/or records of conversations concerning the final disposition of rejected samples			
5.8.7.2	b) fully document any decision to proceed with the analysis of samples not meeting acceptance criteria			

Section Reference	Question	Y	N	Comments
5.8.7.2	i. The condition of these samples shall be noted on the chain of custody or transmittal form and laboratory receipt documents.			
5.8.7.2	ii. The analysis data shall be appropriately qualified on the final report.			
5.8.7.3	Does the laboratory utilize a permanent chronological record such as a logbook or electronic database to document receipt of all sample containers?			
5.8.7.3	a) Does the sample receipt log record the following:			
5.8.7.3	i. client/project name,			
5.8.7.3	ii. date and time of laboratory receipt,			
5.8.7.3	iii. unique laboratory ID code (see Section 5.12.1.b)i.), and			
5.8.7.3	iv. signature or initials of the person making the entries.			
5.8.7.3	b) During the login process, is the following information unequivocally linked to the log record or included as a part of the log? If such information is recorded/documented elsewhere, are the records part of the laboratory's permanent records,			
5.8.7.3	NOTE: The placement of the laboratory ID number on the sample container is not considered a permanent record.			
5.8.7.3	i. The field ID code, which identifies each sample, shall be linked to the laboratory ID code in the sample receipt log.			
5.8.7.3	ii. The date and time of sample collection shall be linked to the sample and to the date and time of receipt in the laboratory.			
5.8.7.3	iii. The requested analyses (including applicable approved method numbers) shall be linked to the laboratory ID code.			
5.8.7.3	iv. Any comments resulting from inspection for sample rejection shall be linked to the laboratory ID code.			
5.8.7.4	Are all documentation, such as memos, chain of custody, or transmittal forms that are transmitted to the laboratory by the sample transmitter, retained?			
5.8.7.5	Is a complete chain of custody record form, if utilized, and maintained?			
5.8.8	Legal chain of custody procedures are used for evidentiary or legal purposes. If a client specifies that a sample is to be used for evidentiary purposes, then does the laboratory have a written SOP for how that laboratory will carry out legal chain of custody?			
5.8.9	a) Are Samples stored according to the conditions specified by preservation protocols?			
5.8.9	i. Are samples that require thermal preservation stored under refrigeration that is +/- 2℃ of the specified preservation temperature unless regulatory or method specific criteria exist? For samples with a specified storage temperature of 4℃, storage at a temperature above the freezing point of water to 6℃ shall be acceptable.			
5.8.9	ii. Are samples stored away from all standards, reagents, and food? Are samples stored in such a manner to prevent cross contamination?			
5.8.9	b) Are sample fractions, extracts, leachates and other sample preparation products stored according to Section 5.8.9 a) or according to specifications in the method?			
5.8.9	c) Does the laboratory have SOPs for the disposal of samples, digestates, leachates and extracts or other sample preparation products?			
5.9.1	Does the laboratory have quality control procedures for monitoring the validity of environmental tests undertaken?			
5.9.1	Are the data resulting from quality control procedures recorded in such a way that trends are detectable and, where practicable, are statistical techniques applied to the reviewing of the results?			
5.9.1	b) participation in inter-laboratory comparison or proficiency-testing programs?			
	Assessor must show evidence that this is taking place.			
5.9.2	**Is quality control data analyzed and, where it is found outside pre-defined criteria, planned action taken to correct the problem and to prevent incorrect results from being reported?**			
5.9.3	These general quality control principles shall apply, where applicable, to all testing laboratories. The manner in which they are implemented is dependent on the types of tests performed by the laboratory (i.e., asbestos, chemical, microbiological, radiological, toxicity) and are further described in Technical Modules. The standards for any given test type shall assure that the applicable principles are addressed:			
5.9.3	a) Does the laboratories have detailed written protocols in place to monitor the following quality controls:			
5.9.3	i. positive and negative controls (see technical modules), chemical or microbiological as applicable to the test type, to monitor tests such as blanks, matrix spikes, reference toxicants;			
5.9.3	ii. tests to define the variability and/or repeatability of the laboratory results such as replicates;			
5.9.3	iii. measures to assure the accuracy of the method including calibration and/or continuing calibrations, use of certified reference materials, proficiency test samples, or other measures;			
5.9.3	iv. measures to evaluate method capability, such as limit of detection and limit of quantitation or range of applicability such as linearity;			
5.9.3	v. selection of appropriate formulae to reduce raw data to final results such as regression analysis, comparison to internal/external standard calculations, and statistical analyses			
5.9.3	vi. selection and use of reagents and standards of appropriate quality;			
5.9.3	vii. measures to assure the selectivity of the test for its intended purpose;			

Section Reference	Question	Y	N	Comments
5.9.3	viii. measures to assure constant and consistent test conditions (both instrumental and environmental) where required by the method such as temperature, humidity, light or specific instrument conditions.			
5.9.3	b) Are all quality control measures assessed and evaluated on an on-going basis and quality control acceptance criteria used?			
5.9.3	c) Does the laboratory have procedures for the development of acceptance/rejection criteria where no method or regulatory criteria exist.			
5.9.3	Are quality control protocols specified by the laboratory's SOP followed (see Section 4.2.8.5 in this Standard)? Does the laboratory ensure that the essential standards outlined in Technical Modules or mandated methods or regulations (whichever are more stringent) are incorporated into their method manuals. When it is not apparent which is more stringent, the QC in the mandated method or regulations is to be followed?			
5.10.1	Are the results of each test, or series of environmental tests carried out by the laboratory reported accurately, clearly, unambiguously and objectively, and in accordance with any specific instructions in the environmental test methods?			
5.10.1	In the case of environmental tests or calibration results performed for internal clients, or in the case of a written agreement with the client, are the results reported in a simplified way?			
5.10.1	Is any information listed in 5.5.10.2 to 5.5.10.4 which is not reported to the client readily available in the laboratory which carried out the environmental tests results?			
5.10.1	Some regulatory reporting requirements or formats such as monthly operating reports may not require all items listed, in those cases does the laboratory provide all the required information to their client for use in preparing such regulatory reports?			
5.10.1	Are the results reported in a test report that includes all the information requested by the client and necessary for the interpretation of the environmental test results, and all information required by the method used?			
5.10.2.a-e	Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b?			
5.10.2.a-e	¨ A title (e.g. "Test Report," "Certificate of Results," or "Laboratory Results")?			
5.10.2.a-e	¨ The name and address of the laboratory, the location where the environmental tests were carried out, if different from the address of the laboratory, and phone number with name of contact person for questions?			
5.10.2.a-e	¨ Unique identification of the test report (such as the serial number), and on each page an identification in order to ensure that the page is recognized as a part of the test report?			
5.10.2.a-e	i) The total number of pages listed on the first page or the report as long as the subsequent pages are identified by the unique report identification and consecutive numbers?			
5.10.2.a-e	ii) Each page is identified with the unique report identification?			
5.10.2.a-e	iii) The pages are identified as a number of the total report pages (e.g. 3 of 10, 1 of 20)?			
5.10.2.a-e	¨ The name an address of the client and project name on the test reports?			
5.10.2.a-e	¨ Identification of the method used?			
5.10.2.a-e	¨ a description of, the condition of, and unambiguous identification of the item(s) tested or calibrated?			
5.10.2.a-e	¨ the date of receipt of the test or calibration item(s) where this is critical to the validity and application of the results, and the date(s) of performance of the test or calibration?			
5.10.2.a-e	¨ reference to the sampling plan and procedures used by the laboratory or other bodies where these are relevant to the validity or application of the results?			
5.10.2.a-e	¨ the test or calibration results with, where appropriate, the units of measurement?			
5.10.2.a-e	¨ the name(s), function(s), and signature(s) or equivalent identification of person(s) authorizing the test report or calibration certificate?			
5.10.2.a-e	¨ where relevant, a statement to the effect that the results relate only to the items tested or calibrated?			
5.10.2.a-e	¨ Deviations from (such as failed quality control), additions to, or exclusions from the test method, and information on specific test conditions, such as environmental conditions and any nonstandard conditions that may have affected the quality of results, including the use and definitions of data qualifiers?			
5.10.2.a-e	¨ Where quality system requirements are not met, a statement of compliance/non-compliance with requirements and/or specifications, including identification of test results derived from any sample that did not meet NELAC sample acceptance requirements such as improper container, holding time, or temperature?			
5.10.2.a-e	¨ Where applicable, a statement on the estimated uncertainty of measurement; information on uncertainty is needed when a client's instruction so requires?			
5.10.2.a-e	¨ Where appropriate and needed, opinions and interpretations?			
5.10.2.a-e	¨ Additional information which may be required by specific methods, clients or groups of clients?			
5.10.3.2	¨ The date of sampling?			
5.10.3.2	¨ Unambiguous identification of the substance, material or product sampled? (including the name of the manufacturer, the model or type of designation and serial numbers as appropriate)?			
5.10.3.2	¨ The location of sampling, including any diagrams, sketches or photographs?			
5.10.3.2	¨ A reference to the sampling plan and procedures used?			
5.10.3.2	¨ Details of any environmental conditions during sampling that may affect the interpretation of the test results?			

Section Reference	Question	Y	N	Comments
5.10.4	**Calibration clients only -not applicable**			
5.10.5	When opinions and interpretations are included, does the laboratory document the basis upon which the opinions and interpretations have been made?			
5.10.5	Are opinions and interpretations clearly marked as such in a test report?			
5.10.6	Does the subcontractor report the results either in writing or electronically?			
5.10.6	Does the laboratory make a copy of the subcontractor's report available to the client when requested by the client?			
5.10.6	When the test report contains results of tests performed by subcontractors, are these results clearly identified by subcontractor name or applicable accreditation number?			
5.10.7	In the case of transmission of environmental test results by telephone, telex, facsimile or other electronic or electromagnetic means, are the requirements of this Standard met and ensure that all reasonable steps are taken to preserve confidentiality?			
5.10.8	Is the format of the report designed to accommodate each type of environmental test carried out and to minimize the possibility of misunderstanding or misuse?			
5.10.9	Are material amendments to a test report after issue made only in the form of a further document, or data transfer, which includes the statement "Supplement to Test Report, serial number ... [or as otherwise identified]", or an equivalent form of wording?			
5.10.9	Do such test report amendments meet all the requirements of this Standard?			
5.10.9	When it is necessary to issue a complete new test report, is this uniquely identified and does it contain a reference to the original that it replaces?			
5.10.10	Some regulatory reporting requirements or formats, such as monthly operating reports, may not require all items listed below; however, the laboratory shall provide all the required information to their client for use in preparing such regulatory reports.			
5.10.10	Laboratories operated solely to provide data for compliance purposes (in-house or captive laboratories) shall have all applicable information specified in Section 5.10 readily available for review by the accreditation body. However, formal reports detailing the information are not required if:			
5.10.10	a) the in-house laboratory is itself responsible for preparing the regulatory reports;			
5.10.10	b) the laboratory provides information to another individual within the organization for preparation of regulatory reports. The facility management shall ensure that the appropriate report items are in the report to the regulatory authority, if such information is required; or			
5.10.10	c) see Section 5.10.1, paragraph 3.			
5.10.11	a) Time of sample preparation and/or analysis if the required holding time for either activity is less than or equal to seventy-two hours.			
5.10.11	b) Results that are reported on a basis other than as received (e. g., dry weight).			
5.10.11	c) Any non-accredited tests shall be clearly identified as such to the client when claims of accreditation to this Standard are made in the analytical report or in the supporting electronic or hardcopy deliverables.			
5.10.11	d) Clear identification of numerical results with values outside the calibration range.			
SOP-3	**PJLA Symbol Usage for Applicant Laboratories:**			
SOP-3	Does the applicant laboratory use the PJLA Logo?			
SOP-3	Note Applicant laboratories are not permitted to use the PJLA logo until official accreditation is granted by executive committee approval.			
SOP-3	PJLA Symbol Usage for Accredited Laboratories:			
SOP-3	Is the symbol reproduced in a size that is clearly distinguishable?			
SOP-3	Does the laboratory have a documented procedure outlining requirements listed in PJLA SOP-3.			
SOP-3	When the ILAC Mark license agreement was used, was it approved by PJLA prior to use?			
SOP-3	Was PJLA notified immediately when a violation of the ILAC MRA occurred?			
SOP-3	Is the laboratory properly using the symbol on:			
SOP-3	Promotional material and business stationary			
SOP-3	Test certificate or labels			
SOP-3	Website			
SOP-3	Technical literature			
SOP-3	Business reports			
SOP-3	Quotations or proposals for work (symbols may only be listed for accredited laboratories)			
SOP-3	Was the proper accreditation symbols used and in accordance to the laboratory accredited scope?			
SOP-3	Did the laboratories use the symbol on:			
SOP-3	Legal documents			
SOP-3	Test or Calibrations Reports or Certificates for work that is not covered by the scope of accreditation (See disclaimer on next slide)			
SOP-3	Documents that list sites not accredited			
SOP-3	tested or Calibrated Products, except calibration labels (May be misleading that PJLA has accredited the product)			
PL-1	**PJLA Policy on Proficiency Testing**			

Section Reference	Question	Y	N	Comments
PL-1	**For applicant laboratories:**			
PL-1	Is there objective evidence for PT activity for each item to be included within proposed scope of accreditation?			
PL-1	Are the results meaningful i.e. demonstrating the laboratory's competence in performing specified tests or calibrations?			
PL-1	**For accredited laboratories:**			
PL-1	Is there a documented proficiency testing plan or schedule?			
PL-1	Does this plan or schedule include all items included on the scope of accreditation to be tested within a four year period?			
PL-1	Has the laboratory completed at least one proficiency test each year?			
PL-1	Has the proficiency plan or schedule been approved by PJLA?			
PL-1	For any unfavorable results gathered during proficiency testing, was appropriate corrective action taken?			
PL-2	**PJLA Policy on Traceability**			
PL-2	Does the laboratory have documented policies and procedures regarding measurement traceability and reference this traceability on test reports?			
PL-2	Does the laboratory have documented procedures detailing the verification, transport and storage of reference standards?			
PL-2	Has the laboratory employed the services of an external calibration provider(s) that are accredited to ISO/IEC 17025:2005 for the calibration(s) performed?			
PL-2	If not, can the laboratory demonstrate reverse traceability, an uninterrupted chain, back to NIST or another NMI?			
PL-2	Is this documented on an LF-123?			
PL-2	Does the laboratory have on file and available the current certificates and scopes of accreditation for the external calibration laboratories employed?			
PL-3	**PJLA Policy on Measurement Uncertainity**			
PL-3	For applicant laboratories:			
PL-3	Has the laboratory applied its documented procedure for measurement uncertainties consistent with ISO/IEC 17025:2005 (5.4.6.2, 5.4.6.3) and PJLA PL-3?			
PL-3	(Well recognized test methods or calibration procedures that specify limits to the values of major sources of uncertainties will meet this requirement)			
PL-3	For accredited laboratories:			
PL-3	Are stated uncertainties periodically reviewed and updated to evaluate changes to be made to any influence listed in an uncertainty budget?			
PL-3	Does the laboratory include a metrological statement or reference estimated uncertainties on calibration/test reports?			
PL-3	The assessor shall verify that previous nonconformities have been resolved and that corrective actions have been effectively implemented			