



## Assessment Readiness Review Checklist ISO/IEC 17025:2005

Please complete this checklist and attach the requested documents to: **Insert APA EMAIL and ASSESSOR** Email no later than 30 days prior to the start of your assessment or by **Indicate date here**. Failure to submit these required documents may result in the cancellation of your assessment.

Company Name: \_\_\_\_\_

| Required Documents to be Submitted   | (CAB)/(LAB) Please include appropriate document numbers and add other comments as necessary | Assessor Comments (must be completed for each assessment) |
|--|---|---|
| 1) Quality Manual  |   |   |
| 2) Internal Audit completed within the last 12 months  |   |   |
| 3) Management Review Completed within the last 12 months   |   |   |
| 4) For-Calibration Facilities- Measurement Uncertainty Data/Budgets for all areas of your scope of accreditation   |   |   |
| <b>5) For RMP Clients Only:</b><br>A) Homogeneity, stability and characterization studies<br>B) Subcontracted activities (i.e. Material Processing, Homogeneity/ Stability testing, Characterization of Property Values, Handling and storage (including post certification testing), Distribution & post distribution service), list of subcontractors (name, address, and summary of technical /quality competence                     |   |   |
| 6)<br>A) Completed Proficiency Test (s) within the last 12 months –Note for initial assessments at least one should be completed prior to accreditation ; for accredited laboratories please provide the PT as scheduled on your PT plan (Refer to PL-1 for additional information on this requirement)<br>B) Please include any updates to your PT plan. Note for initial accreditation assessments a PT plan must be available for the |   |   |



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| assessor to review. A template of a PT plan can be found on our website on Proficiency testing (LF-81).  |  |  |
| 7) Internal Quality Management System Documents, Organizational Structure and a listing of external procedures utilized for test/calibrations.                           |  |  |
| 8) Listing of equipment and where relevant current calibration status  |  |  |
| 9) An example test/calibration report issued to customers relative to your scope of accreditation  |  |  |
| 10) For accredited (CABS) training records or equivalent of new employees hired since the last assessment.   |  |  |
| 11) For initial accreditation clients only-LF-562k Checklist-Note this checklist should include details i.e. procedure names, dates, person names. Please avoid Y/N only |  |  |

**B.**

- 1) Attached is your preliminary scope of accreditation. Comments may be made from our program manager that will need to be addressed prior to your assessment. If no comments are made this will be provided to your assessor for confirmation. Please indicate below or attach any revisions to your initial scope of accreditation:

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\_\_\_\_\_ I have reviewed the proposed scope and confirm this is accurate for my assessment.

- 2) For accredited facilities please note below if you want to make any changes to your current scope of accreditation i.e. additional tests, methods, techniques, equipment, detection limits, ranges or (CMCs). Indicate N/A if no changes has occurred.

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- 3) Please indicate any major changes that may have occurred from your initial application or last assessment (i.e. company name, laboratory staff impacting your accreditation, address changes, ownership change)-Note per PJLA Procedure SOP-1 it is a requirement to inform PJLA of all major changes. Indicate N/A if no changes has occurred.



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\*Note please visit the PJLA website under the resource section to download forms mentioned above <http://www.pjllabs.com/resources> . All clients need to adhere to PJLA policies on proficiency testing (PL-1), traceability (PL-2), measurement uncertainty (PL-3), scope of accreditation for calibration and testing (PL-4, WI-8) and PJLA Procedure for the usage of accreditation symbols and language (SOP-3). Adherence to these policies and procedures will be assessed at your assessment. Failure to adhere to these documents will result in a finding. \*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

C.

**\*PJLA Internal Use Only\***

I reviewed the above documents and recommend that the client **proceed** or **do not proceed** with an on-site assessment.

If you circled do not proceed, please provide your reasoning below:

Lead Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_