



## Assessment Readiness Review Checklist DOD ELAP/DOECAP-AP/TNI

No later than 30 days prior to the start of your assessment, please provide this completed checklist and the required documents as identified below by uploading the information to your assigned share library (a separate email will provide a link to the library).

**Failure to submit the required documentation 30 days prior to the start of your assessment may result in cancellation of your assessment.**

Conformity Assessment Body (CAB) Name: \_\_\_\_\_

A.

Required <sup>a</sup>			Documents to be Submitted	CAB Comments Must be completed (e.g., document identifications, clarifications)
AC/RA	SA	SE		
X	X		1) Quality Manual.	
X	X		2) Organization chart.	
X	X		3) Master Document Listing.	
X	X	X <sup>b</sup>	4) Equipment List.	
X	X <sup>b</sup>	X <sup>b</sup>	5) All Non-Technical Operating Procedures (SOPs) supporting activities of the accredited quality management system.	
X	X <sup>b</sup>	X <sup>b</sup>	6) All Technical SOPs supporting tests methods on the scope of accreditation or application.	
X	X <sup>b</sup>	X <sup>b</sup>	7) Control Charts for each test method/matrix on the scope of accreditation or application.	
X	X <sup>b</sup>	X <sup>b</sup>	8) Verification/Evaluation of Limit of Detection (LOD) and Limit of Quantitation (LOQ) for each analyte/method/matrix/prep on the scope of accreditation or application.	
X	X	X <sup>b</sup>	9) Proficiency Testing (PT) results from the last three rounds for <u>the entire</u> scope of accreditation or application and any corrective actions generated from not acceptable results.	
X	X <sup>b</sup>	X <sup>b</sup>	10) a) Comprehensive Level IV data packages from a project (e.g., DoD, DOE, TNI, as applicable) covering, at a minimum, every technology and special prep b) arations (e.g., EPA 1311) on the scope of accreditation or application. c) One Comprehensive Level IV data package generated from the most recent PT.  Note: If no DoD/DOE/TNI, as applicable, project data packages are available, data packages as listed in (b) above covering, at a minimum, every technology and special preparations (e.g., EPA 1311) on the scope of accreditation or application shall be submitted in compliance with the accreditation requirements.	
X	X		11) Internal Audit(s) completed within the last 12 months, including the report(s), checklist(s), results and any corrective actions generated.	



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X	X		12) Management Review(s) completed within the last 12 months, including the report(s), results and any corrective actions generated.	
X	X		13) Complaints within the last 12 months and any corrective actions generated.	
X	X		14) Corrective actions within the last 12 months. <ul style="list-style-type: none"> <li>• Log, if applicable.</li> <li>• Examples from different categories (e.g., not acceptable PTs, Internal Audit findings, 3<sup>rd</sup> party assessment findings, customer complaints)</li> </ul>	
X			15) Assessment Checklists <ul style="list-style-type: none"> <li>• A completed applicable LF-56 Checklist</li> </ul> <p>Note: These checklists should include details (e.g., procedure identifications, records, dates, person names) and not just "Y/N". Checklists are available at <a href="http://www.pjlab.com/resources">http://www.pjlab.com/resources</a>.</p>	
RA only	X	X	16) Please indicate any major changes that may have occurred from your last assessment (e.g., CAB owner/name/address, changes in staff impacting accreditation activities). <p>Note: PJLA Procedure SOP-1 requires the CAB to inform PJLA of all major changes. As a result, major changes should have already been communicated before or during the scheduling process and is only intended to be informational communicated to the assessor in this form.</p>	
			17) Please list any URLs where you use the PJLA logo, ILAC Mark and/or accreditation language as implied per SOP-3	
X	X <sup>c</sup>		18) <b>DOE labs only</b> please provide the following items: <ul style="list-style-type: none"> <li>• Chemical Hygiene Plan with procedures/plans related to health &amp; safety, emergency action, chemical handling and sample receiving</li> <li>• Materials (Waste) management plan with procedures related waste management and waste disposal</li> <li>• Procedure for verification of ventilation hood contamination control</li> <li>• Department of Agriculture soil license</li> <li>• Safety plan to include CAB's Contingency Plan/Emergency Procedures/Facility Safety</li> <li>• Waste management or Rad worker* training plan</li> <li>• *Radioactive Materials License</li> <li>• *Radiation protection and/or management plan with supporting SOPs</li> </ul> <p>* Only applicable for CABs that accept potentially radioactive samples.</p>	



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- <sup>a</sup> AC: Accreditation (Initial) RA: Reaccreditation Assessment SA: Surveillance Assessment SE: Scope Expansion  
<sup>b</sup> Documentation may need to be for a limited scope  
<sup>b</sup> Only if changes since last RA assessment

Notes:

1. The required documentation above is not always all inclusive for assessment completion. Assessor(s) may request additional information (e.g., training/competency records, equipment records, purchasing records, other) based on their review of the documentation, interviews, observation of activities, and non-conformities from the previous assessment.
2. The CAB has the right to declare information gathered during an assessment as confidential business information according to procedures established by the accreditation body or to restrict access to information requested during an assessment when such information directly affects national security. Please submit this request directly to PJLA Headquarters.

Please visit the PJLA website under the resource section to download forms/checklists 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 testing (WI-8) and PJLA Procedures for the usage of accreditation symbols and language (SOP-3) and applicable SOP-1 Accreditation procedures. Adherence to these policies and procedures will be assessed. Failure to adhere to these policies and procedures will result in a non-conformance.

Submitted By:

\_\_\_\_\_

Name

Date

**B.**

**\*PJLA Internal Use Only-Required if Recommendation to Not Proceed with Assessment\***

I reviewed the above documents and do not recommend that the client **proceed** with the assessment.

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

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