



Assessment Readiness Review Checklist

DOD ELAP/DOECAP-AP

(Initial AC and Reassessment Only)

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. Documents may be too large to email, please coordinate with PJLA if they will be sent on a disk, USB drive, or cloud-based system (e.g., drop box, ftp site).

Company Name: _____

A.

| Required Documents to be Submitted | (CAB)/(LAB) Include appropriate information (e.g., document identifications, comments) as necessary | Assessor Comments Must be completed for each assessment |
|---|---|---|
| 1) Quality Manual including an organization chart. | | |
| 2) Master Document Listing. | | |
| 3) Equipment List. | | |
| 4) All Non-Technical Supporting Operating Procedures (SOPs). | | |
| 5) All Technical SOPs supporting tests methods on your scope of accreditation or application. | | |
| 6) Laboratory Control Charts for each method/matrix. | | |
| 7) Verification/Evaluation of Limit of Detection (LOD) and Limit of Quantitation (LOQ) for each analyte/method/matrix/prep. | | |
| 8) Proficiency Testing results from the last three rounds and PT summary log for your <u>entire</u> scope of accreditation and any corrective actions generated from failure. | | |
| 9) <ul style="list-style-type: none"> a) Comprehensive Level IV data packages from a DoD project (AFCEE, NAVFAC, NAVSEA, USACE, National Guard or NASA installation) covering the scope of accreditation. b) One Comprehensive Level IV data package generated from the most recent PT. (If no DoD/DOE projects have been conducted then you must submit criteria as listed in (b) above) | | |
| 10) Internal Audit(s) completed within the last 12 months, including the reports, results and any corrective actions generated. | | |



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| <p>11) Management Review(s) Completed within the last 12 months including the reports, results and any corrective actions generated.</p> | | |
| <p>12) Assessment Checklists</p> <ul style="list-style-type: none"> a) A completed-LF-56 DOD/DOE Checklist b) A completed HRMM DOE Checklist if applicable c) A completed Radiochemistry DOE checklist if applicable d) A completed HASQARD Checklist if applicable <p>Note: These checklists should include details (e.g., procedure identifications, records, dates, person names). Please avoid Y/N only.</p> | | |
| <p>13) DOE labs only please provide the following items:</p> <ul style="list-style-type: none"> a) Chemical Hygiene Plan with procedures/plans related to health & safety, emergency action, chemical handling and sample receiving b) Materials (Waste) management plan with procedures related waste management and waste disposal c) *Radiation protection and/or management plan with supporting SOPs d) Procedure for verification of ventilation hood contamination control e) *Radioactive Materials License f) Department of Agriculture soil license g) Waste management or Rad worker* training plan h) Safety plan to include Laboratory Contingency Plan/Emergency Procedures/Laboratory Facility Safety <p>* Only applicable for laboratories that accept potentially radioactive samples.</p> | | |



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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:

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 (e.g., additional tests, methods, techniques, equipment).

Indicate N/A if no changes needed.

- 3) Please indicate any major changes that may have occurred from your initial application or last assessment (e.g., 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 have occurred.

*Note: Please visit the PJLA website under the resource section to download forms mentioned above <http://www.pjlab.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 SOP-1/SOP-1DoD ELAP Accreditation procedure. Adherence to these policies and procedures will be assessed at your assessment. Failure to adhere to these documents will result in a non-conformance.

Submitted By: _____
Print Name

Signature Date



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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 identified do not proceed, please provide your reasoning below:

Lead Assessor Signature: _____ Date: _____