



# Environmental Programs-DOD/DOE/TNI NGAB/State-TNI Assessment Readiness Review Checklist

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: \_\_\_\_\_

Documents to be Submitted	Comments Must be completed (e.g., document identifications, clarifications)
1) Quality Manual	
2) Organization chart	
3) Controlled Document List	
4) Equipment List	
5) All Non-Technical Operating Procedures (SOPs) supporting activities of the accredited quality management system	
6) All Technical SOPs supporting tests methods on the scope of accreditation or application  * For DoD/DOE, include the procedure for the evaluation of method Precision and Bias to the requirements of QSM 6.0 M4 5.3 or QSM 6.0 M8 6.3, whichever is appropriate and applicable.	
7) Control Charts for each test method/matrix on the scope of accreditation or application	
8) Verification/Evaluation of Detection Limit (DL), Limit of Detection (LOD) and Limit of Quantitation (LOQ) for each analyte/method/matrix/prep on the scope of accreditation or application.  * For DoD/DOE, include the procedure for DL/LOD/LOQ verification/evaluations to the requirements of QSM 6.0 M4 5.2.1 and 5.2.2 or QSM 6.0 M8 6.2.1 and 6.2.2, whichever is appropriate and applicable. (Note: all NIOSH Methods are to be considered M8 IH methods). * For DoD/DOE QSM 6.0 upgrades, include the initial LOD/LOQ (and DL if 40CFR App B to Part 136 not used) data to the requirements of QSM 6.0 M4 5.2.1 and 5.2.2 or QSM 6.0 M8 6.2.1 and 6.2.2, whichever is appropriate and applicable.	
9) Proficiency Testing (PT) results from the last three rounds for <u>the entire scope of accreditation or application</u> and any corrective actions generated from not acceptable results  * For DoD/DOE, when no PT from a PT Provider is available, include the internal PT procedure to the requirements of QSM 6.0 M1 4.7.3 and CAB generated internal PT studies for analyte/matrix/method/technology combinations approved by PJLA for precision and bias.	
10) Comprehensive* data packages from a project (e.g., DoD, DOE, TNI, as applicable) covering, at a minimum, every technology and special preparations (e.g., EPA 1311) on the scope of accreditation or application.	



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<p>One Comprehensive* data package generated from the most recent PT.</p> <p>* Not limited to: Case narrative, summary of results, (e.g., samples, QC and internal standard/surrogate recoveries), Chain of Custody (CoC), sample receipt, data review/acceptance records, method/equipment performance (e.g., tunes, breakdown reports, mass calibrations), calibration results, supporting and raw data (e.g., instrument logs, standards prep, data sheets, chromatograms, spectra, extraction logs, digestion logs, and instrument sequences/run logs)</p> <p>* For DoD/DOE, include data related to the precision and bias across range of calibration to the requirement of QSM 6.0 M4 5.3.4 or QSM 6.0 M8 6.3.4, whichever is appropriate and applicable.</p> <p>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.</p>	
<p>11) Internal Audit(s) completed within the last 12 months, including the report(s), checklist(s), results and any corrective actions generated</p>	
<p>12) Management Review(s) completed within the last 12 months, including the report(s), results and any corrective actions generated</p>	
<p>13) Complaints within the last 12 months and any corrective actions generated</p>	
<p>14) Corrective actions within the last 12 months.</p> <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>	
<p>*CA ELAP Only* Corrective Action Plans from the last two CA ELAP assessments.</p>	
<p>15) Assessment Checklists</p> <ul style="list-style-type: none"> <li>• A completed applicable LF-56 Checklist</li> <li>• *CA ELAP Only: CA ELAP 2016 TNI Addendum OSA Checklist* and LF-56 CA ELAP TNI EL 2016 Working Document Checklist</li> </ul> <p>Note: These checklists should include details (e.g., procedure identifications, records, dates, person names) and not just "Y/N"</p>	
<p>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>	
<p>17) Please list any URLs where you use the PJLA logo, ILAC MRA Mark, TNI NGAB Logo and/or accreditation language as implied per SOP-3</p>	
<p>18) <b>DOE labs only</b> please provide the following items:</p> <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> </ul>	



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<ul style="list-style-type: none"> <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>	
<b>19) FOA (field of accreditation) Tables for scope PJLA is to assess to during scheduled assessment</b>	

**Notes:**

1. TNI related programs include: PJLA NGAB accreditation as well as state assessment programs using the TNI standard as the basis for the assessment.
2. 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.
3. The CAB has the right to declare information gathered during an assessment as confidential business information and 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

All CABs, excluding those with scopes that are only for state programs (e.g., not ISO/IEC 17025), must adhere to PJLA policies on proficiency testing (PL-1), traceability (PL-2), measurement uncertainty (PL-3), scope of accreditation for testing (PL-4) 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.

Submitted By:		
	Name	Date

<b>*PJLA Internal Use*</b>		
<b>*Only Required if Recommendation to Not Proceed with Assessment*</b>		
I reviewed the above documents and do not recommend that the CAB <b>proceed</b> with the assessment.		
If you identified do not proceed, please provide your reasoning below:		
<b>Comments</b>		
Lead Assessor:		
	Name	Date