Lancaster Laboratories Honored for 30 Years of Accreditation

By Peter Unger, A2LA President/CEO

Lancaster Laboratories was the first laboratory to become accredited by A2LA and was assigned certificate number 1.01 in October 1979.

At a laboratory open house on October 29, 2009, A2LA Accreditation Officer, Atefeh Fathi, and A2LA President & CEO, Peter Unger, presented a plaque in honor of the occasion.

“The fact that Lancaster Laboratories has undergone over 20 assessments without any loss of accreditation during this period is a tribute to the fine management led by Dr. J. Wilson Hershey, Lancaster’s President, the quality culture of the laboratory and the dedication and work ethic of its employees,” noted Mr. Unger at the open house reception.

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A2LA Accredits First DoD ELAP Laboratory

By Randy Querry, A2LA Accreditation Manager

On September 24, 2009, Test America - Savannah (A2LA Certificate Number 0399-01) became the first laboratory to achieve accreditation under the Department of Defense Environmental Laboratory Accreditation Program (DoD ELAP) since inception of the DoD ELAP reliance on International Laboratory Accreditation Cooperation (ILAC) recognized domestic accreditation bodies. Interested users of accredited environmental laboratories can view a full listing of currently accredited A2LA DoD laboratories at http://www.A2LA.org/dirsearchnew/dodenvlabs.cfm

“We are pleased with the implementation of the ELAP program because it will create a level playing field among DoD laboratories where every laboratory will be held to the same high standards,” said Dr. Charles W. Carter, TestAmerica Vice President of Quality & Technical Services. “We are especially proud of TestAmerica Savannah’s achievement as the first ELAP laboratory. This reflects the excellent quality system in Savannah, the efforts of our highly capable employees, and our overall corporate approach to compliance with DoD requirements.”

On April 1, 2009, Edward Hartzog, Chair of the DoD Environmental Data Quality Workgroup (EDQW), announced that the DoD ELAP is relying on the ILAC arrangement to implement the DoD ELAP laboratory accreditations. United States-based, ILAC-recognized accreditation bodies were invited to apply for this special recognition. A2LA has been recognized by the DoD ELAP to provide accreditation for environmental testing laboratories that perform testing in support of the DoD environmental restoration (ER) programs at DoD operations, activities, and installations, including government-owned, contractor-operated facilities and formerly-used defense sites (FUDS).


A2LA has expanded the size of its environmental assessor corps and staff, and has provided DoD-specific assessor courses to meet the demands of this growing area and to continue to be responsive to customer needs.

For additional information about our DoD ELAP accreditation program, please contact Randy Querry at (301) 644-3221 or via email at rquerry@A2LA.org or Chris Gunning at (240) 575-7481 or via email at cgunning@A2LA.org.
If you are requested by a court, lawyer, company or private citizen to examine an object or place and the result of that examination is meant for use in a criminal or civil hearing, you’ve just become a forensic scientist. In reality, any test or inspection performed could ultimately be meant for use in court. For example, a manufacturer may request a failure analysis to help improve their product, but another customer may request the same analysis with the ultimate aim of using the results in a civil trial. The work isn’t any different, but how you approach the examination is and if done incorrectly could result in your report being ruled inadmissible in court. The ILAC G-19 requirements\(^1\) provide an overview of what needs to be addressed when performing a forensic examination, but three key factors that should be considered include the following.

First, you must be able to show that your examination was performed on the same item that was collected and that which is provided as evidence in court. If an individual examines an accident scene and requests testing, the results of which are used by the individual to formulate conclusions, the court will ask what confidence the examiner has in the requested testing. How do they know that the item they submitted is the one that was tested?

ISO/IEC 17025 Section 5.8 and ISO 17020 Section 11 address the need to maintain the identity of the item; however, when working with forensic samples, an additional step must be taken. In forensic examinations the use of a Chain-of-Custody addresses this need. Chain-of-custody is a list of each person who handled, transported and/or examined the item from its collection at a location to its presentation in court. Each person to take custody must then explain how they kept the item secure from others to prevent loss, damage or alteration of the item.

Second, you must be able to show that the test procedures used have been validated. Where test standards such as ASTM or ASME are not available, internal validation of test methods must be conducted and available for review by the court.

Finally, you must be able to show that you are qualified to perform the examination conducted and that your reported conclusions are based on accepted scientific theories and studies. Many of the more common forensic discipline member organizations offer certification programs for application scientists. Where this is not available, evidence of training, educational study, and experience will be evaluated by a court to determine acceptance.

While the above three items can be accomplished by a well organized institution, how can one have confidence that the examination requested will be performed in accordance with the above three requirements and will be accepted in court? A review of past performance, an audit of the proposed facility and accreditation are all means for confirming the ability of a person or organization to perform the requested forensic examination.

In an effort to assist in this process and in answer to the requests of our customers, the American Association for Laboratory Accreditation has begun the process of creating a Forensic Examination Accreditation Program. It is hoped that the program will address the needs of the forensic testing and inspection community and, as a result, strengthen the science of forensic examination.

As with all programs a great deal of work is ahead of us, but with the aid of the forensic community, forensic experts and our trained staff we anticipate that the development process will move smoothly. We encourage all individuals interested in participating in a Forensic Examination Advisory Committee, technical experts interested in serving on the Accreditation and/or Criteria Council, technical experts interested in being considered for positions as assessors, and those individuals and organizations interested in becoming accredited to contact us.

For further information about the program please contact Karin Athanas at kathanas@A2LA.org or (301) 644 3236.  

\(^1\)“Guidelines for Forensic Science Laboratories,” available free at www.ilac.org
New & Departed Staff

In October 2009, A2LA welcomed Michelle Bradac and Kate Humphries to our staff – both as Accreditation Officers. Prior to joining A2LA, Michelle was a senior laboratory technician at SeraCare Life Sciences in Gaithersburg, MD. She also spent time as a patient coordinator for a number of medical providers. Michelle has a B.S. in Biology from Towson University and is currently pursuing her Masters in biomedical science/regulatory compliance from Hood College.

Prior to joining A2LA, Kate served as an executive and administrative assistant for an athletic club and a community church in New York State. She has a B.A. in Mathematics from Houghton College.

We welcome Michelle and Kate to the A2LA fold!

Unfortunately, A2LA has also bid farewell to Kimberly Watson who only recently joined our team in March 2009. We wish her well in her future endeavors and with her growing family! ✿

A2LA Receives 2009 Best of Business Award

A2LA has been selected for the 2009 Best of Business Award in the professional standards review board category by the Small Business Commerce Association (SBCA), a private sector entity that aims to provide tactical guidance on issues that small business owners face.

The SBCA 2009 Award Program recognizes the top 5% of small businesses throughout the country. Using consumer feedback, the SBCA identifies companies that they believe have demonstrated what makes small businesses a vital part of the American economy. The selection committee chooses the award winners from nominees based on information taken from monthly surveys administered by the SBCA, a review of consumer rankings, and other consumer reports. Award winners are considered a valuable asset to their community and exemplify what makes small businesses great. ✿

Spring 2010 Training Schedule

Course:

Title: Introduction to Measurement Uncertainty
- February 22-23, 2010-Scottsdale, AZ ($795.00 non-members, $745.00 members)
- June 7-8, 2010-Portland, OR ($795.00 non-members, $745.00 members)

Title: ISO/IEC 17025 and Accreditation
- February 24-26, 2009-Scottsdale, AZ ($995.00 non-members, $945.00 members)
- April 12-13, 2010-Savannah, GA ($795.00 non-members, $745.00 members) (Special Two-Day Offering)
- June 9-11, 2010-Portland, OR ($995.00 non-members, $945.00 members)

Title: Root Cause Analysis and Corrective Action (NEW COURSE)
- April 14, 2010-Savannah, GA ($495.00 non-members, $445.00 members)

Title: Assessment of Laboratory Competence
- May 10-14, 2010-Indianapolis, IN ($1595.00 non-members, $1545.00 members)

Venues:

February 21-26, 2010
Doubletree Paradise Valley Resort
5401 North Scottsdale Road
Scottsdale, AZ 85250
(480) 947 5400
Rate: $129.00 Per Night

April 11-14, 2010
Marriott Savannah Riverfront
100 General McIntosh Blvd.
Savannah, GA 31401
(912) 223 7722
Rate: $152.00 Per Night

May 9-14, 2010
The Westin Indianapolis
50 South Capitol Avenue
Indianapolis, IN 46204
(800) 228 3000
Rate: $159.00 Per Night

June 6-11, 2010
Marriott Portland City Centre
520 SW Broadway
Portland, OR 97205
(800) 228 9290
Rate: $104.00 Per Night

For additional information, please contact Julie Collins, A2LA Training & Membership Program Manager, at 301 644 3235 or jcollins@A2LA.org. ✿
The following documents have been updated within the controlled A2LA management system. All of these documents are available on the A2LA website (www.A2LA.org) through the “Document Finder” option unless otherwise indicated.

- **G109 – Template for Specifying Accredited Services** was created on 7/29/09 as a guidance document. (Document Finder category: A2LA Guidance Documents)
- **C301 – General Checklist: ISO/IEC 17020 Inspection Body Accreditation Program** has been updated to a 9/16/09 version (available by request only).
- **C104 – General Checklist: Reference to A2LA Accredited Status-A2LA Advertising Policy** has been updated to a 9/9/09 version. (Document Finder category: General Checklists)
- **C105 – General Checklist: A2LA Policy on Measurement Traceability** has been updated to a 9/9/09 version. (Document Finder category: General Checklists)
- **C101 – General Checklist: ISO/IEC 17025 Laboratory Accreditation Program** has been updated to a 9/9/09 version (available by request only).
- **C218 – Specific Checklist: Combined ISO/IEC 17025 and TNI FSMO Accreditation Program Requirements** has been updated to a 9/10/09 version (available by request only).
- **C217 – Specific Checklist: TNI FSMO Accreditation Program Requirements** has been updated to a 9/10/09 version. (Document Finder category: Specific Checklists)
- **C207 – Specific Checklist: Calibration Laboratory Accreditation Program** has been updated to a 9/10/09 version. (Document Finder category: Specific Checklists)
- **C219 – Specific Checklist: Combined ISO/IEC 17025 and DoD ELAP Requirements** has been updated to a 9/16/09 version (available by request only).
- **C309 – General Checklist: ISO/IEC Guide 65 Product Certification Body Accreditation Program** has been updated to a 9/16/09 version (available by request only).
- **C213 – Specific Checklist: Information Technology Testing Laboratory Accreditation Program** has been updated to a 9/16/09 version. (Document Finder category: Specific Checklists)
- **C211 – Specific Checklist: Combined ISO/IEC 17025 and Veterinary Laboratory Accreditation Program** has been updated to a 9/16/09 version (available by request only).
- **C205 – Specific Checklist: Combined ISO/IEC 17025 and Environmental Testing Laboratory Accreditation Program Requirements** has been updated to a 9/16/09 version (available by request only).
- **C206 – Specific Checklist: Combined ISO/IEC 17025 and Environmental Lead Testing Program Requirements** has been updated to a 9/16/09 version (available by request only).
- **C204 – Specific Checklist: Combined ISO/IEC 17025 and Food & Pharmaceutical Testing Laboratory Accreditation Program Requirements** has been updated to a 9/16/09 version (available by request only).
- **C202 – Specific Checklist: Combined ISO/IEC 17025 and Animal Drug Testing Laboratory Accreditation Program Requirements** has been updated to a 9/16/09 version (available by request only).
- **R304 – General Requirements: Accreditation of ISO/IEC Guide 34 Reference Material Producers** has been updated to a 9/16/09 version. (Document Finder category: General Requirements)
- **R302 – General Requirements: Accreditation of ILAC G13/ISO Guide 43 Proficiency Testing Providers** has been updated to a 9/16/09 version. (Document Finder category: General Requirements)
- **R101 – General Requirements: Accreditation of ISO/IEC 17025 Laboratories** has been updated to a 9/16/09 version. (Document Finder category: General Requirements)
- **R205 – Specific Requirements: Calibration Laboratory Accreditation Program** has been updated to a 10/7/09 version. (Document Finder category: Specific Requirements)
- **P105 – Policy on Laboratory Relocation** has been updated to a 10/31/09 version. (Document Finder category: Policies)
- **F108 – Request for Expansion of the Scope of Accreditation—Testing** has been updated to a 10/31/09 version. (Document Finder category: General Forms)
- **F112 – Request for Expansion of the Scope of Accreditation—Calibration** has been updated to a 10/31/09 version. (Document Finder category: General Forms)
- **R651 – General Requirements: Accreditation of Medical Testing Laboratories Meeting ISO 15189 Requirements** has been created on 11/6/09. This document replaces the previous R305 document. (Document Finder category: General Requirements)
- **P603e – Annex: Policy on Estimating Measurement Uncertainty for Medical Testing Laboratories** has been created on 11/6/09. (Document Finder category: Policies)
Since the September 2009 issue of A2LA Today, the A2LA Criteria Council voted to approve two new applications and one revised application of the ISO/IEC 17025:2005 requirements. These and other explanations may be found on the A2LA website section, “Understanding ISO/IEC 17025”.

What specific items does A2LA look for in my purchasing documents in order to meet the requirements in Section 4.6.3?

REVISED RESPONSE: Section 4.6.3 of ISO/IEC 17025:2005 does not indicate what specific items must be included in a lab’s purchasing documentation nor does it specify what form this documentation must take. It simply requires that the documentation produced during purchasing (e.g., purchase order, credit card or other receipt, packing slip, etc.) include data describing the services and supplies ordered and that it be reviewed and approved in some manner for technical content prior to release. This “data” and “technical content” could be any parameters that the lab associates with a quality purchase. The Note to this section lists some specific details that a laboratory may include in their purchasing documents, but these are by no means requirements.

When the service/supply is ultimately received, it is incumbent upon the laboratory to ensure that it meets their needs and requirements. If their needs are fully met, then their purchasing procedure is assumed to be adequate since there is no evidence to the contrary. If there are shortcomings or omissions in the service/supply received, then the laboratory must determine what actions must be taken to address the unacceptable service/supply and to ensure this does not happen in the future. This may result in a change to their process such that additional or specific detail, information or instructions are captured in purchasing documentation for their vendor/supplier.

What is considered an “equivalent measure” for avoiding loss or change of original data that is stored electronically per Section 4.13.2.3?

RESPONSE: “Electronic records” are considered to be records that exist in electronic form such as data stored on a computer hard drive, network, or other storage media. Appropriate measures are to be implemented by the laboratory that safeguard against loss or change of the originally recorded data. Such measures may include:

- Preventing the overwriting of an existing record, but saving a revision of the original record which includes the corrected or altered data;
- Retaining a register of changes/revisions in electronic records that detail the changes made;
Updates on A2LA Operations & Policies

Continued from page 6

- Limiting write access to electronic records to only authorized individuals;
- Using revision control features of the application that is used to generate the electronic record (e.g., “track changes” in MS Word).

3 What is meant by a “root cause” investigation per Section 4.11.2 and how do I go about this?

Response: Root cause analysis is the most challenging aspect of the corrective action process and should be used as a tool for continuous improvement, which may reduce or eliminate the likelihood of future deficiencies. Understanding why an event occurred is the key to developing effective corrective actions. In some cases, the root cause is singular and easily discerned; in most cases it is not, and there may be multiple root causes. Because of this, there is no single ‘recipe’ that can be followed. While it is impossible to create a procedure that would apply to all scenarios, there are some guiding principles which can be employed, the most important of which is that the root cause should address the question: “Why did this deficiency occur?” Other points to consider:

- Statements of root cause which are essentially a restatement of the deficiency provide no new information beyond the deficiency and are of little benefit to you and are not considered to be an acceptable response by A2LA. In these instances, the root cause is a result of the laboratory asking “why was this deficiency cited?” instead of “why did this deficiency occur?”
- Each deficiency must be evaluated independently.
- While each deficiency and its associated root cause must be approached individually, trends in the identified root causes for a group of deficiencies is a strong indicator that further investigation is needed. For example, upon conclusion of an assessment during which 8 deficiencies were cited, it is determined that the root cause of 6 of the 8 deficiencies pertains to employee training. In this example, additional investigation into the employee training program would be prudent and should be evident in the response supplied to A2LA.

The investigation which begins by asking “why did this deficiency occur?” will uncover a reason why the deficiency occurred. A proper root cause investigation will continue to ask ‘why did this occur’ until you can no longer identify a reason. At this point you can be reasonably assured that you have isolated the crux of the issue.

New Instructions for Responding to the Assessor Deficiency Report

By Steve Medellin, A2LA Accreditation Manager

In an effort to increase efficiency and reduce overall costs, A2LA has recently implemented a new electronic document imaging system for storage and retrieval of all accreditation-related documentation. This system, once fully mature, will allow A2LA to:

a) capture all information, from application to accreditation, relating to an organization’s accreditation;

b) electronically distribute all application information and supporting documentation to the assigned assessor(s);

c) capture all corrective actions resulting from assessments; and,

d) electronically distribute all pertinent accreditation information to the A2LA Accreditation Council for voting.

This electronic system significantly reduces the costs associated with the filing, copying, mailing, and long term storage of paper documents. In addition, this electronic system makes our assessment operations more environmentally responsible by using less paper in every step of the process.

As with any new system, there are hurdles to overcome. One such hurdle is the many and varied ways in which we receive electronic documents from organizations undergoing accreditation, or CABs (Conformity Assessment Bodies).

The A2LA document, H102-Responding to the Assessor Deficiency Report (available through the website Document Finder in the “Information and Instructional Documents” category), is intended to standardize the way in which electronic documents are received, while maintaining a level of flexibility that our customers have come to expect from A2LA. The naming conventions and file system structures described in the document will immediately make it easier for A2LA staff to organize and index accreditation documents. In the future, this same naming convention will allow us to further automate this process.

All CABs have been asked to follow this document in formatting their responses to A2LA. As always, A2LA welcomes your comments and suggestions on the formatting instructions.
Calibration Service and the Calibration Certificate - Contracting Do's and Don'ts.

By Pamela Wright, A2LA Accreditation Manager

Here's the scenario: You've placed your measurement & test equipment [M&TE] with an accredited calibration provider and yet you are cited a deficiency for some missing element in the calibration certificate received. This situation leads you to wonder “Why didn’t I get what I asked for?” Typically the answer is that you did get what you asked for; however, some assumptions may have been made when contracting the service that may have led to the receipt of an inadequate calibration certificate.

Below are some basic “Do's and Don'ts” when considering contracting accredited calibration service to help you avoid the assumptive pitfall.

Don't assume that because the calibration laboratory is accredited you will receive an accredited calibration report. Most accredited calibration laboratories offer two levels (or more) of service – accredited and non-accredited. Without direction from the client a calibration laboratory will typically defer to their “default position” which could be “non-accredited service.” While this may seem counterintuitive, as ISO/IEC 17025 only requires evidence that the measurements are traceable (Section 5.1.4.1.c) via reference to an appropriate primary standard or a natural constant (Section 5.6.2.1.1, note 2), there is no requirement in the Standard for a calibration laboratory to provide a calibration certificate bearing an accreditation body’s symbol.

Do be sure to request an “accredited calibration” in your purchasing contract if your goal is to obtain a traceable calibration certificate that meets the requirements of P102 – A2LA Policy on Measurement Traceability.

Don't assume that because you stated “accredited calibration” or “calibration to 17025” on your purchase order or contract the calibration laboratory will automatically provide measurement uncertainty information. ISO/IEC 17025 allows for the use of statements of compliance in lieu of an uncertainty statement and in cases where no specific request is made, a calibration laboratory will typically defer to their “default position” which could be “non-accredited service.” While this may seem counterintuitive, as ISO/IEC 17025 only requires evidence that the measurements are traceable (Section 5.1.4.1.c) via reference to an appropriate primary standard or a natural constant (Section 5.6.2.1.1, note 2), there is no requirement in the Standard for a calibration laboratory to provide a calibration certificate bearing an accreditation body’s symbol.

Do be sure to request an “accredited calibration” in your purchasing contract if your goal is to obtain a traceable calibration certificate that meets the requirements of P102 – A2LA Policy on Measurement Traceability.

In summary, knowledge and communication are the keys to a successful calibration contracting process. Knowledge of the method to be used, whether an uncertainty versus a statement of compliance is needed and whether a “full” or limited calibration is desired or offered and communication of this information along with a request for an “accredited” calibration to the contracted calibration laboratory will go a long way toward ensuring that you truly receive what you requested and need.

For any questions on the calibration contracting process please contact Pamela Wright at 301 644 3201.
We Want Your Opinion!

By Steve Medellin, A2LA Accreditation Manager

A service provider is nothing without their customers; and A2LA is no different. Our product to you, our accredited organization, is more than just a piece of paper to hang on your wall; it’s a commitment to quality and to outstanding customer service. We must make sure that we are continually striving to meet or exceed your expectations.

One of the methods that we use to make sure we are meeting your needs is the feedback survey that you are requested to submit upon completion of the accreditation process.

With continual improvement in mind, we have revised the feedback questions with a focus on the attributes that we feel are tantamount to excellent customer service.

The new survey is now broken down into three different sections. The first section deals specifically with your interaction with accreditation services; the second section deals with A2LA overall; and the third section (optional) gives the opportunity to rate the customer service provided to you by our financial services department. The total survey is 14 questions, but only 10 if our financial services department is not rated.

The customer service aspect of the survey has four key performance attributes that are evaluated in both accreditation services and financial services: responsiveness, professionalism, knowledge and communication. The accreditation services section also adds questions for rating the quality of our product, interaction with management and overall process timing. You also now have an option to request feedback from us on the responses you provide to the survey.

Once the survey responses are submitted, a summary is sent to A2LA management for any necessary action. The data will then be used to track staff performance and identify any trends.

We know that your time is valuable, but we do ask that you please take a few minutes to complete the survey when you receive it after completion of your accreditation process so that we can continue to provide you with the outstanding customer service that you have come to expect from us. We want your opinion, be it positive or negative. If you aren’t happy, we aren’t happy.

Control and Ownership of Normative Documents

By Pamela Wright, A2LA Accreditation Manager

As a reminder, during our annual Assessor Conclave held in Columbia, MD in July 2005, an issue arose from the Plenary Session regarding which normative documents laboratories are required to own and to have under their document control system.

Normative documents are those that provide rules, guidelines or characteristics for activities or their results. It is a generic term that covers documents such as standards, technical specifications, codes of practice and regulations. ISO/IEC 17025:2005 contains roughly thirty references to other published requirement and guidance documents. Each of the referenced documents then refers to additional normative documents, and on and on. And so the questions arise: Are laboratories required to own and control these documents in addition to ISO/IEC 17025? At what point is the line drawn?

After much consideration, A2LA has concluded that accredited laboratories are required to own or have direct access to the normative documents that are vital to maintaining their accreditation. These documents have been determined to be ISO/IEC 17025, general A2LA policy documents, and the specific A2LA program requirement documents relating directly to their field of accreditation.

For example, an on-site calibration laboratory would be expected to possess (or have direct access to) and have under its document control system ISO/IEC 17025:2005, General Requirements for Accreditation of Laboratories, R103 – General Requirements: Proficiency Testing for ISO/IEC 17025 Laboratories, P102 – A2LA Policy on Measurement Traceability, P101 – Reference to A2LA Accredited Status-A2LA Advertising Policy.

In addition to these general policy documents, the calibration lab would be expected to have under its document control R205 – Specific Requirements: Calibration Laboratory Accreditation Program, P104 – Policy for Claims of Measurement Uncertainties for Field Calibrations on Scopes of Accreditation, and R104 – General Requirements: Accreditation of Field Testing and Field Calibration Laboratories.

If there are any questions as to which normative documents are specific to your organization’s accreditation, please contact your Accreditation Officer. ✪
A2LA Joins IAF

By Peter Unger, A2LA President/CEO

A2LA has joined the International Accreditation Forum (IAF) in September 2009 in hopes of signing the IAF MLA for the accreditation of product certification bodies later next year. A2LA’s accreditation program for product certification bodies will be part of the “peer evaluation” conducted jointly by APLAC and IAAC in late February/early March 2010 as part of the requirements that A2LA must meet in order to maintain a signatory in both of these mutual recognition arrangements.

A2LA President & CEO, Peter Unger, signed the IAF Memorandum of Understanding formally committing the Association to the obligations of IAF membership at a signing ceremony on October 19, 2010.

Further information about IAF can be found at the IAF web site: www.iaf.nu

A2LA Provides Training to International Accreditation Body Staff

By Randy Querry, A2LA Accreditation Manager

A2LA staff members provided training on aspects of our proficiency testing provider accreditation program. Aruna Kaveeshwar and Randy Querry hosted three individuals this Autumn at A2LA headquarters in Frederick, MD. Ms. Laura Pastore, traveled from the Argentine Accreditation Body, Organismo Argentino de Acreditacion (OAA); and Ms. Wong Fei Ting and Mr. Mahadir Mohamed both traveled from Malaysia’s Accreditation Body, Standards Malaysia.

The purpose of the training course was to support fellow accreditation bodies in developing proficiency testing provider accreditation programs. The course was designed for participants who are experienced accreditation body staff and are or will be involved in the accreditation of proficiency testing providers.

The main elements of the training session included an overview by Mr. Querry of our “traditional” proficiency testing provider accreditation program that is based on ILAC G13:2007 as well as The NELAC Institute specialized proficiency testing program that includes ILAC G13:2007 as the basis along with elements of ISO Guide 34, ISO/IEC 17025:2005 and the 2003 NELAC Chapters 2 and 5. Mr. Querry also provided background on the formation of the programs and the role of technical advisory committees, the criteria council and the accreditation council.

Aruna Kaveeshwar instructed our guests on the criteria documents and standard operating procedures A2LA staff uses. She also discussed examples of assessments that have occurred and how A2LA staff managed different scenarios. Ms. Kaveeshwar continued the training by demonstrating our database to show how we track and monitor the providers during the accreditation cycle. The students also benefitted from Ms. Kaveeshwar demonstrating A2LA’s new electronic recordkeeping system.

For additional information about our proficiency testing provider accreditation program, please contact Aruna Kaveeshwar at (301) 644-3226 or via email at akaveeshwar@A2LA.org.
The International Laboratory Accreditation Cooperation (ILAC) annual general meeting and associated committee meetings were held in Vancouver, Canada, October 12-20, 2009. This was the ninth occasion where ILAC met jointly with the International Accreditation Forum (IAF), the international organization for accreditation of certification bodies.

The report of a joint task force of IAF and ILAC Chairs, Vice Chairs, regional and unaffiliated representatives and stakeholders was discussed during the joint general assembly to explore the future of the two organizations. It was agreed that a vote would be taken on whether or not ILAC and IAF should merge into one legal entity. A two-step ballot has been issued. The first vote is a yes-no vote on merging. The second vote is whether to combine the arrangement into one committee or keep the present structure. The outcome of the ballot should be known by the end of the year.

Other highlights of the ILAC General Assembly included:

Seven new signatories added to the ILAC Arrangement: American Society for Crime Laboratory Directors (ASCLD/LAB), USA for testing; Association of Analytical Centres, “Analytica.” Russia for testing; Egypt Accreditation Council (EGAC), Egypt; Pakistan National Accreditation Council (PNAC), Pakistan for testing and calibration; Perry Johnson Laboratory Accreditation (PJLA), USA; Romanian Accreditation Association (RENAR); and Dubai Accreditation Centre (DAC), UAE for testing and calibration.

Acceptance of nine new Associates: Mauritius Accreditation Service (MAURITAS), Mauritius; IARM, the Accreditation Institute of the Former Yugoslav Republic of Macedonia; Accreditation Board of Serbia (ATS), Serbia; Accreditation Body of Montenegro (ATCG), Montenegro; Institute of Accreditation for Bosnia and Herzegovina (BATA), Bosnia and Herzegovina; Kenya Accreditation Service (KENAS), Kenya; American Society for Crime Laboratory Directors (ASCLD/LAB), USA; AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC, USA; Papua New Guinea Laboratory Accreditation Scheme (PINGLAS), Papua New Guinea.

Acceptance of two new Affiliates: Southern African Development Community Accreditation Service (SADCAS), Botswana; and Organismo Nacional de Acreditacion de Colombia (ONAC) Colombia.

Acceptance of two stakeholder members: CARICOM Regional Centre for Standards and Quality (CROSQ), Barbados; and Water Quality Association (WQA), USA.

The ILAC Mutual Recognition Arrangement (MRA) now includes 65 signatory accreditation bodies from 50 economies representing about 93% of the total gross national incomes of the world’s countries.

In the interest of strengthening relations with regulators and specifiers of the ILAC MRA, the ILAC Arrangement Committee established a working group to welcome participation from such representatives even if they are not ILAC stakeholder members.

Future meetings of ILAC are planned for:

2010 – Shanghai
2011 – Bangkok
2012 – Rio de Janeiro

Further information on the ILAC meeting can be found at the ILAC web site: www.ilac.org.
Joy to the World

Happy Holidays from A2LA

The American Association for Laboratory Accreditation

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