R301 – General Requirements:
Accreditation of ISO/IEC 17020
Inspection Bodies

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PART A - INTRODUCTION

The AMERICAN ASSOCIATION FOR LABORATORY ACCREDITATION (A2LA) is a non-profit, nongovernmental, public service, membership organization dedicated to operating a nationwide, broad spectrum laboratory accreditation system. Accreditation is also available to any type of inspection body following the same principles and process as used to accredit laboratories (see R101 - General Requirements: Accreditation of ISO/IEC 17025 Laboratories).

A2LA was formed in 1978, as a practical and efficient organization to develop and manage a system to verify and recognize competent testing laboratories. Accreditation is available for virtually all types of tests, calibrations, measurements, inspections and observations which are reproducible and properly documented.

A2LA recognizes the very close relationship between inspection, sampling, testing and measurement yet understands that inspection includes a variety of activities not covered in testing laboratory accreditation. Inspection includes the examination of materials, products, components, assemblies, cargoes and consignments, usually for compliance with specified criteria. It includes visual examination and associated work, and may be more directly focused on products. A2LA staff can advise potential applicants of the appropriate field of inspection for the accreditation of their inspection activities. An inspection body which is engaged in testing, measurement or sampling work may apply for accreditation for this work concurrently with its application for accreditation for inspection.

Accreditation is based on the assessment of performance of an inspection body including procedures, staff competence and reporting. It is available to all inspection bodies including in-house services. A2LA welcomes applications for the accreditation of all types of inspection work. The following are just a few examples of work for which accreditation may be sought:

- Agricultural products
- Bulk cargoes (e.g. coal, iron ore, petroleum)
- Cargoes in containers and packages
- Cast products
- Cranes
- Electrical equipment
- Foods
- Fire Equipment
- Forged products
- Information Technology
- Mechanical equipment
- Pipelines
- Protective coatings
- Rolled products
- Structures (e.g. concrete, steel, timber, including Special Inspections)
- Textiles
- Welding
Users of accredited inspection bodies should review the Scope(s) of Accreditation from any accredited inspection body when making decisions about using the inspection body. The Scope(s) of Accreditation identifies the specific inspections or types of inspections for which the body is accredited. A2LA acknowledges that some user organizations may choose to accept only inspections conducted by Type A (third party or independent) bodies. It is up to such organizations to decide which accredited inspection bodies they will accept.

The general criteria used by A2LA for accreditation of inspection bodies are ISO/IEC 17020:2012, Conformity assessment-Requirements for the operation of various types of bodies performing inspection. Additional criteria needed to clarify proficiency testing requirements for inspection bodies have been added to this document. When tests and measurements are involved as part of the inspection process and measurement traceability is required, P102 - A2LA Policy on Measurement Traceability applies.

In effect, A2LA accreditation attests that an inspection body has demonstrated that:

a) it is competent to perform specific inspections or specific types of inspections; and

b) its quality system is documented, fully operational and addresses and conforms to all elements of ISO/IEC 17020-2012, ILAC application guidance and any A2LA official applications of these standards;

c) it is operating in accordance its quality system; and

d) it conforms to any additional requirements of A2LA or specific fields or programs necessary to meet particular user needs.

It is A2LA policy not to accredit or renew accreditation of an inspection body that fails to meet the above criteria (see Part B, Conditions for Accreditation and Part C, Accreditation Process, sections on deficiencies, accreditation decisions and suspension or withdrawal of accreditation.)
PART B – CONDITIONS FOR ACCREDITATION

In order to attain and maintain accreditation, inspection bodies must comply with the A2LA R102 - Conditions for Accreditation published by A2LA. This document is available on the A2LA website, www.A2LA.org, or from A2LA Headquarters.

In order to apply, the applicant inspection body’s Authorized Representative, must agree to the conditions for accreditation and must attest that all statements made on the application are correct to the best of his/her knowledge and understanding. The Authorized Representative and a deputy sign a statement that the Conditions for Accreditation will be upheld. An accredited inspection body's Authorized Representative is responsible for ensuring that all of the relevant conditions for accreditation are met. During the on-site assessment, the assessor will determine that the Authorized Representative and a deputy are knowledgeable about the accreditation requirements.

PART C – ACCREDITATION PROCESS

I. Application

An inspection body applies for accreditation by obtaining the application package (available from A2LA headquarters or the A2LA website www.A2LA.org) and completing appropriate application sheets and checklist(s). All applicants must agree to the conditions for accreditation (see Part B of this document), pay the appropriate fees and provide detailed supporting information including:

- Scope of inspections, methods, and relevant standards;
- Quality Manual; and
- Organization structure.

All documentation must be provided in English and the assessment conducted in English. An appropriate English translation of pertinent documentation must be provided as well as a translator, if needed, to facilitate the assessment.

Accreditation is available for any type of inspection body. Typically, the scope of accreditation is identified in terms of standard inspection methods prepared by national, international, and professional standards writing bodies. When an inspection body requests accreditation only for a superseded version of a standard method, the date of the version to be used is identified in its scope of accreditation. When the date is not identified in their scope of accreditation, inspection bodies are expected to be competent in the use of the current version within one year of the date of publication of the standard method revision. In some cases, an inspection body's capability will be described in terms of types of inspections, inspection technologies, or other descriptive text when it is not appropriate or practical to identify specific inspection methods.

Accreditation of non-standard inspection methods may be granted and shall be referenced in the scope. A2LA reserves the right to refuse to consider accreditation for proprietary and/or non-standard inspections, without prejudice, if the inspection body does not provide sufficient access to personnel, methods, records, equipment and/or facilities to enable determination of competence.
If an inspection body wishes accreditation for the use of its own methods, then it must meet the requirements detailed in ISO/IEC 17020 section 7.1 as well as applicable ILAC guidance.

**Inspection Body Structure**

**Main:** An inspection body (organization) that maintains a single location only.

**Branch Inspection Body [multi-location system]:** An inspection body system that consists of two or more system owned and operated by the same organization, utilizing the same management system and managed by a Corporate Representative [see P106 - Branch System Policy for more information].

**Satellite Inspection body:** A physically separate inspection body (from the main inspection body) that is allowed to place their inspection capabilities on the main inspection body’s scope (with a footnote to reference their location) as long as the satellite inspection body is:

- in close proximity to the main inspection body (usually within 50 miles, unless special exception is granted by A2LA management);
- in the same field of inspection as the main inspection body;
- operating under the same management system and management as the main inspection body;
- not performing any ‘key activities’ (i.e. policy formulation, process and/or procedure development and, as appropriate, contract review, planning conformity assessments, review, approval and decision on the results of conformity assessments), and;
- able to have prompt supervisory oversight from the main inspection body, when necessary.

As accreditation is ‘site specific’, only the main inspection body address can be listed in the heading information contained on the Scope of Accreditation. The satellite location(s) address(es) will be listed at the end of the scope content of the main inspection body and will contain all of the scope content that coincides with that satellite location. If there is more than one satellite location, this information is repeated for each separate satellite location. As the satellite location(s) operate under the same management system as the main location, A2LA will assign the same assessor(s) and the satellite assessment(s) will occur concurrently with the main location assessment.

**Scopes of Accreditation**

The scope of accreditation is the fundamental document attesting to the organization’s competence to perform the listed inspections.

The scope of accreditation is the official listing of the various inspections or types of inspections that the inspection body has been deemed competent to perform under the A2LA Accreditation. The scope identifies the materials and/or products on which the inspections are being performed, and the specific methods/specifications/ in-house methods that apply to the accredited inspections.

The scope of accreditation can be identified in terms of standard methods prepared by international, national, and professional standards writing bodies or in the inspection body developed inspection procedures. If an inspection body desires accreditation for a superseded version of a standard method, the date of the version used is identified in its scope of accreditation. When the date is not identified in the scope of accreditation, inspection bodies are expected to be competent in the use of the current version within one year of the date of publication of the standard method. If an inspection body requests accreditation to a withdrawn and/or cancelled method(s), the scope must include the date that these methods were withdrawn or cancelled and include a footnote clarifying that the method...
itself has been withdrawn and is now considered “historical”.

Exclusions to methods may only be included on an inspection body’s scope of accreditation when the method contains multiple methods or method options and the inspection body is only capable of performing a portion of these methods or method options. The scope must indicate these ‘exclusions’. When a method does not contain multiple methods or method options, the inspection body must be able to demonstrate full competency to meet all of the technical requirements in the method. In the cases where an inspection body is not capable of meeting the technical requirements, the inspection body may write and validate their own internal procedure (see below).

Accreditation of non-standard which the assessor is permitted to examine in detail may be granted and shall be referenced in the scope by unambiguous identification. A2LA reserves the right to refuse to consider accreditation for proprietary methods, without prejudice, if there is not sufficient accessibility to the method, records, equipment, facilities and/or witnessing of the inspection. If the inspection body is using non-standard methods, such methods must be appropriate and fully documented.

Additionally, if you seek accreditation to more than one standard (e.g. ISO/IEC 17025, ISO/IEC 17043, ISO 15189, ISO Guide 34 or ISO/IEC 17065) your organization will be accredited to each of these standards with separate scopes of accreditation. However, if you seek accreditation for four or less activities from a second standard, your organization may include those activities from the second standard on the scope of the primary standard. Each standard will be clearly called out in this scope. In either case you will be assessed to both standards and all activities for which you apply and are found competent to perform will be included in your scope of accreditation.

Users of accredited inspection bodies are advised to obtain the Scope(s) of Accreditation from any accredited inspection body or from A2LA. The A2LA Certificates that accompany the Scopes of Accreditations are intended for display purposes.

II. Assessment Process

The purpose of an accreditation assessment is to establish whether an inspection body complies with the A2LA requirements for accreditation and can competently perform the types of inspections for which accreditation is sought. When accreditation is required to demonstrate compliance with additional criteria which may be imposed by other authorities, the A2LA assessment will include such additional criteria. The assessors may respond to questions associated with their observations that facilitate inspection body management system improvement; however they cannot provide consulting services during their tenure as the most recent assessor.

Delayed Assessment Policy:
If an inspection body fails to undergo its full assessment within one year from receipt of the application at A2LA headquarters, the inspection body is prompted by A2LA to take action. If no action is taken within thirty (30) days of that reminder, the inspection body is required to begin the application process again and pay the inspection body accreditation fees in effect at that time. Any fees paid with the initial application are refunded according to the A2LA Refund Policy

Refund Policy:
While the A2LA Application Fee is non-refundable, if an inspection body withdraws the application before completion of the assessment, it may apply for a refund of up to 50% of the A2LA annual fee(s) and the balance of the unexpended assessor deposit. There will be no refund of annual fees after the assessment has been completed.

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Refunds of any balance remaining on the assessor deposit will be made at the time of the accreditation decision. Any withdrawal or refund request must be in writing.

Initial Steps:
Once the application information is completed and the appropriate fees are paid, A2LA headquarters staff identifies and tentatively assigns one or more assessors to conduct an assessment at the inspection body’s site. Assessors are selected on the basis of their technical expertise as it relates to the proposed Scope of Accreditation. They do not represent their employers (if so affiliated) while conducting assessments for A2LA. The inspection body has the right to ask for another assessor if it objects to the original assignment. A2LA assessors are drawn from industry, academia, government agencies, consultants, and from the inspection body community. Assessors work under contract to A2LA. Assessments may last from one to several days depending on the extent of the desired scope and the size of inspection body. More than one assessor may be required.

Organizations in those countries for which the U.S. Department of State has issued a travel warning may be required to provide (at their expense and for an amount to be agreed upon between the lab and assessor) insurance coverage (e.g., life, health, kidnapping, etc.) for the assessor or assessment team that will be visiting them.

Assessors are given an assessor instruction manual (AIM) and checklists to follow in performing an assessment. These documents are intended to ensure that assessments are conducted as uniformly and completely as possible among the assessors and from inspection body to inspection body and to ensure an efficient, value added service for the customer.

Before the assessment is conducted, the assessor team requests copies of quality documentation and representative technical SOPs in order to prepare for the assessment. The quality manual and related documentation must be reviewed by the assessment team before the assessment can begin. This review is done ideally before the assessment is scheduled. Upon review of submitted documentation, the assessor(s) will provide the document review results to the inspection body in writing, and may ask the inspection body to implement corrective action to fill any documentation gaps required by ISO/IEC 17020 before scheduling the assessment. A pre-assessment visit may be requested by the inspection body or suggested by the assessor as an option at this point to enhance the success of the full assessment.

Prior to scheduling the full assessment, the assessor reviews the draft scope(s) to determine the inspections to possibly witness and checks on the availability of the technical personnel who perform the inspections. An assessment agenda is provided by the assessor.

Pre-Site Visit:
Once the application information is completed and the appropriate fees are paid, A2LA staff identifies and assigns one or more assessors to conduct an on-site assessment. Assessors are selected on the basis of their inspection expertise to ensure effective assessments. They do not represent their employers (if so affiliated) while conducting assessments for A2LA. The inspection body has the right to ask for another assessor if it objects to any assessor assignment. A2LA assessors are drawn from industry, academia, government agencies, consultants, and from the inspection body community. Assessors work under contract to A2LA. Assessments may last from one to several days depending on the extent of the desired scope and the size of the inspection body. More than one assessor may be required.

Trained assessors document their findings on standardized checklists during the assessment. The training, along with these documents, are intended to ensure that assessments are conducted as uniformly and completely as
possible among the assessors and from inspection body to inspection body.

In preparation for the assessment, the assessor team requests copies of quality documentation and selected technical SOPs. The quality manual and related documentation are reviewed by the assessor team before the on-site assessment begins. This review is ideally completed before the assessment is scheduled. Upon review of submitted documentation, the assessor(s) provide the document review results to the inspection body in writing; and may ask the inspection body to implement corrective action to fill any documentation gaps required by the general criteria before scheduling the assessment. A pre-assessment visit may be requested by the inspection body or suggested by the assessor as an option at this point to enhance the success of the full assessment.

Prior to scheduling the full assessment, the assessor reviews the draft scope(s) to determine the inspections to be witnessed and verifies the availability of the technical personnel who perform the inspections. The assessor of the inspection body also provides an assessment agenda.

**On-Site Assessment**

The full assessment involves:

- An entry briefing with inspection body management;
- Interviews with technical staff;
- Demonstration of inspections for which accreditation is sought;
- Examination of equipment and calibration records;
- Audit of the quality system to verify that it is fully operational, conforms to all sections of ISO/IEC 17020 (including if available, any ILAC guidance), and contains all the required documentation;
  - Evaluation of the organization’s compliance with the A2LA requirements documents
  - R102 – Conditions for Accreditation,
  - P101 – Rules for Making Reference to A2LA Accredited Status,
  - P102 – A2LA Policy on Measurement Traceability;
  - R301 – General Requirements: Accreditation of ISO/IEC 17020 Inspection Bodies, Sections VII Proficiency Testing and VIII Witnessing of Inspectors
- A written report of assessor findings; and
- An exit briefing including the specific written identification of any deficiencies.

An on-site assessment will be conducted at the main inspection body facility. Other inspection body locations may also need to be visited depending on the number and nature of key activities performed at those locations. Key activities are considered activities which have an influence on the outcome of the inspections and may include:

- policy formulation;
- process and/or procedure development;
- process of initial selection of inspectors and, as appropriate;
- contract review;
- planning conformity assessments;
- review and approval of conformity assessments.

A decision regarding the on-site assessment of inspection body facilities other than the main facility will be made on a case by case basis.
The most critical contribution to inspection decisions is the inspector; as such it follows that some inspectors must also be witnessed performing inspections. The witnessing of inspectors needs to be such that the effectiveness of systems can be verified, and the competence of individual inspectors can be confirmed. Some of the considerations in determining the amount of witnessing include:

- Scope of accreditation requested;
- The extent to which inspectors are required to exercise professional judgment;
- Total number of inspectors;
- Frequency of each type of inspection;
- Number of locations of the inspection body;
- Past history of performance during (re)assessment;
- Personnel certification or other formal qualifications held by inspectors;
- The training system of the inspection body;
- Effectiveness of internal monitoring of inspectors;
- Organizational stability and risk awareness of the inspection body;
- Any statutory requirements.

The decision on the number of inspectors to be witnessed as well as the inspections which must be witnessed will be determined by the applicable Accreditation Services Officer in consultation with the assigned assessor and communicated to the inspection body. Every effort will be made to witness inspections at the client’s location. If this cannot be accommodated, arrangements must be made to witness mock inspections that adequately replicate an actual inspection environment.

During the full assessment, the assessor has the authority to stop the process at any time and consult with A2LA staff and the inspection body’s management to determine if the assessment should proceed. In cases where the number of significant nonconformances affects the ability to successfully complete a full assessment, the visit may be converted to a pre-assessment. The full assessment is then rescheduled when the inspection body and assessor determine it is appropriate to proceed.

### III. Deficiencies

During the assessment, assessors may observe deficiencies. A deficiency is any nonconformity to accreditation requirements including:

- an inspection body's inability to perform an inspection for which it seeks accreditation;
- an inspection body's quality system does not conform to a clause or section of ISO/IEC 17020 (including ILAC guidance and A2LA official applications of these standards), is not adequately documented, or is not completely implemented in accordance with that documentation; or
- an inspection body does not conform to any additional requirements of A2LA necessary to meet particular needs.

At the conclusion of an assessment, the assessor prepares a report of findings, identifying deficiencies, which, in the assessor's judgment, the inspection body must resolve in order to be accredited. The assessor then holds an exit briefing with all interested inspection body personnel to describe the findings, review the list of deficiencies.
(deficiency report), and describe the deficiency resolution process. The authorized representative of the inspection body (or designee) is asked to sign the deficiency report to attest that the deficiency report has been reviewed with the assessor. The signature by the authorized representative does not imply concurrence with the findings, only that the inspection body had reviewed and received a copy of the report.

Assessors may also write an ‘observation’ when they question the practice or competence of the inspection body, but there is not enough supporting objective evidence to justify a deficiency or the issue cannot be tied to the accreditation requirements. If this occurs, the inspection body does not have to respond to observations in order for accreditation to be granted. However, the observations are part of the assessment record and will be followed up by the next assessor to visit the laboratory who will check to see if that observation was addressed by the laboratory, resulting in an improvement, or possibly may have progressed into a deficiency. The inspection body also has the right to decline the writing of observations, this option will be discussed during the opening meeting.

IV. Corrective Action Process

The inspection body is requested to respond, in writing, within one month after the date of the exit briefing detailing either its corrective action or why it does not believe that a deficiency exists. The corrective action response must include a copy of any objective evidence (e.g., calibration certificates, procedures, paid invoices, packaging slips and/or training records) to indicate that the corrective actions have been implemented/completed. If the assessor’s review of the corrective action response is needed, the inspection body may be billed (at the prevailing assessor rate) by A2LA for time exceeding two hours. The assessor will discuss the possibility of this review with the inspection body during the exit briefing and obtain the inspection body’s concurrence.

If the inspection body disagrees with the findings that one or more items are deficient, the inspection body must explain in its response why it disagrees with the assessor.

If a new applicant inspection body (i.e. initial assessment) fails to respond in writing within four months after the date of the exit briefing, it may be required to submit a new application and be subject to new fees and reassessment should it wish to pursue accreditation after that time. A new applicant inspection body that fails to resolve all its deficiencies within six months of being assessed shall be subject to being reassessed at its expense. Even if the inspection body responds within six months, A2LA staff has the option to ask for reassessment of an inspection body before an initial accreditation vote is taken based on the number, extent and nature of the deficiencies.

Renewal inspection bodies must respond in writing within 30 days of the exit briefing, and resolve all deficiencies within 60 days of the exit briefing. Failure to meet these deadlines may result in adverse accreditation action (e.g. reassessment or suspension of accreditation). The Accreditation Council panel also has the option to require a follow-up assessment of any inspection body (new or renewal) before an affirmative accreditation decision can be rendered.

V. Accreditation Anniversary Date

The anniversary date of the inspection body's accreditation is established 105 to 135 days after the last day of the final on-site assessment before an initial accreditation decision, regardless of the length of time required to correct deficiencies. This anniversary date normally remains the same throughout the inspection body's enrollment.
VI. Extensions to the Accreditation Anniversary Date

If an inspection body is in their renewal process and is making good faith efforts with A2LA when approaching their accreditation anniversary date, A2LA may extend their accreditation for up to an additional 90 days to complete the renewal of accreditation process. When fundamental nonconformances are identified during an assessment, extensions of accreditation are not considered until the inspection body submits objective evidence demonstrating that the nonconformances have been addressed. Likewise, extensions are not granted when delays are due to the organization’s failure to respond to requests within established deadlines:

- receipt of complete renewal application after imposed due date;
- assessment not performed within assessor availability;
- receipt of response to assessor deficiency report beyond 30 days of assessment exit briefing;
- closure of all deficiencies beyond 60 days of assessment exit briefing.

When an inspection body is granted an extension to their accreditation, a revised Certificate and Scope of Accreditation are posted to the A2LA website reflecting the extended anniversary date. Hard copies of these documents will be made available only upon request. Upon completion of the renewal process, both documents are reissued, reflecting the renewed original anniversary date.

When an extension of accreditation is not granted, upon expiration, inspection bodies will be removed from the A2LA Accredited list on the A2LA website and placed on a separate website list called “Expired Certificates in Good Standing”. Inspection bodies on this list are currently considered not accredited but are somewhere in renewal process.

VII. Proficiency Testing (PT)

PT Participation:
Proficiency testing is typically associated with laboratory accreditation and is defined as a process for checking actual laboratory testing performance, usually by means of interlaboratory test data comparisons. For many tests and calibrations, results from proficiency testing are very good indicators of competence. However in some instances proficiency testing may be relevant to inspection bodies. If relevant and available PT programs exist, all accredited inspection bodies must enroll and participate at least once per year and ensure that all major sub-disciplines and materials/matrices/product types on the scope of accreditation (for which PT programs are available) are covered over a four year period, unless otherwise mandated by government or industry specific requirements. Records of these activities shall be available at the inspection body’s facility.

Inspection bodies are expected to document their analysis of all results, and to submit the results, and the subsequent analysis, of all relevant proficiency testing participation to A2LA within 30 days of receipt of the results. Detailed corrective action responses for any outlying or unacceptable results related to inspections on their Scope of Accreditation must also be submitted.

Failure to participate, patterns of erratic results, successive failures, or other poor performance in required proficiency testing programs may result in revocation of accreditation for affected parameters and/or a required on-site surveillance visit by an A2LA assessor. The inspection body’s scope of accreditation found on the A2LA web
Remedial Actions:
If unacceptable results are received on a formal proficiency testing program (e.g., CTS), the inspection body must enroll for the same analysis in the next available proficiency-testing round and demonstrate acceptable performance. Failure to successfully analyze the sample in this “remedial” round will result in immediate revocation of the inspections concerned from the inspection body’s Scope of Accreditation. Accreditation will be reinstated only upon demonstration of acceptable performance on a future proficiency testing round.

It is understood that proficiency-testing samples are occasionally not completely compatible with the materials and methods used by an inspection body. In these cases, an inspection body can decline to participate in a specific round of proficiency testing and justify their decision to A2LA.

VIII. Witnessing of Inspectors by the Inspection Body

ISO/IEC 17020:2012 clauses 6.1.8 and 6.1.9 state the following:

“6.1.8 Personnel familiar with the inspection methods and procedures shall monitor all inspectors and other personnel involved in inspection activities for satisfactory performance. Results of monitoring shall be used as a means of identifying training needs (see 6.1.7).

NOTE Monitoring can include a combination of techniques, such as on-site observations, report reviews, interviews, simulated inspections and other techniques to assess performance, and will depend on the nature of inspection activities.

6.1.9 Each inspector shall be observed on-site, unless there is sufficient supporting evidence that the inspector is continuing to perform competently.

NOTE It is expected that on-site observations are performed in a way that minimizes the disturbance of the inspections, especially from the client's viewpoint.”

IB1 Requirement:
Therefore, A2LA requires that Inspection Bodies have suitably implemented these requirements and have a documented plan of how they intend to witness all inspectors performing all major types of inspections on their scope of accreditation (for which they are authorized) over a four year period (IB1). The plan must detail the frequency of witnessing, and detail how all inspectors will be witnessed performing each type of inspection (and if necessary on specific types of products). The documented witnessing plan along with the documented results of the witnessing will be reviewed at each on-site assessment and during annual review submissions to A2LA.
IX. Accreditation Decisions

Before an accreditation decision ballot is sent to Accreditation Council members, staff shall review the deficiency response, including objective evidence of completed corrective action, for adequacy and completeness. If staff is uncertain about the adequacy or completeness of the deficiency response, the response is submitted to the assessor(s) for review and comment. Since all deficiencies must be resolved before accreditation can be extended, staff shall ask the inspection body for further written response in those cases where staff recognizes that an affirmative vote is not likely because of incomplete corrective action or obvious lack of supporting objective evidence that corrective action has been completely implemented.

Staff selects a panel of at least three Accreditation Council members for voting. The panel is chosen so that the full range of the inspection body’s capabilities is adequately covered by the Accreditation Council review. Especially in the case of those inspection bodies seeking (re)accreditation for multiple areas, it may be necessary to select more than three AC members to accomplish this. The inspection body is consulted about any potential conflicts of interest with the Accreditation Council membership prior to sending their package to the Accreditation Council. Generally, at least two affirmative ballots (with no unresolved negative ballots) of the three ballots distributed must be received before accreditation can be granted. If three or more AC members are required in order to ensure a full review of the inspection body’s activities, (re)accreditation may not be granted until all of these votes have been received and any negative votes resolved.

It is the primary responsibility of assessors to determine whether the observed evidence is serious enough to warrant a deficiency. However, the AC panel members that are asked to vote on an accreditation decision are required to make a judgment whether or not deficiencies still exist based on information contained in the ballot package. When there is disagreement regarding criteria interpretation or the meaning of objective evidence, A2LA staff assists in obtaining additional information to facilitate the AC panel member in making their decisions.

Staff shall notify the inspection body asking for further written response based on the specific justification for any negative votes received from the AC panel. If further written response still does not satisfy the negative voter(s), a follow-up assessment may be proposed or required. If two or more voters request a follow-up assessment, the inspection body is asked to either accept the follow-up or appeal the decision. If the inspection body refuses the proposed follow-up, an Accreditation Council appeals group is balloted (see sections on XV. Accreditation Status and Adverse Accreditation Decisions and XVIII. Appeals Procedures).

If accreditation is granted, the A2LA staff prepares and forwards a certificate and scope of accreditation to the inspection body for each enrolled field of inspection (and special program if appropriate). The inspection body should keep its scope of accreditation available to show clients or potential clients the types of inspections for which it is accredited. A2LA staff also uses the scopes of accreditation to respond to inquiries and to prepare the A2LA online directory.

X. Annual Review

Accreditation is for two years. However, after the initial year of accreditation, each inspection body must pay annual fees and assessor fees and undergo a one-day surveillance visit by an assessor. This surveillance visit is performed to confirm that the inspection body’s quality system and technical capabilities remain in compliance with the accreditation requirements. For subsequent annual reviews occurring after the renewal of accreditation (see Section XI Reassessment and Renewal of Accreditation), each inspection body must pay annual fees and submit
updating information on its organization, facilities, key personnel and (if applicable) results of any proficiency testing. Objective evidence of completion of the internal audit and management review is also required. If the renewal inspection body does not promptly provide complete annual review documentation, or significant changes to the facility or organization have occurred, a one-day surveillance visit and payment of the associated assessor fees may be required.

XI. Reassessment and Renewal of Accreditation

A2LA conducts a full on-site reassessment of all accredited inspection bodies at least every two years. Reassessments are also conducted when evaluations and submissions from the inspection body or its clients indicate significant technical changes in the capability of the inspection body have occurred.

Each accredited inspection body is sent a renewal questionnaire, six months in advance of the expiration date of its accreditation, to allow sufficient time to complete the renewal process. A successful on-site reassessment must be completed before accreditation is renewed for another two years.

If deficiencies are noted during the renewal assessment, the inspection body is asked to write to A2LA within 30 days after the assessment stating the corrective action taken. All deficiencies must be resolved, as described in section IV Corrective Action Process, before accreditation is renewed for another two years.

The renewal accreditation decision process is similar to the initial decision process (see section IX. Accreditation Decisions), except as follows:

• If there are no deficiencies, the renewal is automatically processed without an Accreditation Council panel vote.

• If there are only a few deficiencies of a minor nature (i.e., the non-compliances do not directly affect the integrity of inspection results) and there is sufficient objective evidence that the deficiencies have been resolved, the President may elect to renew accreditation without an Accreditation Council panel vote.

• If there are significant deficiencies (either in number or nature, i.e., the non-compliances directly affect the integrity of inspection results), the staff advises the inspection body of the required time-frame (normally 30 days) in which to resolve all deficiencies or be subject to further actions leading to suspension or withdrawal of accreditation (see sections XV. Accreditation Status Adverse Accreditation Decisions, XVI. Suspension of Accreditation, and XVII. Withdrawal of Accreditation). Several related deficiencies or repeat deficiencies from previous assessments may also be considered a significant deficiency. In these cases, a ballot of the Accreditation Council panel is conducted using the same voting procedure as for initial accreditation decisions.

XII. Extraordinary Assessments

Although rare, A2LA may require inspection bodies to undergo an extraordinary assessment as a result of complaints or significant changes to the inspection body’s management system. Pursuant to the severity of the complaint, this ‘for cause’ assessment may be performed with little or no advance warning.
XIII. Adding to the Scope of Accreditation

An inspection body may request additions to its scope of accreditation at any time. Such a request must be submitted in writing to A2LA headquarters. Each request is handled on a case-by-case basis. Unless the previous assessor can verify the competence of the inspection body to perform the additional inspections, another on-site assessment is normally required. The assessor may (based on a review of the supporting objective evidence provided) be able to recommend a scope addition without an on-site assessment. However, if the assessor’s time spent is more than two hours, the inspection body may be billed by A2LA at the prevailing assessor rate. If the additional inspection methods are significantly different from those that are on the currently accredited scope, an on-site assessment is mandatory. The need for an on-site assessment will be determined in consultation with the technical assessor(s).

XIV. Inspection Body Reference to A2LA Accredited Status

The requirements pertaining to the use of the “A2LA Accredited” symbol and to any other reference to A2LA accreditation are outlined in the document titled P101 – Rules for Making Reference to A2LA Accredited Status. The policy is available from A2LA Headquarters or on the A2LA website, www.A2LA.org. Failure to comply with these requirements may result in suspension or revocation of an inspection body’s accreditation.

XV. Accreditation Status and Adverse Accreditation Decisions

There are various levels of status that may be assigned to inspection bodies that cannot uphold the requirements for initial or continued accreditation. In each of these scenarios, the A2LA refund policy applies; see I103 A2LA Accreditation Fees for details.

Voluntary Withdrawal:
An applicant inspection body not yet accredited, or a renewal inspection body, can decide to terminate further accreditation action and voluntarily withdraw from the accreditation program. The inspection body contact must inform A2LA in writing of this request. A2LA does not publicize the fact that a new inspection body had applied and then withdrawn.

Inactive:
An inspection body is designated as inactive when it has requested in writing that its accreditation be allowed to temporarily expire due to unforeseen circumstances that prevent it from adhering to the A2LA Conditions for Accreditation. To regain accredited status, the Inactive inspection body must notify A2LA in writing of this desire, agree to undergo a full reassessment (if necessary, as determined by A2LA), and pay all renewal fees and reassessment costs.

The Inactive status can be given to an inspection body for no longer than one year, after which time the inspection body is removed from A2LA records and designated as withdrawn.
XVI. Suspension of Accreditation

Suspension of all or part of an inspection body’s accreditation may be a decision made by either the President or Accreditation Council panel. The accreditation applicable to a specific inspection body may be suspended upon adequate evidence of:

- non-compliance with the requirements of a nature not requiring immediate withdrawal (e.g., identification of significant deficiencies during an assessment);
- failure to provide full corrective action responses resulting from deficiencies cited during surveillance, renewal or follow up assessments within the specified timeframe;
- improper use of the accreditation symbol (e.g., misleading prints or advertisements are not solved by suitable retractions and appropriate remedial measures by the inspection body);
- other deviations from the requirements of the A2LA accreditation program (e.g., failure to pay the required fee or to submit annual review information within 60 calendar days after it is due or failure to complete a surveillance assessment within the designated time frame or non-compliance with R102 – Conditions for Accreditation).

The accreditation of an inspection body shall immediately be suspended by the President if the inspection body or any individual or entity responsibly connected with the inspection body is indicted for, convicted of, or has committed acts which would: under United States federal or state law, constitute a felony or misdemeanor involving misstatements, fraud, or a bribe-related offense; or reflect adversely on the business integrity of the applicant or A2LA. An inspection body may appeal the adverse accreditation decision but the suspension will not be lifted until all court related actions are made final.

When an accredited inspection body is suspended, A2LA shall confirm an official suspension in a certified letter, return receipt requested (or equivalent means), to the inspection body's authorized representative, stating:

- the noncompliance(s) that has been identified;
- the rationale for imposing the suspension;
- the conditions under which the suspension will be lifted;
- that the suspension will be publicized on the A2LA website;
- that the suspension is for a temporary period to be determined by the time needed to take corrective action;
- that, within thirty (30) days of receipt of the notice, the inspection body may submit in person, or in writing, information in opposition to the suspension, including any additional information that raises a genuine dispute over material facts;
- that a further review will be conducted to consider such information and a further written notification will be sent to the inspection body by certified mail, return receipt requested, indicating whether the suspension has been terminated, modified, left in force or converted to a withdrawal of accreditation.
XVII. Withdrawal of Accreditation

A2LA shall withdraw accreditation for any of the following causes:

- under the relevant provisions for suspension of accreditation;
- if surveillance or reassessment indicate that deficiencies are of a serious nature as judged by the Accreditation Council panel;
- when complaints are received relating to one or more of the inspection body's inspection reports and investigation reveals serious deficiencies in the quality system and/or competence in conducting the specific inspections;
- if the system rules are changed and the inspection body either will not or cannot ensure conformance to the new requirements;
- on any other grounds specifically provided for under these program requirements or formally agreed between A2LA and the inspection body;
- when such action is necessary to protect the reputation of A2LA; and
- at the formal request of the inspection body.

When it is proposed to withdraw accreditation, A2LA shall issue a written notice by certified mail, return receipt requested:

- that withdrawal is being considered;
- of the reasons for the proposed withdrawal sufficient to put the inspection body on notice of the cause;
- that within thirty (30) days of receipt of the notice, the inspection body may submit in person, or in writing, information in opposition to the withdrawal, including any additional information that raises a genuine dispute over material facts; and
- of the effect of proposed withdrawal, including removing the inspection body's name from the A2LA Directory and publicizing the action in the A2LA Newsletter and on the Worldwide Web.

An inspection body may appeal to A2LA against a decision to withdraw or not to award accreditation.

XVIII. Appeals Procedure

There are two possible levels that an appeal can reach before being resolved:

1) Accreditation Council (nine-member appeals panel);
2) Board of Directors.
The A2LA staff shall advise the applicant in writing of its right to challenge an adverse accreditation decision by the President or initial Accreditation Council panel (see section XVIII Appeals Procedure). The appeals policy, including an applicant’s right to a hearing, is contained in the A2LA Bylaws.

An appeal shall be lodged no later than thirty (30) days after notification of the decision by forwarding a certified letter to A2LA for timely consideration by the nine-member appeals panel of the Accreditation Council. The decision of the Accreditation Council's appeals group is communicated in writing to the appellant.

If the decision is not favorable to the appellant, the appellant may lodge a further appeal within thirty (30) days of notification by forwarding a certified letter to A2LA for timely consideration by the Board of Directors. This letter shall include appropriate substantiation for the appeal. This letter will be promptly transmitted to the members of the Board of Directors appeals group, the composition of which to be determined taking into account any conflict-of-interest considerations.

The decision of the Board of Directors shall be final and is communicated in writing to the appellant.

XIX. Confidentiality Policy

A2LA is responsible for seeing that confidentiality is maintained by its employees, assessors and Accreditation Council members concerning all confidential information with which they become acquainted as a result of their contacts with conformity assessment bodies (i.e. inspection bodies). Such information is examined by a small group of A2LA staff, assessors, and Accreditation Council and external bodies as needed for recognition of the program. All are made aware of its confidentiality. The Association agrees to hold all disclosed confidential or proprietary information or trade secrets in trust and confidence. The information shall be used only for accreditation purposes, and shall not be used for any other purpose, nor shall it be disclosed to any third party without written consent of the applicant inspection body unless required by law or judicial or administrative process or regulation (such as through a properly issued and served subpoena).

In response to a question about whether or not a particular inspection body has applied for accreditation, A2LA simply responds by saying that the inspection body is not accredited. Staff neither confirms nor denies whether an inspection body has ever applied for accreditation. If the inspection body itself is saying that it is accredited, the information is examined by a small group of A2LA staff, assessors, and Accreditation Council and external bodies as needed for recognition of the program. All are made aware of its confidentiality. The Association agrees to hold all disclosed confidential or proprietary information or trade secrets in trust and confidence. The information shall be used only for accreditation purposes, and shall not be used for any other purpose, nor shall it be disclosed to any third party without written consent of the applicant inspection body unless required by law or judicial or administrative process or regulation (such as through a properly issued and served subpoena).

Accreditation status is public information and A2LA reserves the right to inform anyone of changes to the accreditation status of any inspection body. If an inquiry is made about an inspection body whose accreditation has lapsed but is in the renewal process, staff can indicate that the inspection body is not now accredited but is in the process of renewal, if that is the case. If the renewal inspection body’s accreditation has lapsed with no indication (return of renewal forms or payment) of pursuit of renewal, staff indicates simply that the inspection body is not accredited.
XX. Conflict of Interest Policy

Since its inception, A2LA has had a policy that actual or apparent conflicts of interest must be avoided as mandated by normal business ethics. Consistent with the principles set forth in ISO/IEC 17011, Conformity Assessment – General requirements for accreditation bodies accrediting conformity assessment bodies, A2LA believes that it is vital that its accreditation services be impartial and objective, uninfluenced by the private interests of individuals acting for A2LA. Accordingly, any person directly involved in actions relating to the A2LA accreditation process shall avoid direct participation in actions which may involve an actual or apparent conflict of interest.

The Audit & Ethics Committee of the Board and the President shall, as promptly as possible, take all possible means to prevent or overcome any such actions that may conceivably be in violation of this policy.

**Document Revision History**

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHANGES MADE</th>
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<tbody>
<tr>
<td>April 2010</td>
<td>Added language regarding on-site witnessing of inspections and inspectors</td>
</tr>
<tr>
<td>January 2013</td>
<td>• Updated all references to ISO/IEC 17020:2012</td>
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<tr>
<td></td>
<td>• Page 6. Added language clarifying the difference between a branch or a satellite and a section dealing with Scopes of Accreditation;</td>
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<td>• Page 7. Section II. Added delayed assessment policy, refund policy and initial steps;</td>
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<td>• Page 9. Section II. Full Assessment-Clarified the documents to be reviewed during an on-site assessment;</td>
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<td>• Page 11. Section III. Added language regarding assessor observations;</td>
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<td>• Page 12. Section VI. Extensions – split the extension process into its own heading;</td>
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<td>• Page 13. Section VIII. Witnessing of Inspectors by the Inspection Body-updated IB1 to the requirements of ISO/IEC 17020:2012;</td>
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<td>• Page 17. Section XVI. Suspensions – added second bullet and language to the last bullet to clarify the reasons for suspension and also added the next paragraph dealing with violations of the law;</td>
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<td>• Page 17. Section XVI. Suspensions – added first two bullet items under the sentence describing what a suspension letter will contain;</td>
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<td>• Page 19. Section XIX. Confidentiality Policy – clarified the first paragraph in the section and added the first sentence to the third paragraph;</td>
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<td>• Page 20. Section XX. Conflict of Interest Policy – added second paragraph.</td>
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A2LA ACCREDITATION PROCESS DIAGRAM

APPLICANT INSPECTION BODY

- SUBMIT APPLICATION, QUALITY MANUAL, FEES; ENROLL IN PROFICIENCY TESTING (if...)

A2LA HEADQUARTERS

- APPLICATION COMPLETE
  - YES
    - ASSIGN ASSESSOR(S)
  - NO
    - REQUEST ADDITIONAL DOCUMENTATION / PREPARE FOR VISIT

ASSESSORS

- DOCUMENTATION SATISFACTORY
  - YES
    - SCHEDULE ASSESSMENT
  - NO
    - SUBMIT ADDITIONAL DOCUMENTATION

- HOST VISITING ASSESSORS

- PERFORM PROFICIENCY TESTING (AS REQUIRED)

- PROFICIENCY TESTING DATA COLLECTED AND ANALYZED

- ASSESSMENT COMPLETED AND REPORTS SUBMITTED

- RESPOND TO DEFICIENCIES

- RESPONS E COMPLETE
  - NO
  - YES
    - PACKAGE SENT TO AC PANEL

- ACCREDITATION COUNCIL PANEL VOTE