



Laboratory Name and ID:
Dates of On-Site Assessment:
Assessor (Initials) Completing Checklist:

Interviewees
 Sample Management:
 Sample Bottle Prep:
 Sample Receipt:
 Sample Login:

Quality Assurance Program Plan Based on: NELAC Standards , Chapter 2,4, & 5, Revision a (6/05/03) Reformatted	Onsite COMPLIANT			Documents COMPLIANT			Document Location	Comments and Corrective Actions
	Y	N	na	Y	N	na		

5.5.8 Sample Handling, Sample Acceptance Policy and Sample Receipt

5.5.8 Handling of Samples									
1.	5.5.8.1 Does the laboratory have procedures for the transportation, receipt, handling, protection, storage, retention, and/or disposal of samples, including all provisions necessary to protect the integrity of the sample, and to protect the interests of the laboratory and the client, including: <input type="checkbox"/> Handling? <input type="checkbox"/> Protection? <input type="checkbox"/> Storage? Retention and/or disposal of samples, including all provisions necessary to protect the integrity of the sample?								
2.	5.5.8.2 Does the laboratory have a system for identifying samples?								
3.	5.5.8.2 Is the sample identification retained throughout the life of the sample in the laboratory?								
4.	5.5.8.2 Is the sample identification system designed and operated so as to ensure that samples cannot be confused physically or when referred to in records or other documents?								
5.	5.5.8.2 Does the sample identification system, if appropriate, accommodate a sub-division of groups of samples and the transfer of samples within and from the laboratory?								
6.	5.5.8.2 (a) Does the laboratory have a documented system for uniquely identifying the samples to be tested, to ensure that there can be no confusion regarding the identity of such items at any time?								NOTE: Need to document how lab ID code is determined
7.	5.5.8.2 (a) Does this system include identification for all samples, subsamples and subsequent extracts or digestates?								
8.	5.5.8.2 (a) (e) Does the laboratory assign a unique identification (ID) code to each sample container received in the laboratory? (In cases where the sample collector and analyst are the same individual or the laboratory pre-assigns numbers to sample containers, the laboratory ID code may be the same as the field ID code.)								NOTE: Need to document how each container is assigned a unique Lab ID code.
9.	5.5.8.2 (b) Does this laboratory sample code maintain an unequivocal link with the unique field ID code assigned each container?								
10.	5.5.8.2 (c) Is the laboratory ID code placed on the sample container <u>as a durable label</u> ?								
11.	5.5.8.2 (d) Is the laboratory ID code entered into the laboratory (see 5.5.8.3.1(d)) records and is it the link that associates the sample with related laboratory activities such as sample preparation or calibration?								



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5.5.8.3.2 Sample Acceptance Policy								
12.	5.5.8.3.2 (Opening Paragraph) Does the laboratory have a written sample acceptance policy that clearly outlines the circumstances under which samples will be accepted or rejected?							
13.	5.5.8.3.2 Is data from any samples which does not meet the acceptance policy criteria flagged in an unambiguous manner clearly defining the nature and substance of the variation?							
14.	5.5.8.3.2 Is the sample acceptance policy made available to sample collection personnel							
	and does it include at a minimum all the policy criteria listed in 5.5.8.3.2?							
15.	Proper, full, and complete documentation, which includes:							
16.	5.5.8.3.2 (a) sample identification,							
17.	5.5.8.3.2 (a) the location,							
18.	5.5.8.3.2 (a) date of collection,							
19.	5.5.8.3.2 (a) time of collection,							
20.	5.5.8.3.2 (a) Sample collector's name,							
21.	5.5.8.3.2 (a) <u>preservation type</u> ,							
22.	5.5.8.3.2 (a) sample type							
23.	5.5.8.3.2 (a) and any special remarks concerning the sample?							
24.	5.5.8.3.2 (b) Proper sample labeling to include unique identification and a labeling system for the samples with requirements concerning the durability of the labels (water resistant) and the use of indelible ink?							
25.	5.5.8.3.2 (c) Use of appropriate sample containers;							
26.	5.5.8.3.2 (d) Adherence to specified holding times;							
27.	5.5.8.3.2 (e) Adequate sample volume. Sufficient sample volume must be available to perform the necessary tests; and							



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28.	5.5.8.3.2 (f) Procedures to be used when samples or inadequate preservation show signs of damage or contamination.							
	5.5.8.3 Sample Receipt Protocols							
29.	5.5.8.3 Upon receipt, is the condition of the sample recorded, including any abnormalities or departures from normal or specified conditions as described in the relevant test method?							
30.	Are all items specified in 5.5.8.3.2 (Sample Acceptance Policy) above checked?							
31.	5.5.8.3.1(a)(1) Are <u>all samples</u> which require thermal preservation shall be considered acceptable if the arrival temperature is either within +/-2°C of the required temperature or in the method specified range?							
32.	5.5.8.3.1(a)(1) For samples with a specified temperature of 4°C, are samples considered acceptable with a temperature of just above freezing to 6°C?							
33.	5.5.8.3.1 (a)(1) Where samples are hand delivered to the laboratory on the same day after collection and do not meet the temperature criteria considered acceptable if there is evidence that the chilling process has begun such as arrival on ice?							
34.	5.5.8.3.1 (a)(2) Does the laboratory have procedures for checking chemical preservation using readily available techniques, such as pH or free chlorine prior to or during sample preparation or analysis and does the laboratory implement those procedure?							NOTE: all samples are being checked for proper chemical preservation upon receipt (i.e., pH, residual chlorine) prior to sample preparation or analysis.
35.	5.5.8.3.1 (b) Are the results of all checks on sample acceptance and receipt recorded?							NOTE: Recorded in lab notebooks when done.
36.	5.5.8.3 Where there is any doubt as to the item's suitability for testing, where the sample does not conform to the description provided, or where the test required is not fully specified, does the laboratory consult the client for further instruction before proceeding and record the discussion?							
37.	5.5.8.3.1 (c) If the sample does not meet the sample receipt acceptance criteria listed in 5.5.8.3.1.a, 5.5.8.3.1.b or 5.5.8.3.1.c, does the laboratory do any of the following:							
38.	5.5.8.3.1 (c)(1) retain correspondence and/or records of conversations concerning the final disposition of rejected samples; or							



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39.	5.5.8.3.1 (c)(2) fully document any decision to proceed with the analysis of samples not meeting acceptance criteria;							
40.	5.5.8.3.1 (c)(2)(i) . Is the condition of these samples, at a minimum, noted on the chain of custody or transmittal form and laboratory receipt documents?							
41.	5.5.8.3.1 (c)(2)(ii). Is the analysis data of these samples appropriately qualified on the final report?							
42.	5.5.8.3.1 (d) Does the laboratory utilize a permanent, chronological record, such as a logbook or electronic database record, to document receipt of all sample containers?							
	5.5.8.3.1 (d)(1) Does the sample receipt log record the following:							
43.	5.5.8.3.1 (d)(1)(i) Client/Project Name							
44.	5.5.8.3.1 (d)(1)(ii) Date and <u>time</u> of laboratory receipt of sample;							
45.	5.5.8.3.1 (d)(1)(iii) unique laboratory ID code (see 5.5.8.2) assigned to the sample;							
46.	5.5.8.3.1 (d)(1)(iv) Signature or initials of the person making the entries.							
47.	5.5.8.3.1 (d)(2) Is the following information unequivocally linked to the log records, or included as part of the log, or if recorded/documented elsewhere is it a part of the laboratory's permanent records, easily retrievable upon request and readily available to individuals who will process the sample?							
48.	5.5.8.3.1 (d)(2)(i)The field ID code which identifies each container is linked to laboratory ID code in the sample receipt log.							
49.	5.5.8.3.1 (d)(2)(ii) The date and time of sample collection is linked to the sample container and to the date and time of receipt in the laboratory.							
50.	5.5.8.3.1 (d)(2)(iii) The requested analyses (including applicable approved test methods numbers) is linked to the laboratory ID code.							
51.	5.5.8.3.1 (d)(2)(iv) Any comments resulting from inspection for sample rejection shall be linked to the laboratory ID code.							



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52.	5.5.8.3.1 (e) Is all documentation, such as memos or transmittal forms, that are transmitted to the laboratory by the sample transmitter retained?							
53.	5.5.8.3.1 (f) Is a legal chain of custody record (Section 5.4.12.2.5 and Appendix E), if utilized, maintained?							NOTE: If required: internal chain-of-custody form exists that would be utilized for tracking evidentiary of legal hold samples movement/handling within the laboratory. See related Checklist B – item 1.
	5.5.8.4 Storage Conditions							
54.	5.5.8.4 (Opening Paragraph) Does the laboratory document procedures and appropriate facilities to avoid deterioration, <u>contamination</u> , loss or damage to the sample during storage, handling, preparation, and testing, and are any relevant instructions provided with the item followed? Where items have to be stored or conditioned under specific environmental conditions, are these conditions maintained, monitored, and recorded?							Recommendation: Need to begin utilizing and analyzing a VOA storage blank. Need to establish criteria for this storage blank. See 51 below for related finding.
55.	5.5.8.4 (a) Are samples stored according to the conditions specified by preservation protocols?							
56.	5.5.8.4 (a)(1) Are samples which require thermal preservation stored under refrigeration which is +/- 2° of the specified preservation temperature unless method specific criteria exist? For samples with a specified storage temperature of 4°C, storage at a temperature above the freezing point of water to 6°C shall be acceptable							
57.	5.5.8.4 (a)(2) Are samples stored away from all standards, reagents, food and other potentially contaminating sources in such a manner as to prevent cross contamination?							
58.	5.5.8.4 (b) Are sample fractions, extracts, leachates and other sample preparation fractions stored according to 5.5.8.4.(a) above or according to specifications in the test method?							
59.	5.5.8.4 Where a sample or portion of the sample is to be held secure, does the laboratory have storage and security arrangements that protect the condition and integrity of the secured items or portions concerned?							
	5.5.7 Sampling							
60.	5.5.7.1 Where the laboratory carries out sampling of substances, materials or products for subsequent environmental testing, does the laboratory have a sampling plan and procedures for sampling?							



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61.	5.5.7.1 Is the sampling plan as well as the sampling procedure available at the location where sampling is undertaken?							
62.	5.5.7.1 Are sampling plans, whenever reasonable, based on appropriate statistical methods?							
63.	5.5.7.1 Does the sampling process address the factors to be controlled to ensure the validity of the environmental test and calibration results?							
64.	5.5.7.1 Where sampling (as in obtaining sample aliquots from a submitted sample) is carried out as part of the test method, does the laboratory use documented procedures and appropriate statistical techniques to obtain representative subsamples?							
65.	5.5.7.2 Where the client requires deviations, additions or exclusions from the documented sampling procedures, does the laboratory record in detail the modifications with the appropriate sampling data and communicated to the appropriate personnel?							
66.	5.5.7.3 Does the laboratory have procedures recording relevant data and operations relating to sampling undertaken by laboratory personnel? Records shall include: sampling procedure used, identification of sampler, environmental conditions and sampling location, and if appropriate, the statistics the sampling procedures are based upon..							
67.	5.5.7.3 Does the laboratory have procedures for recording data and operations relevant to sampling that forms part of the environmental testing that is undertaken?							
	5.5.8.4 Sample Disposal							
68.	5.5.8.4 (b)(1) Does the laboratory have standard operating procedures for the disposal of samples, digestates, leachates and extracts or other sample preparation products?							



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Citations taken: EPA 815-B-97-001, Jan.2005 *Manual for the Certification of Laboratories Analyzing Drinking Water*, 5th Ed.

Documents COMPLIANCE

Document Location

Comments and Corrective Actions

CHECKLIST "B"

Y N na

NELAC 5.4.12: If a client specifies that a sample will be used for evidentiary purposes, then a laboratory shall have a written SOP for how that laboratory will carry out legal chain of custody for example, ASTM D 4840-95 and Manual for the Certification of Laboratories Analyzing Drinking Water, March 1997, Appendix A.

Legal or Evidentiary Custody Procedures						
1.	App. A, A Does the chain of custody records establish an intact, contiguous record of the physical possession, storage and disposal of sample containers, collected samples, sample aliquots, and sample extracts or digestates?					
	Is a sample considered to be in someone's custody only if:					
2.	App. A, A (1) It is in one's actual physical possession;					
3.	App. A, A (2) It is in one's view, after being in one's physical possession;					
4.	App. A, A (3) It is in one's physical possession and then locked up so that no one can tamper with it;					
5.	App. A, A (4) It is kept in a secured area, restricted to authorized personnel only.					
6.	Does the COC records account for all time periods associated with the samples?					
7.	App. A, C (1) Does the COC records include signatures of all individuals who physically handled individual samples?					
8.	App. A, B (1) In order to simplify record keeping, is the number of people who physically handle the sample minimized?					
9.	App. A, B (1) Does the organization attempt to limit the number of documents that are required to establish COC?					
10.	App. A, B (3) C (3) Does the COC forms remain with the samples during transport or shipment?					
11.	App. A, C (6), D(2) If samples are submitted with sample custody seals, and any seals are not intact, does the laboratory note this in the chain of custody?					
12.	App. A, C (4) Are mailed packages registered with return receipt requested?					
13.	App. A, C (4) If packages are sent by common carrier, are receipts retained as part of the permanent chain-of-custody documentation?					
14.	App. A, D (7) Once received in the laboratory, are laboratory personnel responsible for the care and custody of the sample and prepared to testify that the sample was in their possession view of secured in the laboratory at all times from the moment it was received from the custodian until the time that the analyses are completed or the sample is disposed?					
Required Information in Custody Records						
15.	App. A, D (2) time of day and calendar date of each transfer or handling procedure?					



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CHECKLIST "B"					

16.	all information necessary to produce unequivocal, accurate records that document the laboratory activities associated with sample receipt, preparation, analysis and reporting?					
	Controlled Access to Samples					
17.	App. A, D (3) Is a clean, dry, isolated room, building, and/or refrigerated space that can be securely locked from the outside designated as a custody room?					
18.	App. A, D (5) Where possible, is distribution of samples to the analyst performing the analysis made by the custodian(s)?					
19.	App. A, D (6) Is the laboratory area maintained as a secured area, restricted to authorized personnel only?					
20.	App. A, D (8) Once the sample analyses are completed, is the unused portion of the sample, together with all identifying labels, returned to the custodian?					
21.	App. A, D (8) Is the returned tagged sample retained in the custody room until permission to destroy the sample is received by the custodian or other authority?					
	Transfer of Samples to Another Party					
22.	App. A, D (2) Is transfer of samples, subsamples, digestates or extracts to another party subject to all of the requirements for legal chain of custody?					
	Sample Disposal					
23.	If the sample is part of litigation, disposal of the physical sample shall occur only with the concurrence of the affected legal authority, sample data user and/or submitter of the sample.					
24.	App. A, D (9) All conditions of disposal and all correspondence between all parties concerning the final disposition of the physical sample shall be recorded and retained.					
25.	App. A, D (9) Records shall indicate the date of disposal, the nature of disposal (such as sample depleted, sample disposed in hazardous waste facility, or sample returned to client), and the name of the individual who performed the task.					

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CHECKLIST "C" Based on: Chapter 5 Checklist, NELAC Standards, Chapters 2, 4, & 5, Revision a (06/05/2003) Reformatted	Y	N	na	Y	N	na		

	5.5.9.2 Essential Quality Control Procedures								
1.	5.5.9.2(a)(8) measure to assure constant and consistent test conditions (both instrumental and environmental) where required by the test method such as temperature, humidity, light, or specific instrument conditions?								
	5.5.3 PHYSICAL FACILITIES-Accommodation and Environment								
2.	5.5.3.1 Are laboratory facilities for environmental testing, test areas, energy sources, lighting, and environmental conditions, facilitate correct performance of tests?								
3.	5.5.3.1 Does the Laboratory ensure that the environmental conditions do not invalidate the results or adversely affect the required quality of any measurement?								
4.	5.5.3.1 Is particular care taken when such activities are undertaken at sites other than the permanent laboratory premises?								
5.	5.5.3.2 Does the laboratory provide for the effective monitoring, control and recording of environmental conditions as appropriate?								
6.	5.5.3.2 Is due attention paid, for example, to biological sterility, dust, electromagnetic disturbances, radiation, humidity, electrical supply, temperature, and sound and vibration levels, as appropriate to the technical activities concerned?								
7.	5.5.3.2 Are environmental tests and calibrations stopped when the environmental conditions jeopardize the results of the environmental tests?								
8.	5.5.3.2 In instances where monitoring or control of any of the above mentioned items are specified in a test method or by regulation, does the laboratory meet and document adherence to the laboratory facility requirements?								
9.	5.5.3.2 Does the laboratory monitor, control and record environmental conditions as required by the relevant specifications, methods and procedures or where they influence the quality of the results?								
	5.5.3.3 Work Areas								
10.	5.5.3.3 Is there effective separation between neighboring areas when the activities therein are incompatible, including culture handling areas or incubation areas and volatile organic chemicals handling areas?								
11.	5.5.3.3 Are measures taken to prevent cross-contamination?								

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12.	5.5.3.4 Does the laboratory determine the extent of control based on its particular circumstances?								
13.	5.5.3.4 Is access to and use of all areas affecting the quality of these environmental tests defined and controlled?								
14.	5.5.3.5) Are adequate measures taken to ensure good housekeeping in the laboratory and to assure that any contamination does not adversely affect data quality? Special procedures shall be prepared where necessary.								
15.	5.5.3.6 (a-e) Is enough work space available to ensure an unencumbered work area? Work areas include access and entryways to the laboratory, sample receipt areas, sample storage areas, chemical and waste storage areas, and data handling and storage areas.								
	5.5.5 EQUIPMENT AND REFERENCE MATERIALS								
16.	5.5.5.1 Is the laboratory furnished with all items of equipment (including reference materials) required for the correct performance of tests for which accreditation is sought?								
17.	5.5.5.1 In those cases where the laboratory needs to use equipment outside its permanent control does it ensure that the relevant requirements of the NELAC Standards are met?								
18.	5.5.5.2 Is the equipment and the software used for testing; capable of achieving the accuracy required and does it comply with specifications relevant to the environmental test concerned?								
19.	5.5.5.2 Is equipment checked and/or calibrated before use to ensure that it meets the lab's specification requirements and complies with the relevant std specifications?								
20.	5.5.5.2 Before being placed into service, is equipment (including that used for sampling) calibrated or checked to establish that it meets the lab's specification requirements and complies with the relevant std specifications?								
21.	5.5.5.3 Are up-to-date instructions on the use and maintenance of equipment (including any relevant manuals provided by the manufacturer of the equipment) readily available for use by the appropriate lab personnel?								
22.	5.5.5.3 Is all equipment properly maintained, inspected and cleaned?								
23.	5.5.5.3 Is equipment operated by authorized personnel?								
24.	5.5.5.3 Are maintenance procedures documented?								

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25.	5.5.5.7 Is any item of the equipment which has been subjected to overloading or mishandling, or which gives suspect results, or has been shown by verification or otherwise to be defective, taken out of service, clearly identified and wherever possible stored at a specified place until it has been repaired and shown by calibration, verification or test to perform satisfactorily? Has the laboratory examined the effect of this defect on previous calibrations or tests?								
26.	5.5.5.8 Whenever practicable, is all equipment under the control of the lab and requiring calibration labeled, coded or otherwise identified to indicate the status of calibration including the date when last calibrated and the date or expiration criteria when recalibration is due?								
27.	5.5.5.9 When, for whatever reason, equipment goes outside the direct control of the lab, does the lab ensure that the function and calibration status of the equipment are checked and shown to be satisfactory before the equipment is returned to service?								
28.	5.5.5.4 is each item of equipment and its software used for environmental testing and calibration that is significant to the result, uniquely identified, when practicable?								
29.	5.5.5.5 Are records maintained of each major item of equipment and software significant to the analytical tests performed?								
30.	5.5.5.5 (g) Do these records include documentation on <u>all routine</u> and non-routine maintenance activities and reference material verifications?								NOTE: lab will need to delineate between routine and non-routine and document all laboratory defined routine maintenance activities.
	Do the records include: documentation of all routine maintenance activities.								
31.	5.5.5.5 (a) the name of the item of equipment and software;								*Recommend : a table format for items #19-#23 placed in the front of the individual instrument maintenance logbooks.
32.	5.5.5.5 (b) the manufacturer's name, type identification, and serial number or other unique identification;								
33.	5.5.5.5 (c) Checks that equipment complies with the specification (see 5.5.5.2)?								
34.	5.5.5.5 (i) date received and <u>date placed in service</u> (if available);								
35.	5.5.5.5 (d) current location, where appropriate;								
36.	5.5.5.5 (j) if available, condition when received (e.g. new, used, reconditioned);								
37.	5.5.5.5 (e) copy of the manufacturer's instructions, where available;								

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38.	5.5.5.5 (f) dates, copies of reports and certificates and results of calibrations and/or verifications and date of the next calibration and/or verification; and/or verification;	*	*		*	*		*See checklists AA for any non-conformances	
39.	5.5.5.5 (g) details of the Maintenance Plan and maintenance carried out to date and planned for the future; and reference material verifications;							*QAP/SOP: needs to include schedule of routine maintenance.	
40.	5.5.5.5 (h) history of any damage, malfunction, modification or repair to the equipment?								
41.	5.5.5.6 Does the lab have procedures for safe handling, transport, storage, use and planned maintenance of measuring equipment to ensure proper functioning and in order to prevent contamination or deterioration?								
5.5.6 MEASUREMENT TRACEABILITY									
5.5.6.1 General Requirements									
42.	5.5.6.1 Are all measuring and testing equipment having an effect on the accuracy or validity of tests or sampling, calibrated and/or verified before being put into service and on a continuing basis?								
43.	5.5.6.1 Does the laboratory have an established program and procedure for the calibration of its measuring and test equipment?							*See checklist C & AA for any non-conformances.	
44.	5.5.6.1 Does this include balances, thermometers and control standards?							*See checklist C & AA for any non-conformances.	
5.5.6.2 Testing Laboratories									
45.	5.5.6.2.1 Does the lab ensure that the equipment used can provide the uncertainty of measurement needed?								
46.	5.5.6.2.1 (a) Is the overall program of calibration and/or verification and validation of equipment designed and operated so as to ensure that measurements made by the laboratory are traceable to national standards of measurement?							*See checklists AA for any non-conformances	
47.	5.5.6.2.2 Does the lab provide satisfactory evidence of correlation of results, for example by participation in a suitable program of interlaboratory comparisons, PTs or independent analysis?								
48.	5.5.6.2.2 Where traceability of measurements to SI units is not possible or not relevant, are the same requirements for traceability to, for example, certified reference materials, agreed methods and/or consensus stds are required?								

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						Onsite COMPLIANT			Documents COMPLIANT			Document Location	Comments and Corrective Actions
CHECKLIST "C"						Y	N	na	Y	N	na		
Based on: Chapter 5 Checklist, NELAC Standards, Chapters 2, 4, & 5, Revision a (06/05/2003) Reformatted													

	5.5.6.3 REFERENCE STANDARDS AND REFERENCE MATERIALS											
49.	5.5.6.3.1 Does the lab have a program and procedure for the calibration of its reference stds?											
50.	5.5.6.3.1 Are reference stds calibrated by a body that can provide traceability to national stds?											
51.	5.5.6.3.1 Are reference stds calibrated before and after any adjustment?											
52.	5.5.6.3.1 Are reference standards of measurement held by the laboratory (such as Class S or equivalent weights or traceable thermometers) used for calibration only and for no other purpose, unless it can be shown that their performance as reference standards has not been invalidated.											
53.	5.5.6.3.1 Are reference materials, where commercially available, traceable to SI units of measurement, or to certified reference materials?											
54.	5.5.6.3.2 Are internal reference materials checked as far as is technically and economically practicable?											
55.	5.5.6.3.3 Are checks carried out to maintain confidence in the status of reference, primary, transfer or working stds and reference materials according to defined procedures and schedules?											
56.	5.5.6.3.4 Does the lab have procedures for safe handling, transport, storage and use of reference stds and reference materials in order to prevent contamination or deterioration and in order to protect their integrity?											
	5.5.5 EQUIPMENT											
	5.5.5.2.1 Support Equipment: Support equipment include but are not limited to: balances, ovens, refrigerators, freezers, incubators, water baths, temperature measuring devices (including thermometers and themistors) and volumetric dispensing devices (such as Eppendorf or automatic dilutor/dispensing devices) if quantitative results are dependent on their accuracy, as in standard preparation and dispensing or dilution into a specified volume. Are all support equipment:											
57.	5.5.5.2.1 (a) maintained in proper working order?											
58.	5.5.5.2.1 (a) Balances											
59.	5.5.5.2.1 (a) Ovens											
60.	5.5.5.2.1 (a) Refrigerators											
61.	5.5.5.2.1 (a) Freezers											
62.	5.5.5.2.1 (a) Water Baths											

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	Y	N	na	Y	N	na		

63.	5.5.5.2.1 (a) Temperature Measuring Devices							
64.	5.5.5.2.1 (a) Volumetric dispensing devices							
65.	5.5.5.2.1 (a) Incubators							
66.	5.5.5.2.1 (a) Thermal/Pressure sample preparation devices							
67.	5.5.5.2.1 (a) Are records of all activities including service calls maintained?							
68.	5.5.5.2.1 (a) Balances							
69.	5.5.5.2.1 (a) Ovens							
70.	5.5.5.2.1 (a) Refrigerators							
71.	5.5.5.2.1 (a) Freezers							
72.	5.5.5.2.1 (a) Water Baths							
73.	5.5.5.2.1 (a) Temperature Measuring Devices							
74.	5.5.5.2.1 (a) Volumetric dispensing devices							
75.	5.5.5.2.1 (a) Incubators							
76.	5.5.5.2.1 (a) Thermal/ Pressure sample preparation devices							
77.	5.5.5.2.1 (b) calibrated or verified at least annually, using NIST traceable references when available, over the entire range of use?							
78.	5.5.5.2.1 (a) Balances							
79.	5.5.5.2.1 (a) Temperature Measuring Devices							
80.	Are the results of such calibration within the specifications required of the application for which the equipment is used or: 5.5.5.2.1 (b)(1) <u>Is the equipment removed from service until repaired?</u>							
81.	5.5.5.2.1 (a) Balances							
82.	5.5.5.2.1 (a) Temperature Measuring Devices							
83.	5.5.5.2.1 (b)(2) or Does the laboratory prepare correction factors and correct all measurement for the deviation? Are all correction factors used to correct measurements recorded and maintained?							
84.	5.5.5.2.1 (a) Balances							

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CHECKLIST "C" Based on: Chapter 5 Checklist, NELAC Standards, Chapters 2, 4, & 5, Revision a (06/05/2003) Reformatted		Y	N	na	Y	N	na		
85.	5.5.5.2.1 (a) Temperature Measuring Devices								
86.	5.5.5.2.1 (c) Raw data records shall be retained to document equipment performance.								
87.	5.5.5.2.1 (a) Balances								
88.	5.5.5.2.1 (a) Ovens								
89.	5.5.5.2.1 (a) Refrigerators								
90.	5.5.5.2.1 (a) Freezers								
91.	5.5.5.2.1 (a) Water Baths								
92.	5.5.5.2.1 (a) Temperature Monitoring Devices								
93.	5.5.5.2.1 (a) Volumetric dispensing devices								
94.	5.5.5.2.1 (a) Incubators								
95.	5.5.5.2.1 (a) Thermal/Pressure sample preparation devices								
96.	5.5.5.2.1 (d) Prior to each day's use, are the balances, ovens, refrigerators, freezers, incubators and water baths checked with NIST traceable references (where possible) in the <u>expected range of use</u> ?								
97.	5.5.5.2.1 (a) Balances								
98.	5.5.5.2.1 (a) Ovens								
99.	5.5.5.2.1 (a) Refrigerators								
100.	5.5.5.2.1 (a) Freezers								
101.	5.5.5.2.1 (a) Water Baths								
102.	5.5.5.2.1 (a) Incubators								
103.	5.5.5.2.1 (a) Thermal/Pressure sample preparation devices								
104.	5.5.5.2.1 (d) Is the acceptability for use or continued use according to the needs of the analysis or application for which the equipment is being used?								
105.	5.5.5.2.1 (e) Are mechanical volumetric dispensing devices (except Class A glassware) checked for accuracy on a quarterly basis?								

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106.	5.5.5.2.1 (e) Glass microliter syringes are to be considered in the same manner as Class A glassware, <u>but must come with a certificate attesting to established accuracy or the accuracy must be initially demonstrated and documented by the laboratory.</u>											
107.	5.5.5.2.1 (f) Autoclaves: For chemical tests, is the temperature, cycle time, and pressure of each run of autoclaves documented by the use of appropriate chemical indicators or temperature recorders and pressure gauges?											
	5.5.4 TEST METHODS and METHOD VALIDATION											
	5.5.4.1 General											
108.	5.5.4.1 Does the laboratory use appropriate methods and procedures for all environmental tests and/or calibrations within its scope?											
109.	5.5.4.1 Has the laboratory documented instructions on the use and operation of all relevant equipment, on the handling and preparation of samples, where the absence of such instructions could jeopardize the tests?	*	*									*See checklists AA for any specific non-conformances.
110.	5.5.4.1 Are all instructions, standards, manuals and reference data relevant to the work of the laboratory maintained up-to-date and readily available to the staff?											
111.	5.5.4.1 Do deviations from environmental test methods occur only if the deviation has been documented, technically justified, authorized, and accepted by the client?											
112.	5.5.4.1.1 Does the laboratory maintain SOPs that accurately reflect all phases of current laboratory activities such as assessing data integrity, corrective actions, handling customer complaints, and all test methods?											
113.	5.5.4.1.1 (b) If the test methods are copies of published methods are any changes or selected options in the methods are documented and included in the methods manual?											*Overall: Good: Fair: Poor: See checklists AA for any specific non-conformances.
114.	5.5.4.2 Does the laboratory use methods for environmental testing, including methods for sampling, which meet the needs of the client and which are appropriate for the environmental tests it undertakes?											
115.	5.5.4.2.1 (a) Are methods published in international, regional or national standards used if possible?											

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	Y	N	na	Y	N	na		
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116.	5.5.4.2.1 (a) Does the laboratory ensure that it uses the latest valid edition of a standard unless it is not appropriate or possible to do so?							
117.	5.5.4.2.1 (a) When necessary, is the standard supplemented with additional details to ensure consistent application?							
118.	5.5.4.2.1 (b) When the use of specific methods for a sample analysis are mandated or requested, are only those methods used?							
119.	5.5.4.2.1 (c) When the client does not specify the method to be used or where methods are employed that are not required, are the methods fully documented and validated?							
120.	5.5.4.2.1 (c) When the client does not specify the method to be used or where methods are employed that are not required, are the methods used available to the client and other recipients of the relevant reports?							
121.	5.5.4.2.1 (c) Does the laboratory select appropriate methods that have been published either in international, regional or national standards, or by reputable technical organizations, or in relevant scientific texts or journals, or as specified by the manufacturer of the equipment?							
122.	5.5.4.2.1 (c) Are laboratory-developed methods or methods adopted by the laboratory used only if they are appropriate for the intended use and if they are validated?							
123.	5.5.4.2.1 (c) Is the client informed as to the method chosen?							
124.	5.5.4.2.1 (d) Does the laboratory inform the client when the method proposed by the client is considered to be inappropriate or out of date?							
	5.5.4.2.2 Demonstration of Capability							
125.	5.5.4.2.2 Does the laboratory confirm that it can properly operate all methods before introducing the environmental tests?							
126.	5.5.4.2.2 If the method changes, does the laboratory confirm that it can properly operate the method before introducing the environmental tests?							
127.	5.5.4.2.2 & C.1 Prior to acceptance and institution of any method, is a satisfactory demonstration of method capability performed?							
128.	5.5.4.2.2 (a) Is this demonstration done in an applicable and available clean matrix sample of a matrix in which no target analytes or interferences are present at concentrations that impact the results of a specific test method?							
129.	5.5.4.2.2 (a) For analytes which do not lend themselves to spiking, is the demonstration of capability performed using quality control samples?							

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	Y	N	na	Y	N	na		

130.	5.5.4.2.2 (b) Thereafter, continuing demonstration of method performance, as per the quality control requirements in Appendix D, (such as laboratory control samples) is required.							
131.	5.5.4.2.2 (c) In cases where a laboratory analyzes samples using a method that has been in use by the laboratory before July 1999, and there have been no significant changes in instrument type, personnel or method, the continuing demonstration of method performance and the analyst's documentation of continued proficiency is deemed acceptable. Does the laboratory have records on file to demonstrate that a DOC is not required?							
132.	5.5.4.2.2 (d) In all cases, are the appropriate forms such as the Certification Statement (Appendix C) completed and retained by the laboratory to be made available upon request?							
133.	5.5.4.2.2 (d) & C.1 Is all associated supporting data necessary to reproduce the analytical results summarized in the Certification Statement retained by the laboratory?							
134.	5.5.4.2.2 (e) Is a demonstration of capability completed each time there is a change in instrument type, personnel or method?							
135.	C.1 In laboratories with specialized "work cells" (a well defined group of analysts that together perform the method analysis), does the group as a unit meet criteria and is the demonstration of Capability fully documented?							
136.	C.1 Are all Demonstrations of Capability documented through the use of the form in this appendix?							
137.	C.1 When an analyte not currently found on the laboratory's list of accredited analytes is added to an existing accredited test method, is an initial evaluation performed for that analyte?							
138.	C.1 Does the laboratory document that other approaches to DOC are adequate?							
139.	C.1 (a) If required by mandatory test method or regulation, does the laboratory obtain a quality control sample is from an outside source? If not available, the QC sample may be prepared by the laboratory using stock standards that are prepared independently from those used in instrument calibration?							
140.	C.1 (b) Are the analyte(s) diluted in a volume of clean quality system matrix sufficient to prepare four aliquots at the concentration specified or if unspecified, to a concentration of 1-4 times the limit of quantitation?							

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	Y	N	na	Y	N	na		

141.	C.1 (c) Are at least four aliquots prepared and analyzed according to the test method either concurrently or over a period of days?							
142.	C.1 (d) Using all of the results, is the mean recovery calculated in the appropriate reporting units and the standard deviations of the population sample (n-1) (in the same units) for each parameter of interest?							
143.	C.1 (d) When it is not possible to determine mean and standard deviations, such as for presence/absence and logarithmic values, does the laboratory assess performance against established and documented criteria?							
144.	C.1 (e) Does the laboratory compare the information from (d) above to the corresponding acceptance criteria for precision and accuracy in the test method? (if applicable) or in laboratory-generated acceptance criteria? (if there are not established mandatory criteria)?							
145.	C.1 (e) Does the analysis of actual samples only begin if all parameters meet the acceptance criteria? Note: If any one of the parameters do not meet the acceptance criteria, the performance is unacceptable for that parameter.							
146.	C.1 (f) (1-2) When one or more of the tested parameters fail at least one of the acceptance criteria, does the analyst locate and correct the source of the problem and repeat the DOC for all parameters of interest?							
147.	C.2 Is a copy of the certification statement retained in the personnel records of each affected employee?							
148.	5.5.4.2.2 (f) In laboratories with a specialized "work cell/s" (a group consisting of analysts with specifically defined tasks that together perform the test method), the group as a unit must meet the above criteria and this demonstration of capability must be fully documented.							
149.	5.5.4.2.2 (g) When a work cell(s) is employed, and the members of the cell change, do the new employee(s) work with experienced analyst(s) in that area of the work cell where they are employed?							
150.	5.5.4.2.2 (g) Does this new work cell demonstrate acceptable performance through acceptable documented continuing performance checks each time that membership in the work cell changes?							

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	Y	N	na	Y	N	na		

151.	5.5.4.2.2 (g) If the entire work cell is changed/replaced, does the new work cell perform the demonstration of capability?							
152.	5.5.4.2.2 (g) Is the demonstration repeated if the four preparation batches following the change in personnel have a failure of any batch acceptance criteria, e.g., method blank and laboratory control sample?							
153.	5.5.4.2.2 (h) When a work cell/s is employed the performance of the group must be linked to the training record of the individual members of the work cell.							
154.	5.5.4.3 Lab Developed Methods: Is the introduction of environmental test methods developed by the laboratory for its own use a planned activity?							
155.	5.5.4.3 Lab Developed Methods: Is the introduction of environmental test methods assigned to qualified personnel equipped with adequate resources?							
156.	5.5.4.3 Lab Developed Methods: Are plans updated as development proceeds and is there effective communication amongst all personnel involved?							
157.	5.5.4.4 Non-Standard Methods: Does this agreement include a clear specification of the client's requirements and the purpose of the environmental test?							
158.	5.5.4.4 Non-Standard Methods: When it is necessary to use methods not covered by standard methods, are these methods subject to agreement with the client?							
159.	5.5.4.4 Non-Standard Methods: Is the method developed validated appropriately before use?							
160.	5.5.4.5.2 Validation of Methods: Does the laboratory validate non-standard methods, laboratory-designed/developed methods, standard methods used outside their published scope, and amplifications and modifications of standard methods to confirm that the methods are fit for the intended use?							
161.	5.5.4.5.2 Validation of Methods: Is the validation as extensive as is necessary to meet the needs of the given application or field of application?							
162.	5.5.4.5.2 Validation of Methods: Has the laboratory recorded the results obtained, the procedure used for the validation, & a statement as to whether the method is fit for intended use?							
163.	5.5.4.5.2 Validation of Methods: Are the minimum requirements the initial test method evaluation requirements given in Appendix C.3 of this chapter?							

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164.	5.5.4.5.3 Validation of Methods: Does the range and accuracy of the values obtainable from validated methods (e. g. the uncertainty of the results, detection limit, selectivity of the method, linearity, limit of repeatability and/or reproducibility, robustness against external influences and/or cross-sensitivity against interference from the matrix of the sample/test object), as assessed for the intended use, relevant to the clients' needs?								
165.	5.5.6.4 Documentation and Labeling of Standards Reagents and Reference Materials								
166.	5.5.6.4 (Opening Paragraph) Do documented procedures exist for the purchase, reception and storage of consumable materials used for the technical operations of the laboratory?								
167.	5.5.6.4 (a) Does the laboratory retain records for all standards, reagents, reference materials, and media which include the manufacturer/vendor,								
168.	5.5.6.4 (a) the manufacturer's Certificate of Analysis or purity (if supplied),								
169.	5.5.6.4 (a) the date of receipt,								
170.	5.5.6.4 (a) recommended storage conditions,								
171.	5.5.6.4 (a) and an expiration date after which the material shall not be used unless its reliability is verified by the laboratory.								
172.	5.5.6.4 (b) Are original containers (such as provided by the manufacturer or vendor) labeled with the expiration date?								
173.	5.5.6.4 (c) Are records maintained on reference materials and standard preparation?								
174.	5.5.6.4 (c) Do these records indicate traceability to purchased stocks or neat compounds reference the method of preparation, date of preparation, expiration date and preparer's initials,								
175.	5.5.6.4 (c) reference to the method of preparation,								
176.	5.5.6.4 (c) the date of preparation								
177.	5.5.6.4 (c) the date of expiration								
178.	5.5.6.4 (c) and preparer's initials?								
179.	5.5.6.4 (d) Are all containers of prepared reference materials and standards must bear a unique identifier and expiration date and be linked to the documentation requirements in 5.5.6.4 (c) above?								
180.	5.5.6.4 (e) Are procedures in place to ensure prepared reagents meet the requirements of the test method?								
181.	5.5.6.4 (f) Do all containers of prepared reagents used bear a preparation date?								

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182.	5.5.6.4 (f) Is an expiration date placed on a container or documented elsewhere as indicated in the laboratory's quality manual or SOP?								
	5.4.12 Control of Records								
183.	5.4.12 (Opening Paragraph) Does the laboratory maintain a record system to suit its particular circumstances and comply with any applicable regulations?								
184.	5.4.12 (Opening Paragraph) Does the system produce unequivocal, accurate records, which document all laboratory activities?								
185.	5.4.12 (Opening Paragraph) Does the laboratory retain on record all original observations, calculations and derived data, calibration records and a copy of the test report for a minimum of 5 years?								
186.	5.4.12 (Opening Paragraph) If the lab's clients specify that a sample will be used for evidentiary purpose, does the lab have a written SOP for how it will carry out legal chain of custody (for example, ASTM D4840-95 and Manual for the Certification of Laboratories Analyzing DW, March 1997, Appendix A)? If so refer to Checklist B.								
187.	5.4.12.1.1 Does the lab establish and maintain procedures for identification, collection, indexing, access, filing, storage, maintenance and disposal of quality and technical records?								
188.	5.4.12.1.1 Do quality records include reports from internal audits and management reviews as well as records of corrective and preventive actions? (Records may be in any media, such as hard copy or electronic media.)								
189.	5.4.12.1.2 Are all records legible?								
190.	5.4.12.1.2 Are all records retained in such a way that they are readily retrievable?								
191.	5.4.12.1.2 Are all records stored in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss?								
192.	5.4.12.1.2 Has retention times of records been established?								
193.	5.4.12.1.3 Are all records held secure and in confidence?								
194.	5.4.12.1.4 Does the lab have procedures to protect and back-up records stored electronically and to prevent unauthorized access to or amendment of records stored electronically?								
195.	5.4.12.1.5 Does the record keeping system allow historical reconstruction of all lab activities that produced the analytical data?								

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196.	5.4.12.1.5 Is the history of the sample readily understood through the documentation (including interlaboratory transfers of samples and/or extracts?								
197.	5.4.12.1.5 (a) Do the records include the identity of personnel involved in sampling, sample receipt, preparation, or testing?								
198.	5.4.12.1.5 (b) Is all information relating to the laboratory facilities equipment, analytical test methods, and related laboratory activities, such as sample receipt, sample preparation, or data verification documented?	*	*		*	*		*Note: Overall: Good: Fair: Poor. See all checklists for specific deficiencies.	
199.	5.4.12.1.5 (c) Does the record keeping system facilitate the retrieval of all working files and archived records for inspection and verification purposes? (Set format for naming electronic files.)								
200.	5.4.12.1.5 (d) Are all documentation entries signed or initialed by responsible staff?								
201.	5.4.12.1.5 (d) Is the reason for the signature or initials clearly indicated in the records (e.g., sampled by, prepared by, reviewed by, etc.)?								
202.	5.4.12.1.5 (e) Are all generated data, except those that are generated by automated data collection systems, recorded directly, promptly and legibly in permanent ink?								
203.	5.4.12.1.5 (f) Are entries in records not obliterated by methods such as erasures, <u>overwritten files</u> or markings?								
204.	5.4.12.1.5 (f) Are all corrections to record keeping errors made by one line marked through the error?								
205.	5.4.12.1.5 (f) Does the individual making the correction sign (or initial) and date the correction?								
206.	5.4.12.1.5 (f) Is the individual making the change to electronically maintained records identified?								
207.	5.4.12.1.5 (f) Are entries to electronically maintained records changed so as to not erase or overwrite the files?								
208.	5.4.12.2.1 Does the laboratory retain records of original observations, derived data and sufficient information to establish an audit trail, calibration records, staff records and a copy of each test report for a defined period?								
209.	5.4.12.2.1 Do the records for each environmental test contain sufficient information to facilitate identification of factors affecting the uncertainty and enable the environmental test to be repeated under conditions as close as possible to the original?								

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210.	5.4.12.2.1 Do the records include identity of personnel responsible for the sampling, performance of the environmental test, & checking the results?								
211.	5.4.12.2.2 Are observations, data and calculations identifiable to the specific task?								
212.	5.4.12.2.2 Are observations, data and calculations recorded at the time they are made?								
213.	5.4.12.2.3 When mistakes occur in records, is each mistake crossed out, not erased, made illegible or deleted, and is the correct value entered alongside?								
214.	5.4.12.2.3 Does the laboratory take equivalent measures to avoid loss or change of original data in records stored electronically?								
215.	5.4.12.2.3 When corrections are due to reasons other than transcription errors, does the laboratory document the reason for the correction?								
216.	5.4.12.2.3 Are all alterations to records signed or initialed by the person making the correction?								
	Quality of Standards and Reagents:								
217.	D.1.4 (a) & 5.5.6.2.2 Is the source of standards traceable to national standards or proven through interlaboratory studies?								
218.	D.1.4 (b)(1) In methods where the purity of reagents is not specified, analytical reagent grade shall be used.								
219.	D.1.4 (b)(1) Does the laboratory use reagents of lesser of the purity or of greater purity than that specified in the method?								
220.	D.1.4 (b)(1) The labels on the container should be checked to verify that the purity of the reagents meets the requirements of the particular test method. Such information shall be documented.								
221.	D.1.4 (b)(2) Water: The quality of water sources shall be monitored and documented and shall meet the method specifications.								

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	Y	N	na	Y	N	na		
CHECKLIST "C" Based on: Chapter 5 Checklist, NELAC Standards, Chapters 2, 4, & 5, Revision a (06/05/2003) Reformatted								

222.	D.1.4 (b)(3) Does the laboratory verify the concentration of titrants in accordance with written laboratory procedures?							
223.	D.1.6 Constant and Consistent Test Conditions D.1.6 (a) Does the laboratory assure that the test instruments consistently operate within the specifications required of the application for which the equipment is used?							
224.	D.1.6 (b) Is glassware cleaned to meet the sensitivity of method?							
225.	D.1.6 (b) Are all cleaning and storage procedures that are not specified by the method documented in laboratory records and SOPs?							



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	Y	N	na	Y	N	na		

5.0 QUALITY SYSTEMS-Introduction									
1.	Are all quality assurance (QA) policies and quality control (QC) procedures delineated in a Quality Manual and followed to ensure data of known and documented quality of the analytical data?	*	*		*	*			*Overall: Good: Fair: Poor: See all checklists for specific non-conformances
2.	Are all QA policies and the essential applicable QC procedures specified in this chapter implemented?	*	*				✓		*Overall: Good: Fair: Poor: See all checklists for specific non-conformances
3.	Are all items identified in this chapter available for on-site inspection or data audit?	*	*				✓		*Overall: Good: Fair: Poor: See all checklists for specific non-conformances
5.1 Scope									
4.	5.1.1 If more stringent standards or requirements are specified by the test method or by regulation, does the laboratory meet these requirements? If it is not clear which requirements are more stringent, the NELAC standard from the method or regulation is to be followed.	*	*						*On-Site: See checklists AA for any specific non-conformances
5.4.1 Legal Definition of a Laboratory									
5.	5.4.1.1 Is the laboratory legally identifiable? Document examined: - Federal employee identification - Federal tax identification number - Incorporation statement - Town charter - State Certificate of Existence - Annual Report to the Secretary of State - Business license - Other								
6.	5.4.1.3 Is the laboratory organized and does it operate in such a way that its permanent, temporary and mobile facilities meet the requirements of Chapter 5 of this Standard?								*Overall: Good: Fair: Poor: See all non-conformances
7.	5.4.1.4 If the laboratory is part of an organization performing activities other than environmental testing, the responsibilities of key personnel in the organization that have an involvement or influence on the environmental testing activities of the laboratory need to be defined in order to identify potential conflicts of interest.								
8.	5.4.1.4(a) Where a laboratory is part of a larger organization, the organizational arrangements must be such that departments having conflicting interests, do not adversely influence the laboratory's compliance with this Standard.								
9.	5.4.1.4(b) The laboratory must be able to demonstrate that it is impartial and that it and its personnel are free from undue commercial, financial and other pressures which might influence their technical judgement.	*	*		*	*			
5.4.1 ORGANIZATION									
Does (Is) the laboratory:									



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10.	5.4.1.5(a) have managerial staff with the authority and resources needed to discharge their duties and to identify the occurrence of departures from the quality system or from procedures for performing environmental tests, and to initiate actions to prevent or minimize such departures?							
11.	5.4.1.4(b) Does the lab not engage in any activities that may endanger the trust in its independence of judgment & integrity in relation to its environmental testing activities?							
12.	5.4.1.5(b) Does the lab have processes to ensure that its management and personnel are free from any undue internal and external commercial, financial and other pressures and influences that may adversely affect the quality of their work?							
13.	5.4.1.5(c) have policies and procedures to ensure the protection of its clients' confidential information and proprietary rights, including procedures for protecting electronic storage and transmission of results?							
14.	5.4.1.5(d) have policies and procedures to avoid involvement in any activities that would diminish competence, impartiality, judgment, or operational integrity;							
15.	5.4.1.5(e) Does the laboratory define the organization and management structure of the laboratory, its place in any parent organization, and the relationships between quality management technical operations and support services?							
16.	5.4.1.5(f) Does the laboratory specify the responsibility, authority and interrelationships of all personnel who manage, perform or verify work affecting the quality of the environmental tests and/or calibrations?							
17.	5.4.1.5(f) Does documentation include a clear description of the lines of responsibility in the laboratory and are proportioned such that adequate supervision is ensured?							
18.	5.4.1.5(g) Does the laboratory provide adequate supervision of environmental testing staff, including trainees, by persons familiar with methods and procedures, purpose of each environmental test, and with the assessment of the environmental test results?							
19.	5.4.1.5(h) Does the technical management, which has overall responsibility for the technical operations and the provision of the resources needed, ensure the required quality of laboratory operations?							
20.	5.4.1.5(h) Does the technical director certify that personnel with appropriate educational and/or technical background perform all tests for which the laboratory is accredited							



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21.	5.4.1.5(h) Is the personnel education and technical background documented?							
22.	5.4.1.5(h) Does the technical director(s) meet the requirements specified in the Accreditation Process (see 4.1.1.1)?							
23.	5.4.1.5(i) have a quality assurance officer (however named) who has authority and responsibility for the quality system and its implementation?							
24.	5.4.1.5(i) Does the quality assurance officer have direct access to the highest level of management at which decisions are taken on laboratory policy or resources, and to the technical manager? (QA officer may also be the technical director or deputy technical director when staff is limited.)							
	5.4.1.5(i) Does (Is) the quality assurance officer (and/or his designee):							
25.	5.4.1.5(i)(1) serve as the focal point for QA/QC and be responsible for the oversight and/or review of quality control data;							
26.	5.4.1.5(i)(2) have functions independent from laboratory operations for which they have Quality Assurance oversight;							
27.	5.4.1.5(i)(3) able to evaluate data objectively and perform assessments without outside (e.g., managerial) influence;							
28.	5.4.1.5(i)(4) have documented training and/or experience in QA/QC procedures and be knowledgeable in the quality system as defined under NELAC;							
29.	5.4.1.5(i)(5) have a general knowledge of the analytical test methods for which data review is performed; and							
30.	5.4.1.5(i)(6) arrange or conduct internal audits on the entire technical operation annually?							
31.	5.4.1.5(i)(7) notify laboratory management of deficiencies in the quality system and monitor corrective action.							
32.	5.4.1.5(j) appoint deputies in case of absence of the technical director(s) and/or quality assurance officer;							
33.	5.4.1.5(k) when available, participate in inter-laboratory comparisons and proficiency testing programs to qualify and maintain accreditation? Does the laboratory participate in a proficiency test program as outlined in Chapter 2.0(Proficiency Testing)?							



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	Y	N	na	Y	N	na		

34.	2.7.2 A laboratory seeking to obtain or maintain accreditation shall successfully complete two PT studies for each requested PT field of testing within the most recent three rounds attempted.							
35.	2.7.2 For a laboratory seeking to obtain accreditation, the most recent three rounds attempted shall have occurred within 18 months of the laboratory's application date.							
36.	2.7.2 When a laboratory has been granted accreditation status, it shall continue to complete PT studies for each PT field of testing and <u>maintain a history of at least two acceptable PT studies for each PT field of testing out of the most recent three.</u>							
37.	2.7.2 For initial accreditation or the laboratory must successfully analyse two sets of PT testing studies, the PT studies shall be at least 15 calendar days apart.							
38.	2.7.2 For continuing accreditation, completion dates of successive proficiency rounds for a given PT field of testing shall be approximately six months apart. Failure to meet the semiannual schedule is regarded as a failed study.							
39.	2.4.1 Laboratories must obtain PT samples from a PTOB/PTPA-approved PT Provider.							
40.	2.4.1 Each laboratory shall participate in at least two PT studies for each PT field of testing per year unless a different frequency for a given program is defined in the appendices.							
41.	2.4.3 Reporting Results: Each laboratory shall authorize the PT Provider to release all accreditation and remediation results and acceptable/not acceptable status directly to the Primary Accrediting Authority, NELAP and the PTOB/PTPA, in addition to the laboratory.							
42.	2.5 The laboratory's management and all analysts shall ensure that all PT samples are handled (i.e., managed, analyzed, and reported) in the same manner as real environmental samples utilizing the same staff, methods as used for routine analysis of that analyte, procedures, equipment, facilities, and frequency of analysis as evidenced by the following points:							
43.	(a) PT samples are entered into lab's sample receipt log (Sample tracking may be initiated by lab personnel).							
44.	(b) PT samples are diluted as instructed by PT provider and becomes the environmental sample.							
45.	(c) PT Sample preparation (extraction, digestion) is the same as routine environmental samples.							
46.	(d) The lab has an SOP for the determination of low level samples. (This is to be used when PT falls below the range of lab's analytical method.)							
47.	(e) PT samples that consist of a set of individual samples are routine samples.							
48.	(f) PT samples are not analyzed multiple times unless routine environmental samples are analyzed multiple times.							
49.	(g) The type, composition, concentration, and frequency of QC samples analyzed with the PT samples is the same as with routine environmental samples.							



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50.	(h) Initial and continuing calibrations are performed at the same frequency as with routine environmental samples.								
	2.5.1 Laboratories shall comply with the following restrictions on the transfer of PT samples and communication of PT sample results prior to the time the results of the study are released:								
51.	2.5.1 a) A laboratory shall not send any PT sample, or a portion of a PT sample, to another laboratory for any analysis for which it seeks accreditation, or is accredited;								
52.	2.5.1 b) A laboratory shall not knowingly receive any PT sample or portion of a PT sample from another laboratory for any analysis for which the sending laboratory seeks accreditation, or is accredited;								
53.	2.5.1 c) Laboratory management or staff shall not communicate with any individual at another laboratory (including intracompany communication) concerning the PT sample; and								
54.	2.5.1 d) Laboratory management or staff shall not attempt to obtain the assigned value of any PT sample from their PT Provider.								
55.	2.5.2 The laboratory shall maintain copies of all written, printed, and electronic records, including but not limited to bench sheets, instrument strip charts or printouts, data calculations, and data reports, resulting from the analysis of any PT sample for five years or for as long as is required by the applicable regulatory program, whichever is greater. These records shall include a copy of the PT study report forms used by the laboratory to record PT results. All of these laboratory records shall be made available to the assessors of the Primary Accrediting Authority during on-site audits of the laboratory.								
56.	2.7.4 Whenever a laboratory fails a study, it shall determine the cause for the failure and take any necessary corrective action. It shall then document in its own records and provide to the Primary Accrediting Authority								
	5.4.2 QUALITY SYSTEM								
57.	5.4.2.1 Has the laboratory established, implement and maintained a quality system based on the required elements contained in this chapter and appropriate to the type, range and volume of environmental activities it undertakes?	*	*		*	*			*Overall: Good: Fair: Poor. See all checklists for specific deficiencies.
58.	5.4.2.1 Does the laboratory document its policies, systems, programs, procedures and instructions to the extent necessary to assure the quality of the environmental test results?								
59.	5.4.2.2 Are the elements of this system documented in the organization's quality manual and is the QA officer responsible for maintaining the quality manual current?			✓					
60.	5.4.2.1 Is the quality system documentation communicated to, understood by, available to, & implemented by the appropriate personnel?								



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61.	5.4.2.2 Are the overall objectives documented in a quality policy statement, issued under the authority of the chief executive?								
62.	5.4.2.2(a) Does the laboratory define and document its policies and objectives for, and its commitment to good laboratory practice and quality of testing services?			✓	✓*				*See all checklists for any specific non-conformances
63.	5.4.2.2(b) The management's statement of the laboratory's standard of service?								
64.	5.4.2.2(d) Is there a requirement that all personnel concerned with environmental testing activities within the laboratory familiarize themselves with the quality documentation used in the quality system?								
65.	5.4.2.2(c)(e) Does the laboratory management ensure that these policies and objectives are documented in a quality assurance manual and communicated to, understood, and implemented by all laboratory personnel concerned? Including management's commitment to compliance with this standard?								
66.	5.4.2.3 When the laboratory's quality manual does not contain the necessary requirements, are these requirements addressed elsewhere in separate SOP's or policy documents? Where a lab's QM contains the necessary requirements, a separate SOP or policy is not required.								
	5.4.2.3 QUALITY MANUAL								
67.	5.4.2.3 Does the quality manual and related documentation state the laboratory's policies and operational procedures established in order to meet the requirements of this Standard?			✓					
68.	5.4.2.3 Does the Quality Manual list on the title page: a document title;			✓					
69.	5.4.2.3 the laboratory's full name and address;			✓					
70.	5.4.2.3 & 5.4.2.3 (f) the name, signature, title, address (if different from above) and telephone of the individual responsible for the laboratory;			✓					
71.	5.4.2.3 the name and signature of the quality assurance officer (however named);			✓					
72.	5.4.2.3 the identification of all major organizational units which are to be covered by this quality manual			✓					
73.	5.4.2.3 and the effective date of the version?			✓					
74.	5.4.2.3 Does the quality manual and related documentation contain:								



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75.	5.4.2.3 Does the quality manual include or make reference to the supporting procedures including technical procedures and does it outline the structure of the documentation used in the quality system?							
76.	5.4.2.3 (a) a quality policy statement, including objectives and commitments, by top management; See (5.4.2.2)			✓				
77.	5.4.2.3 (b) the organization and management structure of the laboratory, its place in any parent organization and relevant organizational charts;			✓				
78.	5.4.2.3 (c) the relationship between management, technical operations, support services and the quality system;			✓				
79.	5.4.2.3 (d) procedures to ensure that all records required under this Chapter are retained;			✓				
80.	5.4.2.3 (d) procedures for control and maintenance of documentation through a document control system which ensures that all standard operating procedures, manuals, or documents clearly indicate the time period during which the procedure or document was in force;			✓				
81.	5.4.2.3 (e) job descriptions of key staff and reference to the job descriptions of other staff;			✓				
82.	5.4.2.3 (f) identification of the laboratory's approved signatories?			✓				
83.	5.4.2.3 (f) At a minimum, does the title page of the Quality Manual have the signed and dated concurrence (with appropriate titles) of all responsible parties including the QA officer(s), technical director(s), and the agent who is in charge of all laboratory activities such as the laboratory director/manager?			✓				
84.	5.4.2.3 (g) the laboratory's procedures for achieving traceability of measurement;			✓				
85.	5.4.2.3 (h) a list of all test methods under which the laboratory performs its accredited testing;			✓				
86.	5.4.2.3 (i) mechanisms for ensuring that the laboratory reviews all new work to ensure that it has the appropriate facilities and resources before commencing such work;			✓				
87.	5.4.2.3 (j) reference to the calibration, verification and/or test procedures used;			✓	*	*		*See checklists AA for specific non-conformances



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88.	5.4.2.3 (k) procedures for handling submitted samples;			✓	*	*			*See checklist A for any specific non-conformances
89.	5.4.2.3 (l) reference to the major equipment and reference measurement standards used as well as the facilities and services used by the laboratory in conducting tests;			✓					
90.	5.4.2.3 (m) reference to procedures for calibration, verification of support equipment and maintenance of instrumentation & support equipment;			✓					
91.	5.4.2.3 (n) reference to verification practices including interlaboratory comparisons, proficiency testing programs, use of reference materials and internal quality control schemes;			✓	*	*			*See checklists AA for any specific non-conformances
92.	5.4.2.3 (o) procedures to be followed for feedback and corrective action whenever testing discrepancies are detected, or departures from documented policies and procedures occur;			✓					
93.	5.4.2.3 (p) the laboratory management arrangements for exceptionally permitting departures from documented policies and procedures or from standard specifications;			✓					
94.	5.4.2.3 (q) procedures for dealing with complaints;			✓					
95.	5.4.2.3 (r) procedures for protecting confidentiality (including national security concerns) and proprietary rights (this may not apply to in-house labs);			✓					
96.	5.4.2.3 (s) procedures for audits and data review;			✓					
97.	5.4.2.3 (t) processes/procedures for establishing that personnel are adequately experienced in the duties they are expected to carry out and are receiving any needed training;			✓					
98.	5.4.2.3 (u) reference to procedures for reporting analytical results; and			✓					
99.	5.4.2.3 (v) a Table of Contents, and applicable lists of references and glossaries, and appendices.			✓					
100.	5.4.2.4 Are the roles and responsibilities of technical management and the quality manager, including their responsibilities for ensuring compliance with this Standard, defined in the quality manual?								
101.	5.4.2.5 Is the quality manual maintained current under the responsibility of the quality manger?								



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102.	5.4.2.6 Does the laboratory have data integrity procedures defined in detail within a quality manual?								
103.	5.4.2.6 Does the data integrity system include: 1) data integrity training, 2) signed data integrity documentation for all lab employees, 3) in-depth, periodic monitoring of data integrity, and 4) data integrity procedures documentation. Is the data integrity procedures signed and dated by the senior management? Are the data integrity procedures annually reviewed and updated by management?								
104.	5.4.2.6.1 Does laboratory management provide a mechanism for confidential reporting of data integrity issues in the laboratory? A primary element of the mechanism is to assure confidentiality and a receptive environment in which all employees may privately discuss ethical issues or report items of ethical concern.								
105.	5.4.2.6.2 In instances of ethical concern, the mechanism shall include a process whereby lab management are to be informed of the need for any further detailed investigation.								
5.4.3 DOCUMENT CONTROL									
106.	5.4.3.1 Does the laboratory have procedures to control all documents that form part of the laboratory's quality system?								
107.	5.4.3.2.1 Document Approval and Issue: Are all documents issued to personnel in the laboratory as part of the quality system reviewed and approved for use by authorized personnel prior to use?								
108.	5.4.3.2.1 Is there an established master list or equivalent document control procedure identifying the current revision status & distribution of documents in the quality system?								
109.	5.4.3.2.1 Are the master lists or document control procedures readily available to preclude the use of invalid and/or obsolete documents?								
110.	5.4.3.2.2 (a) Does the document control procedure(s) adopted ensure that authorized editions of appropriate documents are available at all locations where operations essential to the effective functioning of the laboratory are performed?								
111.	5.4.3.2.2 (b) Does the document control procedure(s) adopted ensure that documents are periodically reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements?								



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112.	5.4.3.2.2 (c) Does the document control procedure(s) adopted ensure that invalid or obsolete documents are promptly removed from all points of issue or use, or otherwise assured against unintended use?							
113.	5.4.3.2.2 (d) Does the document control procedure(s) adopted ensure that obsolete documents retained for either legal or knowledge presentation purposes are suitable marked?							
114.	5.4.3.2.3 Are quality system documents generated by the laboratory uniquely identified and does such identification include the date of issue and/or revision identification, page numbering, the total number of pages or a mark to signify the end of the document, and the issuing authority(ies)?							
115.	5.4.3.3.1 Do the designated personnel have access to pertinent background information upon which to base their review and approval?							
116.	5.4.3.3.1 Are changes to documents reviewed and approved by the same function that performed the original review, unless specifically designated otherwise?							
117.	5.4.3.3.2 Where practicable, is altered or new text identified in the document or the appropriate attachments?							
118.	5.4.3.3.3 If the laboratory's documentation control system allows for the amendment of documents by hand, pending the re-issue of the documents, are the procedures and authorities for such amendments defined?							
119.	5.4.3.3.3 Are amendments to documents clearly marked, initialed and dated?							
120.	5.4.3.3.3 Is a revised document formally re-issued as soon as practicable?							
121.	5.4.3.3.4 Are procedures established to describe how changes in documents maintained in computerized systems are made and controlled?							
5.4.13 INTERNAL AUDITS								
122.	5.4.13.1 Does the laboratory conduct annual internal audits of its technical activities to verify that its operations continue to comply with the requirements of the laboratory's quality system?							
123.	5.4.13.1 It is the responsibility of the quality assurance officer to plan and organize audits as required by a predetermined schedule and requested by management. Such audits shall be carried out by trained and qualified personnel who are, wherever resources permit, independent of the							



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	activity to be audited. Personnel shall not audit their own activities except when it can be demonstrated that an effective audit will be carried out.								
124.	5.4.13.2 Where audit findings cast doubt on the correctness or validity of the laboratory's calibrations or test results, does the laboratory take timely corrective action and notify, in writing, any client whose work may have been affected?								
125.	5.4.13.3 The area of activity audited, are the audit findings and corrective actions that arise from them recorded? Does laboratory management ensure that these actions are discharged within the agreed time frame as indicated in the quality manual and/or SOPs?								
126.	5.4.13.4 Do follow-up audit activities verify and record the implementation and effectiveness of the corrective action taken?								
	5.4.14 MANAGERIAL REVIEW								
127.	5.4.14.1 Does the laboratory management conduct a review, at least annually, its quality system and its testing and calibration activities to ensure its continuing suitability and effectiveness and to introduce any necessary changes or improvements in the quality system and laboratory operations?								
128.	5.4.14.1(a-j) Does the review take account of reports from managerial and supervisory personnel, suitability of policies and procedures, the outcome of recent internal audits, assessments by external bodies, the results of interlaboratory comparisons or proficiency tests, any changes in the volume and type of work undertaken, feedback from clients, complaints corrective actions and other relevant factors?								
129.	5.4.14.2 Are the findings from management reviews and the actions that arise from them recorded and are those actions carried out within an appropriate and agreed timescale?								
130.	5.4.14.2 Does the laboratory have a procedure for review by management and maintain records of review finding and actions?								
131.	5.4.14.2 Are findings from management reviews and the actions that arise from them recorded?								



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132.	5.4.15 Does the laboratory as part of their overall internal auditing program, insure that a review is conducted with respect to any evidence of inappropriate actions or vulnerabilities related to data integrity? Discovery of potential issues are to be handled in a confidential manner. All investigations that result in finding of inappropriate activity shall be documented and shall include any disciplinary actions, corrective actions taken, and all notifications of clients. All documentation of these investigation and actions taken shall be maintained for at least 5 yrs.							
5.5.9 Assuring the Quality of Environmental Test and Calibration Results								
133.	5.5.9.1 Does the laboratory ensure the quality of results by implementing checks to monitor the quality of the laboratory's analytical activities? Are The data resulting from QC procedures recorded in such a way that trends are detectable and, where practicable, statistical techniques shall be applied to the reviewing of the results. The monitoring shall be planned and reviewed and may include such checks as:	*	*					*Note: See Checklist AA for any specific non-conformances
134.	5.5.9.1 (a) use of certified reference materials and/or in-house quality control using secondary reference materials;	*	*					*On-site: Note: See Checklist AA for any specific non-conformances
135.	5.5.9.1 (b) participation in proficiency testing or other interlaboratory comparisons (See Chapter 2, Proficiency Testing);							
136.	5.5.9.1 (c) replicate testings using the same or different test methods;							
137.	5.5.9.1 (d) re-testing of retained samples;							
138.	5.5.9.1 (e) correlation of results for different characteristics of an item? (Ex: total phosphate should be greater than or equal to orthophosphate)							
5.5.9.2 (a) These general QC principles shall apply, where applicable, to all testing laboratories. (a) All laboratories shall have detailed written protocols in place to monitor the following QcC:								
139.	5.5.9.2(a)(1) positive and negative controls to monitor test such as blinks, spikes, reference toxicants;							
140.	5.5.9.2(a)(2) tests to define the variability and/or repeatability of the laboratory results such as replicates;							
141.	5.5.9.2(a)(3) measures to assure the accuracy of the test method including calibration and/or continuing calibrations, use of certified reference materials, proficiency test samples, or other measures;							
142.	5.5.9.2(a)(4) measures to evaluate test method capability, such as limit of detection and limit of quantitation or range of applicability such as linearity;							



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143.	5.5.9.2(a)(5) selection of appropriate formulae to reduce raw data to final results such as regression analysis, comparison to internal/external standard calculations, and statistical analyses;								
144.	5.5.9.2(a)(6) selection and use of reagents and standards of appropriate quality;								
145.	5.5.9.2(a)(7) measures to assure the selectivity of the test for its intended purpose; and								
146.	5.5.9.2(a)(8) measures to assure constant and consistent test conditions (both instrumental and environmental) where required by the test method such as temperature, humidity, light, or specific instrument conditions.								
147.	5.5.9.2(b) All quality control measures shall be assessed and evaluated on an on-going basis, and quality control acceptance criteria shall be used to determine the usability of the data.								
148.	5.5.9.2(c) The laboratory shall have procedures for the development of acceptance/rejection criteria where no method or regulatory criteria exist. (See 5.5.8.3.2, Sample Acceptance Policy.)								
149.	5.5.9.2(d) The quality control protocols specified by the laboratory's method manual (5.5.4.1.2) shall be followed. The laboratory shall ensure that the essential standards outlined in NELAC Appendix D or mandated methods or regulations (whichever are more stringent) are incorporated into their method manuals. When it is not apparent which is more stringent the QC in the mandated method or regulations is to be followed.								
5.4.10 CORRECTIVE ACTION (GENERAL)									
150.	5.4.10.1 General: Does the laboratory have a policy and procedure and designated authorities for implementing corrective actions when nonconforming work or departures from the policies and procedures in the quality system or technical operations have been identified?								
151.	5.4.10.2 Does the procedure for corrective action start with an investigation to determine the root cause(s) of the problem?								
152.	5.4.10.3 When corrective actions are needed does the laboratory identify potential corrective actions and select and implement the action(s) most likely to eliminate the problem and to prevent recurrence?								
153.	5.4.10.3 Are corrective actions made to a degree appropriate to the magnitude and the risk of the problem?								
154.	5.4.10.4 Does the laboratory document and implement any required changes resulting from corrective action investigations.								
155.	5.4.10.4 Does the laboratory monitor the results to ensure that the corrective actions taken have been effective?								
156.	5.4.10.5 Where the identification of nonconformances or departures casts doubts on the laboratory's compliance with its own policies and procedures, or on its compliance with this Standard,								



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	does the laboratory ensure that the appropriate areas of activity are audited in accordance with 5.4.13 as soon as possible?							
	5.4.10.6 Technical Corrective Action							
157.	5.4.10.6 (a) Has the laboratory implemented general procedures to be followed to determine when departures from documented policies, procedures and quality control have occurred?							
	5.4.10.6 (a) Do these procedures:							
158.	5.4.10.6 (a)(1) identify the individual(s) responsible for assessing each QC data type;							
159.	5.4.10.6 (a)(2) identify the individuals(s) responsible for initiating and/or recommending corrective actions;							
160.	5.4.10.6 (a)(3) define how the analyst should treat a data set if the associated QC measurements are unacceptable;							
161.	5.4.10.6 (a)(4) specify how out-of-control situations and subsequent corrective actions are to be documented;							
162.	5.4.10.6 (a)(5) specify procedures for management (including the QA officer) to review corrective action reports?							
163.	5.4.10.6 (b) To the extent possible, are samples reported only if all quality control measures are acceptable?							
164.	5.4.10.6 (b) If a specific quality control measure is found to be out of control, and the data is to be reported, are all samples associated with the failed item reported with appropriate lab defined data qualifier(s)?	*	*					*On-site: refer to Checklist AA and Appendix E for any non-conformances
	5.4.11 PREVENTIVE ACTION							
165.	5.4.11.1 Needed improvements and potential sources of nonconformances, either technical or concerning the quality system, shall be identified. If preventive action is required, action plans shall be developed, implemented and monitored to reduce the likelihood of the occurrence of such nonconformances and to take advantage of the opportunities for improvement.							
166.	5.4.11.2 Procedures for preventive actions shall include the initiation of such actions and application of controls to ensure that they are effective.							



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5.5 TECHNICAL REQUIREMENTS								
167.	5.5.1.1 (a-g) Does the lab determine correctness and reliability of the environmental test include contributions from: a) human factors (5.5.2); b) accommodation and environmental conditions (5.5.3); c) environmental test methods and method validation (5.5.4); d) equipment (5.5.5); e) measurement traceability (5.5.6); f) sampling (5.5.7); g) the handling of samples (5.5.8).							
168.	5.5.1.2 Does the lab take account of the factors that contribute to the total uncertainty of measurement in developing environmental test methods and procedures, in the training and qualification of personnel, and in the selection and calibration of the equipment it uses?							
5.5.2 PERSONNEL								
169.	5.5.2.1 Does laboratory management ensure the competence of all who operate specific equipment, perform environmental tests, evaluate results, and sign test reports? Also, when using staff that are undergoing training, is appropriate supervision provided?							
170.	5.5.2.1 Are personnel performing specific tasks qualified on the basis of appropriate education, training, experience and/or demonstrated skills, as required?							
171.	5.5.2.1 Does the laboratory have sufficient personnel with the <u>education, training, technical knowledge and experience</u> for their assigned functions?							
172.	5.5.2.1 Are all personnel responsible for complying with all quality assurance/quality control requirements that pertain to their organizational/technical function?							
173.	5.5.2.1 Does each technical staff member have a combination of experience and education to demonstrate adequately a specific knowledge of their particular function and a general knowledge of laboratory operations, test methods, quality assurance/quality control procedures and record management?							
174.	5.5.2.2 Does the management formulate goals with respect to the education, training and skills of the laboratory personnel?							



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175.	5.5.2.2 Does the laboratory have a policy and procedures for identifying training needs and providing training of personnel? Is the training program relevant to the present and anticipated tasks of the laboratory?							
176.	5.5.2.3 Does the laboratory use personnel who are employed by, or under contract to, the laboratory? Where contracted and additional technical and key support personnel are used, does the laboratory ensure that such personnel are supervised and competent and in accordance with the laboratory's quality system?							
177.	5.5.2.4 Does the laboratory maintain current job descriptions for all personnel who manage, perform or verify work affecting the quality of the environmental tests?							
178.	5.5.2.5 Does management authorize specific personnel to perform particular types of sampling, environmental testing, to issue test reports, to give opinions and interpretations and to operate particular types of equipment?							
179.	5.5.2.5 Does the laboratory maintain records of the relevant authorization, competence, educational and professions qualification training skills and experience of all technical personnel including contracted personnel?							
180.	5.5.2.5 Are records on the relevant qualifications, training, skills and experience of the technical personnel maintained by the laboratory?							
181.	5.5.2.5 Are the records readily available and do they include the date on which authorization and/or competence is confirmed? Do the records include demonstrated proficiency for each laboratory test method, such as the criteria outlined in 5.5.4.2.2 for chemical testing?							
	5.5.2.6 Laboratory Management Responsibilities							
	5.5.2.6 Is laboratory management responsible for:							
182.	5.5.2.6 (a) defining the minimal level of qualification, experience and skills necessary for all positions in the laboratory?							
183.	5.5.2.6 (a) Are basic laboratory skills such as using a balance, colony counting, aseptic or quantitative techniques?							



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184.	5.5.2.6 (b) ensuring that all technical laboratory staff and/or work cells have demonstrated capability in the activities for which they are responsible and documenting such demonstration (See Appendix C)?							
185.	5.5.2.6 (c) ensuring that the training of its personnel is kept up-to-date (on-going)?							
186.	5.5.2.6 (c)(1) Is evidence on file that demonstrates that each employee has read, understood, and is using the latest version of the laboratories in-house quality documentation?							NOTE: Did the Training files contain documentation on review of SOP's by personnel. SOP Update Log.
187.	5.5.2.6 (c)(2) Are training courses or workshops on specific equipment, analytical techniques or laboratory procedures documented?							
188.	5.5.2.6 (c)(3) Is analyst training <u>considered up to date</u> if the employee training file contains a certification that technical personnel have read, understood and agreed to perform the most recent version of the test method, (the approved method or standard operating procedure), and documentation of continued proficiency by at least one of the following per year:							
189.	5.5.2.6 (c)(3)(i) acceptable performance of a blind sample (single blind to the analyst);							
190.	5.5.2.6 (c)(3)(ii) Another initial demonstration of method performance;							
191.	5.5.2.6 (c)(3)(iii) At least four consecutive laboratory control samples with acceptable levels of precision and accuracy;							
192.	5.5.2.6 (c)(3)(iv) If i-iii cannot be performed, analysis of authentic samples that have been analyzed by another trained analyst with statistically indistinguishable results.							
193.	5.5.2.6 Is laboratory management responsible for: 5.5.2.6 (d) documenting all analytical and operational activities of the laboratory;							
194.	5.5.2.6 Is laboratory management responsible for: 5.5.2.6 (e) supervision of all personnel employed by the laboratory;							
195.	5.5.2.6 Is laboratory management responsible for: 5.5.2.6 (f) ensuring that all sample acceptance criteria are verified and that samples are logged into the sample tracking system and properly labeled and stored; and							



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196.	5.5.2.6 Is laboratory management responsible for: 5.5.2.6 (g) documenting the quality of all data reported by the laboratory.								
197.	5.5.2.7 Developing data integrity training for both new employee orientation and on an annual basis for all current employees?								
198.	5.5.2.7 Are topics covered documented in writing and provided to all trainees? Do key topics covered during training include organizational mission and its relationship to the critical need for honesty and full disclosure in all analytical reporting, how and when to report data integrity issues, and record keeping?								
199.	5.5.2.7 Are employees required to understand that any infractions of the laboratory data integrity procedures will result in a detailed investigation that could lead to very serious consequences including immediate termination, debarment or civil/criminal prosecution?								
200.	5.5.2.7 Does the initial data integrity training and the annual refresher training have a signature attendance sheet or other form of documentation that demonstrates all staff have participated and understand their obligations related to data integrity?								
201.	5.5.2.7 Do senior managers acknowledge their support of these procedures by: Upholding the spirit and intent of the organization's data integrity procedures? And Effectively implementing the specific requirements of the procedures?								
202.	5.5.2.7 Are specific examples of breaches of ethical behavior discussed including improper data manipulations, adjustments of instrument time clocks, and inappropriate changes in concentrations of stds. Does training include discussion regarding all data integrity procedures, data integrity training documentation, in-depth data monitoring and data integrity procedure documentation? Data integrity training requires emphasis on the importance of proper written narration of the part of the analyst with respect to those cases where analytical data may be useful, but are in one sense or another partially deficient. The data integrity procedures may also include written ethics agreements, examples of improper practices, etc..								
	Estimation of Uncertainty of Measurement 5.5.4.6								



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203.	5.5.4.6.1 Does the laboratory have and apply procedures of estimating uncertainty of measurement?								
204.	5.5.4.6.1 In cases that are metrologically and statistically valid, calculation of uncertainty of measurement, does the laboratory at least attempt to identify all the components of uncertainty and make a reasonable estimation?								
205.	5.5.4.6.1 Is a reasonable estimation based on knowledge of the performance of the method and on the measurement scope? In cases where the nature of the test method preclude rigorous, metrologically and statistically valid, calculation of uncertainty of measurement, and does the laboratory ensure that the form of reporting of the result does not give a wrong impression of the uncertainty? And does the reasonable estimation of uncertainty make use of previous experience & validation data?								
206.	5.5.4.6.2 Does the laboratory when estimating the uncertainty of measurement, take into account using appropriate methods of analysis all uncertainty components which are of importance in the given situation?								
APPENDIX D.1.2 LIMIT OF DETECTION AND LIMIT OF QUANTITATION									
207.	D.1.2 All procedures used must be documented. Documentation must include the quality system matrix type. All supporting data must be retained.								
208.	C.3.1(c) A LOD study is not required for any component for which spiking solutions or quality control samples are not available such as temperature. OR when test results are not to be reported to the LOD. Where an LOD study is not performed, the lab may not report a value below the limit of quantitation.								
209.	D1.2.1 Does the laboratory utilize test methods that provide a detection limit that is appropriate and relevant for the intended use of the data? Are LODs determined by the protocol in the mandated test method or applicable regulation.								



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210.	D1.2.1 If the protocol for determining detection limits is not specified, does the selection of the procedure reflect instrument limitations and the intended application of the test method?							
211.	D 1.2.1 (a) Is the LOD initially determined for the compounds of interest in each test method in a matrix in which there are no target analytes nor interferences at a concentration that would impact the results or is the LOD determined in the quality system matrix of interest.							
212.	D 1.2.1 (b) Are LODs determined each time there is a change in the test method that affects how the test is performed, or when a change in instrumentation occurs that affects the sensitivity of the analysis?							
213.	C. 3.1(a) All sample processing steps of the analytical method shall be included in the determination of the detection limit.							
214.	D.1.2.1(d) Is the LOD verified annually for each quality system matrix, method and analyte according to the procedure specified in C.3?							
215.	D 1.2.1 (c) The laboratory must have established procedures to relate LOD with LOQ.							
216.	D 1.2.2 (a) Are the established test method's LOQ (quantitation limits) above the LOD?							
217.	D.1.2.2(b) Is the LOQ verified annually for each quality matrix, method and analyte according to the procedure specified in C.3?							
218.	D.1.3 Are the procedures for data reduction, such as use of linear regression documented?							
	5.5.4.7 CONTROL OF DATA							
219.	5.5.4.7.1 Are calculations and <u>data transfer</u> subject to appropriate checks?							
220.	5.5.4.7.1 (a) Has the laboratory established Standard Operating Procedures to ensure that the reported data is free from transcription and calculation errors?			✓				
221.	5.5.4.7.1 (b) Has the laboratory established Standard Operating Procedures to ensure that all quality control measures are reviewed and evaluated before data are reported?			✓				
222.	5.5.4.7.1 (c) Has the laboratory established SOPs addressing manual calculations including manual integrations?							



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	5.5.4.7.2 Computers and Electronic Data Related Requirements							
	5.5.4.7.2 Where computers or automated equipment or microprocessors are used for the capture, processing, manipulation, recording, reporting, storage or retrieval of test data, does the laboratory ensure that:							
223.	5.5.4.7.2 (a) <u>computer software is documented and adequate for use;</u>							
224.	5.5.4.7.2 (b) procedures are established and implemented for protecting the integrity of data; such procedures shall include, but not be limited to, integrity of data entry or collection, data storage, data transmission and data processing;							
225.	5.5.4.7.2 (c) computer and automated equipment is maintained to ensure proper functioning and provided with the environmental and operating conditions necessary to maintain the integrity of calibration and test data;							
226.	5.5.4.7.2 (d) it establishes and implements appropriate procedures for the maintenance of security of data including the prevention of unauthorized access to, and the unauthorized amendment of computer records?							
227.	5.5.4.7.2 Commercial off-the-shelf software in general use within their designed application range is considered to be sufficiently validated. However, laboratory software configurations or modifications must be validated as in 5.5.4.7.2 a.							
	5.4.12.2.4 RECORDS MANAGEMENT AND STORAGE							
228.	5.4.12.2.4 (a) Are all records (including those pertaining to calibration and test equipment), certificates and reports safely stored, held secure and in confidence to the client?							
229.	5.4.12.2.4 (a) Are all NELAP-related records available to the accrediting authority?							
230.	5.4.12.2.4 (b) Is all information necessary for the historical reconstruction of data maintained by the laboratory for a minimum of 5 years from last entry in the records?							
231.	5.4.12.2.4 (b) Are records stored on electronic media only supported by the hardware and software necessary for their retrieval?							
232.	5.4.12.2.4 (c) Are records that are stored or generated by computers or personal computers (PCS) have hard copy or write-protected backup copies?							
233.	5.4.12.2.4 (d) Has the laboratory established a record management for control of laboratory notebooks, instrument logbooks, standards notebooks, and records for data reduction, validation, storage and reporting?							



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234.	5.4.12.2.4 (e) Is access to archived information documented with an access log?								
235.	5.4.12.2.4 (e) Are these records protected against fire, theft, loss, environmental deterioration, vermin and, in the case of electronic records, electronic or magnetic sources?								
236.	5.4.12.2.4 (f) & 4.1.8(e) Does the laboratory have a plan to ensure that the records are maintained or transferred according to the clients instructions in the event that a laboratory transfers or goes out of business?			✓					
	5.4.12.2.5 LABORATORY SAMPLE TRACKING								
	5.4.12.2.5.1 Sample Handling								
237.	5.4.12.2.5.1 (Opening Paragraph) Is a record of all procedures and activities to which a sample is subjected while in the possession maintained?								
238.	Do these activities include but are not limited to all records pertaining to:								
239.	5.4.12.2.5.1 (a) sample preservation including appropriateness of sample container and compliance with holding time?								
240.	5.4.12.2.5.1 (b) sample identification, receipt, acceptance or rejection and log-in?								
241.	5.4.12.2.5.1 (c) sample storage and tracking including shipping receipts, transmittal forms, (Chain of Custody)?								
242.	5.4.12.2.5.1 (d) documented procedures for the receipt and retention of samples, including all provisions necessary to protect the integrity of samples?								
	5.4.12.2.5.2 LABORATORY SUPPORT ACTIVITIES								
243.	5.4.12.2.5.2 In addition to documenting all the above-mentioned activities, are the following retained?								
244.	5.4.12.2.5.2 (a) All original raw data, whether hard copy or electronic, for calibrations, samples and quality control measures, including analysts work sheets and data output records (chromatograms, strip charts, and other instrument response readout records);								
245.	5.4.12.2.5.2 (b) A written description or reference to the specific test method used which includes a description of the specific computational steps used to translate parametric observations into a reportable analytical value;								



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246.	5.4.12.2.5.2 (c) copies of final reports;							
247.	5.4.12.2.5.2 (d) archived standard operating procedures;							
248.	5.4.12.2.5.2 (e) correspondence relating to laboratory activities for a specific project;							
249.	5.4.12.2.5.2 (f) all corrective action reports, audits and audit responses;							
250.	5.4.12.2.5.2 (g) proficiency test results and raw data;							
251.	5.4.12.2.5.2 (h) results of data review, verification and cross checking procedures?							
	5.4.12.2.5.4 Administrative Records							
	Are the following maintained:							
252.	5.4.12.2.5.4 (a) personnel qualifications, experience and training records;							
253.	5.4.12.2.5.4 (b) Records of demonstration of capability for each analyst;							
254.	5.4.12.2.5.4 (c) a log of names, initials and signatures for all individuals who are responsible for signing or initialing any laboratory record?							
	5.4.4 REVIEW OF REQUESTS, TENDERS AND CONTRACTS							
255.	5.4.4.1 Has the laboratory established and maintained procedures for the review of requests, tenders and contracts?							
256.	5.4.4.1 (a) Do the policies and procedures for reviews leading to a contract for environmental testing ensure that the requirements, including the methods to be used, are adequately defined, documented and understood?							
257.	5.4.4.1 (b) Do the policies and procedures for reviews leading to a contract for environmental testing and/or calibration ensure that the laboratory has the capability and resources to meet the requirements?							
258.	5.4.4.1 (b) Is the current accreditation status of the laboratory reviewed?							
259.	5.4.4.1 (b) Does the laboratory inform the client of the results of the capability review if it indicates any potential conflict, deficiency, lack of appropriate accreditation status, or inability on the laboratory's part to complete the client's work?							



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Based on: Chapter 5 Checklist, NELAC Standards, Chapters 2, 4, & 5, Revision a (6/05/2003) Reformatted									
260.	5.4.4.1 (c) Do the policies and procedures for reviews leading to a contract for environmental testing ensure that the appropriate environmental test method is selected and capable of meeting the clients' requirements?								
261.	5.4.4.1 Are any differences between the request or tender & the contract resolved before any work commences?								
262.	5.4.4.2 Are records of reviews, including any significant changes maintained?								
263.	5.4.4.2 Are records also maintained of pertinent discussions with a client relating to the client's requirements or the results of the work during the period of execution of the contract? Note: For review of routine and other simple tasks, the date and the identification (e. g. the initials) of the person in the laboratory responsible for carrying out the contracted work are considered adequate. For repetitive routine tasks, the review need be made only at the initial enquiry stage or on granting of the contract for on-going routine work performed under a general agreement with the client, provided that the client's requirements remain unchanged. For new, complex or advanced environmental testing and/or calibration tasks, a more comprehensive record should be maintained. (5.4.4.2).								
264.	5.4.4.3 Does the review cover any work that is subcontracted by the laboratory?								
265.	5.4.4.4 Is the client informed of any deviation from the contract?								
266.	5.4.4.5 If a contract needs to be amended after work has commenced, is the same contract review process repeated and any amendments communicated to all affected personnel?								
267.	5.4.4.5 Are any contract amendments communicated to all affected personnel?								
5.4.5 SUBCONTRACTING ANALYTICAL SAMPLES									
268.	5.4.5.2 Does the laboratory <u>advise the client of the arrangement in writing</u> and when possible gain the approval of the client, preferably n writing?								
269.	5.4.5.1 Does the laboratory submit any subcontract work for testing covered under NELAP only to a laboratory accredited under NELAP for the tests to be performed or one that meets applicable statutory & regulatory requirements for performing the tests & submitting the results of tests performed.								*NOTE On-site: need to maintain subcontracted lab Certificate of Approval current to the time samples were contracted and analyzed.
270.	5.4.4.5 If a contract needs to be amended after work has commenced, does the laboratory report any suspensions, revocations, or voluntary withdrawals of accreditation to the client?								



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271.	5.4.4.1 When a laboratory subcontracts work, does the laboratory clearly identify in final reports non-NELAP accredited work?								
272.	5.4.4.1 Is the laboratory performing the subcontracted work indicated in the final report and non-NELAP accredited work clearly identified?								
273.	5.4.5.3 Is the laboratory responsible to the client for the subcontractor's work, except in the case where the client or a regulatory authority specifies which subcontractor is to be used?								
274.	5.4.5.4 Does the laboratory maintain a register of all subcontractors that it uses for environmental tests and maintain a record of the evidence of compliance with 5.4.5.1?								
5.4.6 PURCHASING SERVICES AND SUPPLIES									
275.	5.4.6.1 Does the laboratory have a policy and procedure(s) for the selection and purchasing of services and supplies that it uses that affect the quality of the environments tests? Procedures shall exist for the purchase, reception and storage of reagents and lab consumable materials relevant for the environmental tests.								
276.	5.4.6.2 Does the laboratory ensure that purchased supplies and reagents and consumable materials that affect the quality of environmental test are not used until they have been inspected or otherwise verified as complying with std specifications or requirements defined in the methods for the test concerned? Are the records of actions taken to check compliance maintained?								*On-site: Sample bottles that are received "uncertified" will need to be quality control checked by the lab prior to their use. Additionally, the DI systems will need to have actual conductivity testing performed by an analyst and recorded.
277.	5.4.6.3 Do the purchasing documents for items affecting the quality of lab output contain data describing the services and supplies ordered? Are these purchasing documents reviewed and approved for technical content prior to release?								
278.	5.4.6.4 Does the laboratory maintain records of all suppliers from whom it obtains support services or supplies required for any tests?								
279.	5.4.6.4 Does the laboratory evaluate suppliers of critical consumables, supplies and services which affect the quality of environmental testing?								
280.	5.4.7 Does the laboratory afford clients or their representative's cooperation to clarify the client's request and monitor the laboratory's performance in relation to the work performed?								
5.4.8 COMPLAINTS									
281.	5.4.8 Does the laboratory have documented policy and procedures for the resolution of complaints received from clients or other parties about the laboratory's activities?			✓					
282.	5.4.8 Are records maintained of all complaints and of the investigations and corrective actions taken by the laboratory (see also 5.4.10).								



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	5.4.9 CONTROL OF NONCONFORMING ENVIRONMENTAL TESTING WORK								
283.	Does the laboratory have a policy and procedures that implement when any aspect of its environmental testing work, or the results of this work, do not conform to its own procedures or the agreed requirements of the client?								
284.	5.4.9.1(a) Do these procedures/policy ensure: the responsibilities and authorities for the management of nonconforming work are designated and actions are defined and taken when nonconforming work is identified;								
285.	5.4.9.1(b) an evaluation of the significance of the nonconforming work is made;								
286.	5.4.9.1(c) corrective actions are taken immediately, together with any decision about the acceptability of the nonconforming work;								
287.	5.4.9.1(d) where the data quality is or may be impacted, the client is notified								
288.	5.4.9.1(e) the responsibility for authorizing the resumption of work is defined.								
289.	5.4.9.2 Where the evaluation indicates that the nonconforming work could recur or that there is doubt about the compliance of the laboratory's operations with its own policies and procedures are the corrective action procedures promptly followed?								
	USE OF ACCREDITATION								
290.	6.8 (a)(1) Does the lab post or display their most recent NELAP accreditation certificate or their NELAP-accredited fields of testing in a prominent place in the lab facility?								
291.	4.6.1 & 6.8(a)(2) Does the lab make accurate statements concerning their NELAP accreditation fields of testing and NELAP accreditation status?								
292.	6.8 (a)(3) Does the lab accompany the accrediting authority's name and/or the NELAC/NELAP logo with at least the phrase "NELAC accredited" and the laboratory's accreditation number or other identifier when the accrediting authority's name is used on general literature such as catalogs, advertising, business solicitations, proposals, quotations, laboratory analytical reports or other materials?								
293.	4.6.1 & 6.8 (a)(4) Does the laboratory use their NELAP certificate, NELAP accreditation status and/or NELAC/NELAP logo in such a manner as to not imply endorsement by the accrediting authority?								



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5.5.10 Reporting the Results

5.5.10.1 General								
69.	5.5.10.1 Are the results of each test, or series of environmental tests carried out by the laboratory reported accurately, clearly, unambiguously and objectively, and in accordance with any specific instructions in the environmental test methods?							
70.	5.5.10.1 In the case of environmental tests or calibration results performed for internal clients, or in the case of a written agreement with the client, are the results reported in a simplified way?							
71.	5.5.10.1 Is any information listed in 5.5.10.2 to 5.5.10.4 which is not reported to the client readily available in the laboratory which carried out the environmental tests results?							
72.	5.5.10.1 Some regulatory reporting requirements or formats such as monthly operating reports may not require all items listed, in those cases does the laboratory provide all the required information to their client for use in preparing such regulatory reports?							
73.	5.5.10.1 Are the results reported, usually in a test report, that includes all the information requested by the client and necessary for the interpretation of the environmental test results and all information required by the method used?							
74.	5.5.10.1 Does the laboratory, if it is operated by a facility and whose sole function is to provide data to the facility management for compliance purposes (in-house or captive laboratories) have all applicable information specified in 5.5.10.2.a-m readily available for review by the accrediting authority?							
75.	5.5.10.1 Does the facility management ensure that the appropriate report items are in the report to the regulatory authority if such information is required?							
5.5.10.2 Test Reports								
76.	5.5.10.2 (a-e) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? <input type="checkbox"/> A title (e.g. "Test Report," "Certificate of Results," or "Laboratory Results")? <input type="checkbox"/> The name and address of the laboratory, the location where the environmental tests were carried out, if different from the address of the laboratory, and phone number with name of contact person for questions? <input type="checkbox"/> Unique identification of the test report (such as the serial number), and on each page an identification in order to ensure that the page is recognized as a part of the test report? <input type="checkbox"/> The name an address of the client and project name on the test reports? ___ Identification of the method used?							



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5.5.10 Reporting the Results

77.	5.5.10.2 (f) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? A description of, and unambiguous identification of, a description of, the condition of, and unambiguous identification of the sample(s), including the client identification code?							
78.	5.5.10.2 (g) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? The date of receipt of the sample(s) where this is critical to the validity and application of the results, date and time of sample collection, the date(s) of performance of the environmental test, and time of sample preparation and/or analysis if the required holding time for either activity is less than or equal to 72 hours?							
79.	5.5.10.2 (h) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? Reference to the sampling plan and procedures used by the laboratory or other bodies where these are relevant to the validity or application of the results?							
80.	5.5.10.2 (i) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? The environmental test results with, where appropriate, the units of measurement, and any failures identified; identify whether data are calculated on a dry weight or wet weight basis; identify the reporting until such as ug/l or mg/kg; and for Whole Effluent Toxicity, identify the statistical package used to provide data;							
81.	5.5.10.2 (j) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? The name(s), function(s) and signatures or equivalent electronic identification of person(s) authorizing the test report, and date of issue?							
82.	5.5.10.2 (k) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? A statement to the effect that the results relate only to the samples?							
83.	5.5.10.2 (l) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? A statement that the certificate or report shall not be reproduced except in full, without the written approval of the laboratory?							
84.	5.5.10.2 (m) Does each test report include at least the following information unless the laboratory has valid reasons for not doing so, as indicated by 5.5.10.1.a and b? Laboratories accredited to be in compliance with these standards shall certify that the test results meet all requirements of NELAC or provides reasons and/or justification if they do not?							
	5.5.10.3 Supplemental Information for Test Reports							



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5.5.10 Reporting the Results

85.	<p>5.5.10.3.1 (a-f): Where it is necessary for the interpretation of the test results, does the test report also include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deviations from (such as failed quality control), additions to, or exclusions from the test method, and information on specific test conditions, such as environmental conditions and any nonstandard conditions that may have affected the quality of results, including the use and definitions of data qualifiers? <input type="checkbox"/> Where quality system requirements are not met, a statement of compliance/non-compliance with requirements and/or specifications, including identification of test results derived from any sample that did not meet NELAC sample acceptance requirements such as improper container, holding time, or temperature? <input type="checkbox"/> Where applicable, a statement on the estimated uncertainty of measurement; information on uncertainty is needed when a client's instruction so requires? <input type="checkbox"/> Where appropriate and needed, opinions and interpretations? <input type="checkbox"/> Additional information which may be required by specific methods, clients or groups of clients? ___ Qualification of numerical results with values outside of the working limits? 							
86.	<p>5.5.10.3.2 (a-f): Do test reports containing the results of sampling include the following, where necessary for the interpretation of test results:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The date of sampling? <input type="checkbox"/> Unambiguous identification of the substance, material or product sampled? (including the name of the manufacturer, the model or type of designation and serial numbers as appropriate); <input type="checkbox"/> The location of sampling, including any diagrams, sketches or photographs? <input type="checkbox"/> A reference to the sampling plan and procedures used? <input type="checkbox"/> Details of any environmental conditions during sampling that may affect the interpretation of the test results? ___ Any standard or other specification for the sampling method or procedure, and deviations, additions to or exclusions from the specification concerned? 							
	5.5.10.4 Opinions and Interpretations							
87.	5.5.10.4 When opinions and interpretations are included, does the laboratory document the basis upon which the opinions and interpretations have been made?							
88.	5.5.10.4 Are opinions and interpretations clearly marked as such in a test report?							



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	Y	N	na	Y	N	na		

5.5.10 Reporting the Results

	5.5.10.5 Environmental Testing Obtained from Subcontractors							
89.	5.5.10.5 Does the subcontractor report the results either in writing or electronically?							
90.	5.5.10.5 Does the laboratory make a copy of the subcontractor's report available to the client when requested by the client?							
91.	5.5.10.5 When the test report contains results of tests performed by subcontractors, are these results clearly identified by subcontractor name or applicable accreditation number?							
	5.5.10.6 Electronic Transmission of Results							
92.	5.5.10.6 In the case of transmission of environmental test results by telephone, telex, facsimile or other electronic or electromagnetic means, are the requirements of this Standard met and ensure that all reasonable steps are taken to preserve confidentiality							
	5.5.10.7 Format of Reports							
93.	5.5.10.7 Is the format of the report designed to accommodate each type of environmental test carried out and to minimize the possibility of misunderstanding or misuse?							
	5.5.10.8 Amendments of Test Reports							
94.	5.5.10.8 Are material amendments to a test report after issue made only in the form of a further document, or data transfer, which includes the statement "Supplement to Test Report, serial number ... [or as otherwise identified]", or an equivalent form of wording?							
95.	5.5.10.8 Do such test report amendments meet all the requirements of this Standard?							
96.	5.5.10.8 When it is necessary to issue a complete new test report, is this uniquely identified and does it contain a reference to the original that it replaces?							