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 LABORATORY ACCREDITATION BUREAU	Subject: Delays Caused by Applicant and Client	Policy 004
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PURPOSE

This policy defines the process when, for whatever reason, a laboratory delays the accreditation process either during the applications stage or the assessment stage.

SCOPE


This policy applies to all applicant and currently accredited laboratories. The documents referenced in this SOP represent L-A-B's core documents for ISO/IEC 17025 Accreditation. Other documents may be utilized for sector specific programs.

POLICY

Applicant Stage

It is the policy of L-A-B to be timely with regard to the completion of the accreditation process once the laboratory has paid its initial fees and an assessor has been assigned. L-A-B makes every effort of afford the applicant with interpretations that will allow them to effectively pursue accreditation. In the event that a laboratory must delay the accreditation process once the assessor has been assigned, the following applies:

- 1) The accreditation pre-assessment must take place within six months of the assessor being assigned. Failure of the laboratory to schedule the pre-assessment in a timely fashion will result in the laboratory being put on inactive status and the laboratory will have to re-apply for accreditation.
- 2) If a pre-assessment is not to be performed, the initial assessment must take place within six months of an assessor being assigned. Failure of the laboratory to schedule the initial assessment in a timely fashion will result in the laboratory being put on inactive status and the laboratory will have to re-apply for accreditation.
- 3) Once a pre-assessment is performed, the laboratory must resolve any corrective action items resulting from the pre-assessment and schedule the initial assessment within six months of the pre-assessment date. If the laboratory has not scheduled the initial assessment within six months

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of the pre assessment the laboratory will be put on inactive status and will have to re-apply for accreditation.

Laboratory Documents


The laboratory must provide L-A-B all of the documentation as required on L-A-B Form 18 for full assessments or Form 214.4 for Surveillance assessments.

1. All documentation must be received at least **30 days** prior the surveillance base date. Failure to provide this documentation within the required timeframe may result in a rescheduling of the assessment.
2. For surveillance assessments, if this rescheduling causes the laboratories assessment date to extend more than 30 days past the SBD date, the laboratory will be placed on suspension, per SOP 306 Suspension and Termination, until the assessment occurs.
3. For full assessments, if this rescheduling causes the laboratories assessment date to extend more than 30 days past the SBD date, the laboratory may be placed on suspension per SOP 306 - Suspension and Termination until the assessment occurs. If rescheduling causes the assessment date to fall outside of the Accreditation Granted through Date shown on the Scope of Accreditation, an extension will not be given.

Corrective Actions

At the closing meeting the amount of time required to resolve the non-conformance and submit evidence to L-A-B will be determined by the assessor may range from 30 days to 60 days. This timeframe will be entered on the Form 33 Non-Compliance Report and must be signed by the assessor and client. If the corrective actions are not completed and evidence has not submitted to L-A-B by the required deadline, the following will apply:

1. The laboratories must submit a formal request to extend the submission deadline. This request must contain a valid reason for an extension of the deadline..
2. L-A-B technical staff will take all factors into consideration to determine if approval of the extension deadline will be granted. If granted, an appropriate length of time will be determined by L-A-B.

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3. The laboratories accreditation will be immediately put on suspension if this formal request is not received by L-A-B within the required timeframe stated on the Form 33 – Noncompliance Report.

If extensions to the nonconformance deadline have been granted, all corrective actions shall be completed within six months from the date of the issued Form 14 Assessment Report. Failure of the laboratory to successfully resolve all non compliances within this timeframe will result in the immediate suspension of the laboratory.

Technical Review

If additional evidence is needed from the technical review to close out a project / technical review, the client will be notified by L-A-B with a request (technical letter) with corresponding due dates for the evidence to be submitted. If the client does not respond within the given timeframe, the client may run the risk of suspension and/or termination.

REVISION HISTORY

Revision Level	Revision Date	Revised By	Brief Description of Revision
Original	8/29/01	Lynne Neumann	Original Issue
1	7/31/03	Rachel Levine	Specification on the consequences of delay by the client
2	8/5/03	Rachel Levine	Addition of consequences for not completing corrective actions in the time assigned by the assessor.
3	10/25/05	Ryan Fischer	Modified to represent applicant and current clients
4	08/15/06	Doug Leonard	Added the documents and corrective action sections to clarify the necessity of receiving documents from the laboratory.
5	11/13/06	Ryan Fischer	Revised the amount of time prior to the assessment for clients to submit the required documents for document review. Definition for clients to submit required information for closure of the technical review.
6	05/06/10	Doug Leonard	Revised to represent current practice and added the statement concerning different documents used for sector specific programs.

APPROVED



Date: 05/06/10