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PART A - INTRODUCTION

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

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

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

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

- Agricultural products
- Bulk cargoes (e.g. coal, iron ore, petroleum)
- Cargoes in containers and packages
- Cast products
- Cranes, Elevators, Safety Equipment
- Electrical equipment
- Foods
- Fire Equipment
- Forged products
- Information Technology
- Mechanical equipment
- Pipelines
- Protective coatings
- Rolled products
- Structures (e.g. concrete, steel, timber, including Special Inspections)
- Textiles
- Non-Destructive Testing and Inspection, including Welding

Users of accredited inspection bodies should review the Scope(s) of Accreditation from any accredited inspection body when making decisions about using the inspection body. The Scope(s) of Accreditation identifies the specific inspections or types of inspections for which the body is accredited. A2LA acknowledges that some user organizations may choose to accept only inspections conducted by Type A (third party or independent) bodies. It is up to such organizations to decide which accredited inspection bodies they will accept.

The general criteria used by A2LA for accreditation of inspection bodies are ISO/IEC 17020:2012, Conformity assessment—Requirements for the operation of various types of bodies performing inspection. A2LA’s official application of the Standard is consistent with the current version of ILAC-P15—Application of ISO/IEC 17020:2012 for the Accreditation of Inspection Bodies. (ILAC-P15 may be obtained free of charge in the documents section of the ILAC web site [WWW.ILAC.ORG](http://www.ilac.org)) Additional criteria needed to clarify proficiency testing requirements for inspection
bodies are included within this document. When tests and measurements are involved as part of the inspection process and measurement traceability is required, P102- A2LA Policy on Metrological Traceability or P113 – A2LA Policy on Measurement Traceability for Life Sciences Testing and Forensic Conformity Assessment Bodies, applies.

Additional program requirements (specific criteria) for specific fields (e.g. NDT, Forensic Inspection) or specific programs which are necessary to meet particular user needs (e.g. FedRAMP, NYC Department of Buildings) complement these general requirements in particular areas.

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

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

b) its management system is documented, fully operational and addresses and conforms to all elements of ISO/IEC 17020:2012, ILAC P15 and any A2LA official applications of these standards;

c) it is operating in accordance with its management system; and

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

It is A2LA policy not to accredit or renew accreditation of an inspection body that fails to meet the above criteria (see Part B, Conditions for Accreditation and Part C, Accreditation Process, sections on deficiencies, accreditation decisions and suspension or withdrawal of accreditation.) In general, A2LA endeavors to follow the procedures outlined herein for assessing applicants, though special circumstances may arise that warrant different procedures at A2LA’s sole discretion, as will be discussed with applicants when such circumstances arise.

In keeping with our mission, our staff, assessors and committees are committed to:

Providing independent, world-class accreditation programs that inspire confidence in the quality of services and acceptance of results from accredited organizations.

Providing excellence in accreditation and the highest level of customer service and support to our valued accredited conformity assessment bodies, applicants and stakeholders relying on accreditation.

_________________________________
Trace McInturff
Vice President, Accreditation Services
PART B – CONDITIONS FOR ACCREDITATION

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

In order to apply, the applicant inspection body’s Authorized Representative, must agree to the conditions for accreditation and must attest that all statements made on the application are correct to the best of his/her knowledge and understanding. An accredited inspection body’s Authorized Representative is responsible for ensuring that all of the relevant conditions for accreditation are met. During the on-site assessment, the assessor will examine records and documentation to verify compliance with the Conditions for Accreditation.

PART C – ACCREDITATION PROCESS

I. Application

An inspection body applies for accreditation by visiting the A2LA website (www.A2LA.org) and completing the online form. All applicants must agree to the conditions for accreditation (see Part B of this document) and provide detailed supporting information including:

- Proposed Scope of Accreditation that includes the inspections, methods, and relevant standards;
- Management System documentation;
- Inspection activities/schemes and
- Organizational structure.

In most cases, all documentation must be provided in English and the assessment conducted in English. An appropriate English translation of pertinent documentation must be provided as well as a translator, if needed, to facilitate the assessment. If A2LA has an appropriate and available assessor(s) that can communicate in the organization’s native language, A2LA will make efforts to assign the assessor to alleviate the need for some translation. Please note, however, that some documents (e.g. corrective action responses, etc.) must be provided in English. A2LA staff will provide further details as appropriate and on request as to which documents would need to be provided in English.

Accreditation is available for any type of inspection body. Typically, the scope of accreditation is identified in terms of standard inspection methods prepared by national, international, and professional standards writing bodies.

Inspection Body Structure

Locations of offices were key activities take place will require separate scopes of accreditation and need to be assessed on the two-year cycle. Key activities include:

- Policy formulation and approval;
- Development and approval of processes and procedures necessary for the operation of the inspection body, including requirements for selection and authorization of inspectors;
- Review of contractual arrangements;
- Development, evaluation and maintenance of the Inspection processes; and
- Development and approval of policies, processes and procedures for the resolution of appeals and complaints received from all parties about the inspection process and criteria, including the final decision.
Accreditation of main locations may cover additional locations on the same scope of accreditation where the following are true:

- All inspections are in the same field;
- All inspectors operate under the same management system and management as the main inspection body. Inspectors need to be trained on the management system and included on the organizational chart;
- All ‘key activities’ (i.e. policy formulation, process and/or procedure development, process of initial selection of inspectors) and, as appropriate, contract review, occur at the main location,
- All inspectors are able to have prompt supervisory oversight from the main location, when necessary,
- All inspectors must be included in the inspector witnessing plan as detailed in section VIII, and
- Inspection records from all field inspectors can be accessed by management.

The additional locations shall be recorded on the Scope of Accreditation. Deviations from the above requirements will be reviewed on a case by case basis.

**Branch Inspection Body:** An inspection body system that consists of two or more locations owned and operated by the same parent organization but cannot meet the requirements stated above. These types of organizations will require separate scopes for each location.

**Virtual Site:** An online environment allowing persons to execute the conformity assessment activities in a virtual environment (e.g. in a cloud environment).

**Scopes of Accreditation**

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

The scope of accreditation is the official listing of the inspections or types of inspections that the inspection body has been deemed competent to perform along with the level of independence at the organizational level or by type of inspection, if it varies, under the A2LA Accreditation. The scope identifies the products, process, service or installation on which the inspections are being performed, the inspection requirements, and technologies/methods/specifications/in-house methods that apply to the accredited inspections.

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

Accreditation of non-standard inspection methods, which the assessor is permitted to examine in detail, may be granted and shall be referenced on the scope by unambiguous identification. A2LA reserves the right to refuse to consider accreditation for proprietary methods, without prejudice, if there is not sufficient accessibility to the method, records, equipment, facilities and/or witnessing of the inspection. If the inspection body is using non-standard methods, such methods must be appropriate and fully documented per the requirements per sections 7.1.1, 7.1.2 and 7.1.3 of ISO/IEC 17020 and ILAC P15.

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

The purpose of an assessment is to establish whether an inspection body complies with the A2LA requirements for accreditation and can competently perform the types of inspections for which accreditation is sought. When accreditation is required to demonstrate compliance with additional criteria, which may be imposed by other authorities, the A2LA assessment will include such additional criteria. Assessors may also provide information, based on observations or in response to questions, in order to help the inspection body improve its performance. Assessors are restricted from providing consultation as this is not permitted under ISO/IEC 17011 Conformity Assessment - General requirements for accreditation bodies accrediting conformity assessment bodies, the standard to which A2LA adheres and operates.

Delayed Assessment Policy

If an inspection body fails to undergo its full assessment within one year from receipt of the application at A2LA headquarters, the inspection body is prompted by A2LA to take action. If no action is taken within thirty (30) days of that reminder, the inspection body is withdrawn from our system. If they still wish to be accredited they are required to begin the application process again and pay the inspection body accreditation fees in effect at that time.

Tax Policy

Any tax imposed by the jurisdiction where the assessment takes place or where fees are imposed, is to be paid by the inspection body in addition to the assessment fees.

Initial Steps

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

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

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

Copies of management system documentation and representative technical SOPs are required as part of the application in order for the assessor(s) to prepare for the assessment. The management system documentation must be reviewed by the assessment team before the assessment can begin. This review is done ideally before the assessment is scheduled. Upon review of submitted documentation, the assessor(s) will provide the document review results to the inspection body in writing, and the inspection body may implement corrective action to fill any documentation gaps required by ISO/IEC 17020 before the assessment. A pre-assessment visit may be requested by the inspection body or suggested by the assessor as an option at this point to enhance the success of the full assessment.
Prior to scheduling the full assessment, the assessor reviews the draft scope(s) to determine the inspections to possibly witness and checks on the availability of the technical personnel who perform the inspections. An assessment agenda is provided by the assessor.

**Pre-Assessment (when requested)**

A2LA assessors are permitted to conduct pre-assessments. There are two situations when a pre-assessment may be conducted:

1. When the lead assessor finds major gaps in the inspection body management system documentation or begins the assessment and finds a large number of non-conformances. In this case, the assessor identifies the non-conformances and suggests to the inspection body that a full initial assessment should wait until the noted issues have been addressed. This first identification of the non-conformances would be considered a pre-assessment; or

2. When an inspection body requests a pre-assessment to better prepare for the full initial assessment. In this case, the inspection body has applied, but is unsure of its documentation or system and wants someone to perform a pre-assessment to identify problems. The full assessment follows later.

To implement the pre-assessment process, the inspection body must first apply for accreditation. A lead assessor is assigned, with the inspection body’s concurrence. If, during the discussions between the inspection body and assessor in preparation for the assessment, the inspection body concludes that it is in its best interest to have a pre-assessment, it informs the assessor. The assessor notifies A2LA that the inspection body wants a pre-assessment. The daily rate of the pre-assessment is the same as the regular assessment rate and will be invoiced separately. No additional accreditation fees apply. A pre-assessment is generally performed on-site as a truncated version of the full initial assessment, but may also be performed remotely in some cases (refer to A2LA P119 - A2LA Policy on Remote Assessment).

**On-Site Assessment**

The full initial and renewal assessments involve:

- An entry briefing with inspection body management;
- Interviews with technical staff;
- Demonstration of inspections for which accreditation is sought;
- Examination of equipment and calibration records;
- Audit of the management system to verify that it is has been implemented and fully operational, conforms to all sections of ISO/IEC 17020 (including ILAC P-15), and contains all the required documentation;
  - Evaluation of the organization’s compliance with the A2LA requirements documents
  - R102 – Conditions for Accreditation,
  - R105 – Requirements When Making Reference to A2LA Accredited Status,
  - P102 - A2LA Policy on Metrological Traceability or P113 – A2LA Policy on Measurement Traceability for Life Sciences Testing and Forensic Conformity Assessment Bodies;
  - R301 – General Requirements: Accreditation of ISO/IEC 17020 Inspection Bodies, Sections VII Proficiency Testing and VIII Witnessing of Inspectors
- A report of assessor findings; and
- An exit briefing including the specific written identification of any deficiencies.

An on-site assessment will be conducted at the main inspection body facility.

When the intended scope of accreditation will be covering inspections that occur at additional locations, the
addresses and a listing of inspectors at each location is required to be submitted as part of the application. A decision regarding the on-site assessment of inspection body additional locations will be made on a case by case basis. A2LA management will make the ultimate decision as to locations that need to be visited.

The most critical contribution to inspection decisions is the inspector; as such it follows that inspectors must also be witnessed performing inspections. The witnessing of inspectors needs to be such that the effectiveness of systems can be verified, and the competence of individual inspectors can be confirmed. Some of the considerations in determining the amount of witnessing include:

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

The decision on the number of inspectors to be witnessed as well as the inspections which must be witnessed will be determined by the assigned assessor in consultation with A2LA staff and communicated to the inspection body. Every effort will be made to witness inspections at the client’s location. If this cannot be accommodated, arrangements must be made to witness mock inspections that adequately replicate an actual inspection environment.

Every effort should be made to observe, interview or review records for multiple personnel authorized by the inspection body to perform the work listed on their Scope(s) of Accreditation. For each initial and renewal assessment, a sampling of authorized inspectors shall be evaluated and identified in the assessment report.

During renewal assessments, effort should be made to interview or review records of different personnel than were interviewed previously. If the appropriate number of personnel are not available for witnessing during the onsite assessment, an interim assessment may be required to ensure appropriate coverage of qualified inspectors.

During an on-site assessment, the assessor has the authority to stop the process at any time and consult with A2LA staff and the inspection body’s authorized representative to determine if the assessment should proceed. In cases where the number of significant nonconformances affects the ability to successfully complete the assessment, the visit may be converted to a pre-assessment or a suspension may be recommended if technical capability is lost (see Section XVI Suspension of Accreditation). The assessment is then rescheduled for a time when the inspection body and assessor determine it is appropriate to proceed.

### III. Deficiencies

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

- An inspection body’s inability to perform an inspection for which it seeks accreditation;
- An inspection body’s management system does not conform to a clause or section of ISO/IEC 17020 (including ILAC P15 and A2LA official explanations of these standards), is not adequately documented, or is not completely implemented in accordance with that documentation; or
- An inspection body does not conform to any additional requirements of A2LA necessary to meet particular needs.
At the conclusion of an assessment, the assessor prepares a report of findings, identifying deficiencies, which, in the assessor’s judgment, the inspection body must resolve in order to gain initial accreditation or maintain current accreditation or have their accreditation renewed. The assessor then holds an exit briefing with the authorized representative (or designee) and all interested inspection body personnel to describe the findings, review the list of deficiencies (deficiency report), and describe the deficiency resolution process. The authorized representative of the inspection body (or designee) is asked to acknowledge the deficiency report to attest that the deficiency report has been reviewed with the assessor. The acknowledgement by the authorized representative does not imply concurrence with the findings, only that the inspection body had reviewed and received a copy of the report. If the number and/or nature of the deficiencies are deemed by A2LA staff as extreme, A2LA may take adverse action or require a follow-up assessment be conducted to ensure that appropriate corrective actions have been implemented.

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

IV. Corrective Action Process

The inspection body is requested to respond, in writing, within one month (30 days) after the date of the exit briefing detailing either its corrective action or why it does not believe that a deficiency exists. The corrective action response must include evidence that the inspection body is addressing all findings through their documented corrective action process, that includes cause analysis, along with any objective evidence (e.g., calibration certificates, revised procedures, paid invoices, packaging slips and/or training records) to indicate that the corrective actions have been implemented/completed. If the assessor’s review of the corrective action response is needed, the inspection body may be billed (at the prevailing assessor rate) by A2LA for time exceeding two hours. The assessor will discuss the possibility of this review with the inspection body during the exit briefing and obtain the inspection body’s concurrence.

When addressing an equipment calibration related deficiency to **P102 - A2LA Policy on Metrological Traceability or P113 – A2LA Policy on Measurement Traceability for Life Sciences Testing and Forensic Conformity Assessment Bodies**, please note that if the inspection body is using a calibration provider that does not meet **P102 or P113**, to satisfy the deficiency the inspection body does not need to immediately re-calibrate the equipment in question using an acceptable accredited calibration source. The inspection body must be able to demonstrate in their corrective action response the traceability of the current calibration and that they will use an acceptable source of calibration for the next regularly scheduled calibration cycle. An acceptable source is a calibration laboratory accredited by A2LA or one of our mutual recognition partners. We invite your attention to our website [www.A2LA.org](http://www.A2LA.org) for a listing of our partners.

When addressing a reference material related deficiency to **P102 - A2LA Policy on Metrological Traceability or P113 – A2LA Policy on Measurement Traceability for Life Sciences Testing and Forensic Conformity Assessment Bodies**, please note that if you are using a reference material(s) that does not meet **P102 or P113**, to satisfy the deficiency you do not need to immediately purchase a new reference material from a recognized source. You must demonstrate in your corrective action response that you will purchase acceptable reference materials on your next scheduled purchase; or by your next regularly scheduled A2LA renewal assessment, whichever is sooner. An acceptable source is a reference material producer accredited by A2LA or one of our mutual recognition partners that are recognized for reference material producer accreditation (currently only through the APLAC MRA).

It is possible that the inspection body will disagree with the findings that are presented by the assessor as deficiencies. If the inspection body disagrees with the findings the inspection body must explain in its response
why it disagrees with the assessor. The deficiency and inspection body’s explanation will be classified as a contested deficiency and provided to the Accreditation Council for a decision on validity. A contested deficiency should not be confused with an accreditation decision appeal – please refer to section C.XVIII Appeals for further information on the appeals process.

A new applicant inspection body (i.e. initial assessment) must respond in writing within 30 days of the exit briefing, and resolve all deficiencies within four (4) months of the exit briefing. A new applicant inspection body that fails to resolve all its deficiencies within four (4) months of being assessed may be subject to being reassessed at its expense. A2LA staff has the option to ask for reassessment of the inspection body before an initial accreditation vote is taken based on the number, extent and nature of the deficiencies.

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

V. Accreditation Anniversary Date

The anniversary date of the inspection body’s accreditation is established 45 to 75 days after the last day of the final on-site assessment before an initial accreditation decision, regardless of the length of time required to correct deficiencies. This anniversary date normally remains the same throughout the inspection body’s enrollment.

VI. Extensions to the Accreditation Anniversary Date

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

- Receipt of complete renewal application after imposed due date
- Assessment not performed within assessor availability
- Receipt of response to assessor deficiency report beyond 30 days of assessment exit briefing
- Closure of all deficiencies beyond 60 days of assessment exit briefing

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

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

VII. Proficiency Testing (PT)

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

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

Failure to participate, patterns of erratic results, successive failures, or other poor performance in required proficiency testing programs may result in revocation of accreditation for affected parameters and/or a required on-site surveillance visit by an A2LA assessor. The inspection body’s scope of accreditation found on the A2LA web site will be revised to reflect any revocations. Failure to meet minimum participation requirements or to respond to A2LA requests for information may result in an adverse accreditation action.

A2LA considers a result outside of three standard deviations of the mean of results to be an outlying result and requires a corrective action response. Any results that are evaluated as “unacceptable” by the PT scheme provider, using its stated evaluation protocol, also require a corrective action response.

**Remedial Actions:**
If unacceptable results are received on a formal proficiency testing program (e.g., CTS), the inspection body must enroll for the same analysis in the next available proficiency-testing round and demonstrate acceptable performance. Failure to successfully analyze the sample in this “remedial” round will result in immediate revocation of the inspections concerned from the inspection body’s Scope of Accreditation. Accreditation will be reinstated only upon demonstration of acceptable performance on a future proficiency testing round.

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

**VIII. Witnessing of Inspectors by the Inspection Body**

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

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

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

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

NOTE It is expected that on-site observations are performed in a way that minimizes the disturbance of the inspections, especially from the client’s viewpoint.”
IB1 Requirement:

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

Additional guidance and recommended practices on inspector monitoring is provided in ILAC P15.

IX. Accreditation Decisions

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

Staff normally selects a panel of between one and three AC members for voting. The panel is chosen so that the full range of the inspection body’s capabilities is adequately covered by the AC review. Especially in the case of those inspection bodies seeking (re)accreditation for multiple areas, it may be necessary to select more than three AC members to accomplish this. The inspection body is consulted about any potential conflicts of interest with the AC membership prior to sending their package to the AC. If more than three AC members are required in order to ensure a full review of the inspection body’s activities, (re)accreditation may not be granted until all of these votes have been received and any negative votes resolved. In some instances, (typically packages of a non-technical nature with less than six cited deficiencies), a single AC member can be assigned in order to expedite the decision-making process for CABs in good standing.

It is the primary responsibility of assessors to determine whether the observed evidence is serious enough to warrant a deficiency. However, the AC panel members that are asked to vote on an accreditation decision are required to make a judgment whether deficiencies still exist based on information contained in the ballot package. When there is disagreement regarding criteria interpretation or the meaning of objective evidence, A2LA staff assists in obtaining additional information to facilitate the AC panel member in making their decisions.

Staff shall notify the inspection body asking for further response based on the specific justification for any negative votes received from the AC panel. If further response still does not satisfy the negative voter(s), a follow-up assessment may be proposed or required. If further written response still does not satisfy the negative voter(s), a reassessment may be proposed or required. If a reassessment is requested by more than one voter, the inspection body is asked to accept a reassessment. The inspection body is responsible for any costs associated with this reassessment. If the inspection body refuses the proposed reassessment, a nine-member Accreditation Council appeals panel is balloted (see Sections XV Adverse Accreditation Decisions and XVIII Appeals Procedures below).

If accreditation is granted, the A2LA staff prepares and forwards a certificate and scope of accreditation to the inspection body for each enrolled field of inspection (and special program if appropriate). The inspection body should direct clients or potential clients to their listing on the A2LA web directory to show the types of inspections for which it is accredited. A2LA staff posts the scopes of accreditation to the online directory and also uses the scopes of accreditation to respond to inquiries.
X. Annual Review

Accreditation is granted for two years. However, after the initial year of accreditation, each inspection body must pay annual fees and assessor fees and undergo a one-day surveillance assessment by an assessor. This surveillance assessment is performed to confirm that the inspection body’s management system and technical capabilities remain in compliance with the accreditation requirements. Failure to complete the surveillance assessment within the designated timeframe may result in adverse accreditation action (see Section XVI Suspension of Accreditation).

For subsequent annual reviews occurring after the renewal of accreditation (see Section XI Reassessment and Renewal of Accreditation), each inspection body must pay annual fees and submit updated information on its organization, facilities, key personnel, along with a current copy of the inspector witness plan with supporting records and (if applicable) results of any proficiency testing. Objective evidence of completion of the internal audit and management review, in accordance with the inspection body’s respective plans and procedures, is also required. If the renewal inspection body does not promptly provide complete annual review documentation, or significant changes to the facility or organization have occurred, a one-day surveillance visit and payment of the associated assessor fees may be required.

XI. Reassessment and Renewal of Accreditation

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

Each accredited inspection body is sent a renewal application six (6) months in advance of the expiration date of its accreditation to allow sufficient time to complete the renewal process. A successful on-site reassessment must be completed before accreditation is renewed for another two years.

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

XII. Extraordinary Assessments

Although rare, A2LA may require inspection bodies to undergo an extraordinary assessment (also referred to as a “for-cause assessment”) as a result of a complaint(s) or significant changes to the inspection body’s management system. Depending on the severity of the complaint or changes, this assessment may be performed with little or no advance warning.

A for-cause assessment typically does not follow the assessment process as indicated in part II. On-Site Assessment above. A2LA staff, accompanied with the assigned technical assessor, will provide a detailed memorandum to the Authorized Representative identifying the reason for the assessment and any additional guidelines surrounding the assessment upon arrival at the organization. Failure to allow the A2LA assessment team to enter the facility and/or gather necessary and applicable evidence may be grounds for suspension. If reasons for the for-cause assessment are determined to be justified or substantiated by the SDAS as a result of objective evidence uncovered by the assessment team during the conducted assessment, the inspection body is responsible to cover all associated costs related to this for-cause assessment.

XIII. Adding to the Scope of Accreditation

An inspection body may request additions to its scope of accreditation at any time. If a request is made at a time in which an assessor is not scheduled to be on-site, the request must be submitted in writing to A2LA headquarters typically using the F340 – Request for Expansion of Scope of Accreditation – Inspection Body. Each
request is handled on a case-by-case basis. Unless the previous assessor can verify the competence of the inspection body to perform the additional inspections, another on-site assessment is normally required. The assessor may (based on a review of the supporting objective evidence provided) be able to recommend a scope addition without an on-site assessment. However, if the assessor’s time spent is more than two hours, the inspection body may be billed by A2LA at the prevailing assessor rate. If the additional inspection methods are significantly different from those that are on the currently accredited scope, an on-site assessment is mandatory. The need for an on-site assessment will be determined by A2LA staff in consultation with the technical assessor(s).

XIV. Inspection Body Reference to A2LA Accredited Status

The requirements pertaining to the use of the “A2LA Accredited” symbol and to any other reference to A2LA accreditation are outlined in the document titled R105 – Requirements When Making Reference to A2LA Accredited Status. The document is available from A2LA Headquarters or on the A2LA website, www.A2LA.org. A2LA has also created a guidance document to aid and assist inspection bodies to implement the advertising requirements, G125 - A2LA Promotion of Accreditation Information, which can also be found on the A2LA website. Failure to comply with these requirements may result in suspension or revocation of an inspection body’s accreditation.

XV. Accreditation Status and Adverse Accreditation Decisions

There are various levels of status that may be assigned to inspection bodies that cannot uphold the requirements for initial or continued accreditation.

Voluntary Withdrawal:
An applicant inspection body not yet accredited, or a renewal inspection body, can decide to terminate further accreditation action and voluntarily withdraw from the accreditation program. The inspection body contact must inform A2LA in writing of this request. A2LA does not publicize the fact that a new inspection body had applied and then withdrawn; however, the voluntary withdrawal status of renewal organizations are publicized on the A2LA website. If A2LA learns that the accredited inspection body is going, or has gone out of business, the inspection body is contacted for further detail and the inspection body’s accreditation is voluntarily withdrawn. In accordance with ISO/IEC 17011:2017, clause 8.2.2, the publication of voluntary withdrawal status, including dates and scopes, will remain on the A2LA website until the inspection body has reached the previously determined expiration date, or up to six months from the date of the action, whichever is longer.

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

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

XVI. Suspension of Accreditation

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

- non-compliance with the requirements of a nature not requiring immediate withdrawal (e.g.
identification of significant deficiencies during an assessment);  

- failure to provide full corrective action responses resulting from deficiencies cited during surveillance, renewal follow up or extraordinary assessments within the specified timeframe;

- improper use of the ‘A2LA Accredited’ symbol (e.g., misleading prints or advertisements are not solved by suitable retractions and appropriate remedial measures by the inspection body);

- other deviations from the requirements of the A2LA accreditation program (e.g., failure to pay the required fee or to submit annual review information within 60 calendar days after it is due or failure to complete a surveillance assessment within the designated time frame or non-compliance with R102 – Conditions for Accreditation).

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

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

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

XVII. Enforced Withdrawal of Accreditation

A2LA shall withdraw accreditation for any of the following causes:

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

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

• that withdrawal is being considered;
• of the reasons for the proposed withdrawal sufficient to put the inspection body on notice of the cause;
• that within thirty (30) days of receipt of the notice, the inspection body may submit in person, or in writing, information in opposition to the withdrawal, including any additional information that raises a genuine dispute over material facts; and
• of the effect of proposed withdrawal, including removing the inspection body’s name from the A2LA online directory and publicizing the action on the A2LA website for 90 days or the time interval remaining on the accreditation period, whichever is less. In accordance with ISO/IEC 17011:2017, clause 8.2.2, the publication of enforced withdrawal status, including dates and scopes, will remain on the A2LA website until the inspection body has reached the previously determined expiration date, or up to six months from the date of the action, whichever is longer.

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

XVIII. Appeals

A. Appeal of an Accreditation Decision

An appeal can be made to the Appeals Panel. The Appeals Panel consists of two bodies:

1) Appeals on accreditation decisions made by the Accreditation Council (AC), are submitted to a nine-member panel of the AC;
2) Appeals on adverse accreditation decisions made by A2LA staff are submitted to the A2LA Quality Council (QC).

A2LA staff shall advise the applicant in writing of its right to challenge an adverse accreditation decision by the initial Accreditation Council panel (see Section VIII Accreditation Decisions) or A2LA Staff.

An appeal shall be lodged no later than thirty (30) days after notification of the decision by forwarding a certified letter to A2LA for timely consideration by the Appeals Panel.

Any decision from the Appeals Panel which would deny or withdraw all or a portion of the inspection body’s accreditation, must be agreed upon by a two-thirds of the votes received (sum of the affirmative and negative – abstentions are not included). Votes from the nine-member panel of the AC must be received from all members with specific technical background necessary to review the inspection body’s scope of accreditation. The decision of the Appeal Panel is communicated in writing to the appellant.

The decision rendered by the Appeals Panel is final and binding.

XIX. Confidentiality Policy

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

All information provided by applicants in connection with a request for an application package, an application
for accreditation, an assessment or proficiency test is confidential. Documents necessary to convey information
about accredited inspection bodies and their scopes of accreditation are not confidential. In response to a question
about whether or not a particular inspection body has applied for accreditation, A2LA simply responds by stating
whether or not the inspection body is accredited. Staff neither confirms nor denies whether an inspection body
has ever applied for accreditation. If the inspection body itself is saying that it has applied for accreditation, it is
the inspection body’s responsibility to release the information regarding its applicant status. If a caller states that
the inspection body claims it applied for accreditation, A2LA staff shall note the name, address and phone
number of the inspection body to check whether the inspection body is misleading the client but staff still will not
verify the inspection body’s application. Should the inspection body insist that staff verify for a potential client
that it has applied to A2LA, A2LA staff shall indicate that the inspection body has applied only if the inspection
body makes such a request to A2LA in writing or designates on the application for accreditation that A2LA is
authorized to release information regarding the applicant’s status.

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

XX. Impartiality Policy

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

The Audit & Ethics Committee of the Board and the Vice President, Accreditation Services or designee shall, as
promptly as possible, take all possible means to prevent or overcome any such actions that may conceivably be in
violation of this policy.
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| 05/12/18   | ➢ Part C.I – Removed the option for allowing two standards to be on a single Scope.  
➢ Section IX amended for the new AC balloting process.  
➢ Section V updated for date range of anniversary date.  
➢ Change BOD to Appeals Panel  
➢ Removed Appeals process diagram.  
➢ Editorial changes.  
➢ Changed closing meeting with top management to authorized representative.  
➢ Added QC Panel responsibilities on appeals.  
➢ Removed appeal process diagram.  
➢ Clarified that voluntary withdrawal status is advertised on the A2LA website.  
➢ Added “if there is evidence of fraudulent behavior, intentional provision of false information or concealed information”.  
➢ Clarified voluntary versus enforced inactive status.  
➢ Clarified SDAS in consultation with the P/CEO, as necessary.  
➢ Updated for the impartiality policy.  
➢ Changed to response (removed written). |
| 03/14/19   | ➢ Editorial changes  
➢ Updated working and signature in the introduction due to organizational changes  
➢ Added flexibility under I. Application on language  
➢ Provided clarification on IB structures and added virtual site definition  
➢ Added the requirement for reverse traceability when dealing with unaccredited calibration deficiencies  
➢ Clarification under IV Corrective Action Process between ‘contested’ deficiency and ‘appeal’.  
➢ Clarified that Extraordinary Assessments are not typical assessments and do not follow a typical assessment process.  
➢ Per ISO/IEC 17011:2017 added language under XIV and XVI that withdrawn organization’s scopes will remain on website for at least 6 months.  
➢ Deleted graphic of accreditation timeline |
| 07/19/19   | ➢ Updated section on Inspection Body Structure |
| 11/07/19   | ➢ Updated Header/Footer to current version  
➢ Updated format and font for consistency  
➢ Added Qualtrax hyperlinks |
| 12/19      | ➢ Removed references to initial fees and payments |