



# Laboratory accreditation

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# ISO 17025 for Laboratory Accreditation

- ISO 17025 Certification ISO/IEC 17025 is the global quality standard for testing and calibration laboratories. It is the basis for accreditation from an accreditation body.
- There are two main clauses in ISO 17025 – Management Requirements and Technical Requirements. Management requirements are related to the operation and effectiveness of the quality management system within the laboratory. Technical requirements address the competence of staff; testing methodology; equipment and quality; and reporting of test and calibration results.

# ISO 17025 for Laboratory Accreditation

- Accreditation is an objective way to assure that you have demonstrated technical competence to provide reliable and accurate test results.
- Accreditation is objective because an independent, third party accreditation body performs annual assessments to verify whether your system is meeting all of the requirements of ISO/IEC 17025. This independent evaluation is important, because it is an unbiased guarantee that your laboratory is performing at its highest level.

# ISO 17025 for Laboratory Accreditation

- The accreditation body is responsible for assessing the quality system and technical aspects of your system to determine your compliance to the requirements of ISO/IEC 17025. It is the accreditation body that ultimately decides whether or not a laboratory is complying with the standard.

# ISO 17025 for Laboratory Accreditation

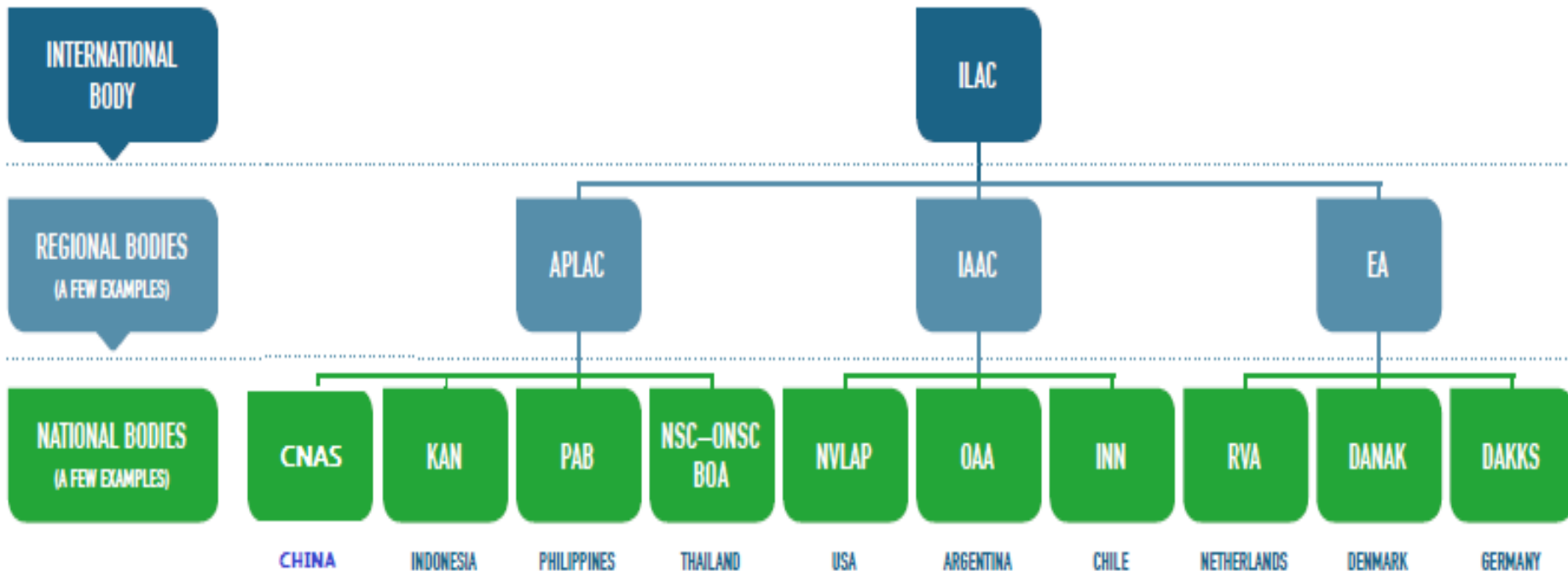
- Time require achieving ISO 17025 Accreditation Typically, it takes a laboratory six months to one year to prepare for the accreditation assessment. The assessment itself, from the day of closure of any applicable non conformances to the issuance of a certificate, takes approximately 8 weeks to complete. This includes Executive Committee review and administrative time required for paperwork and approval.

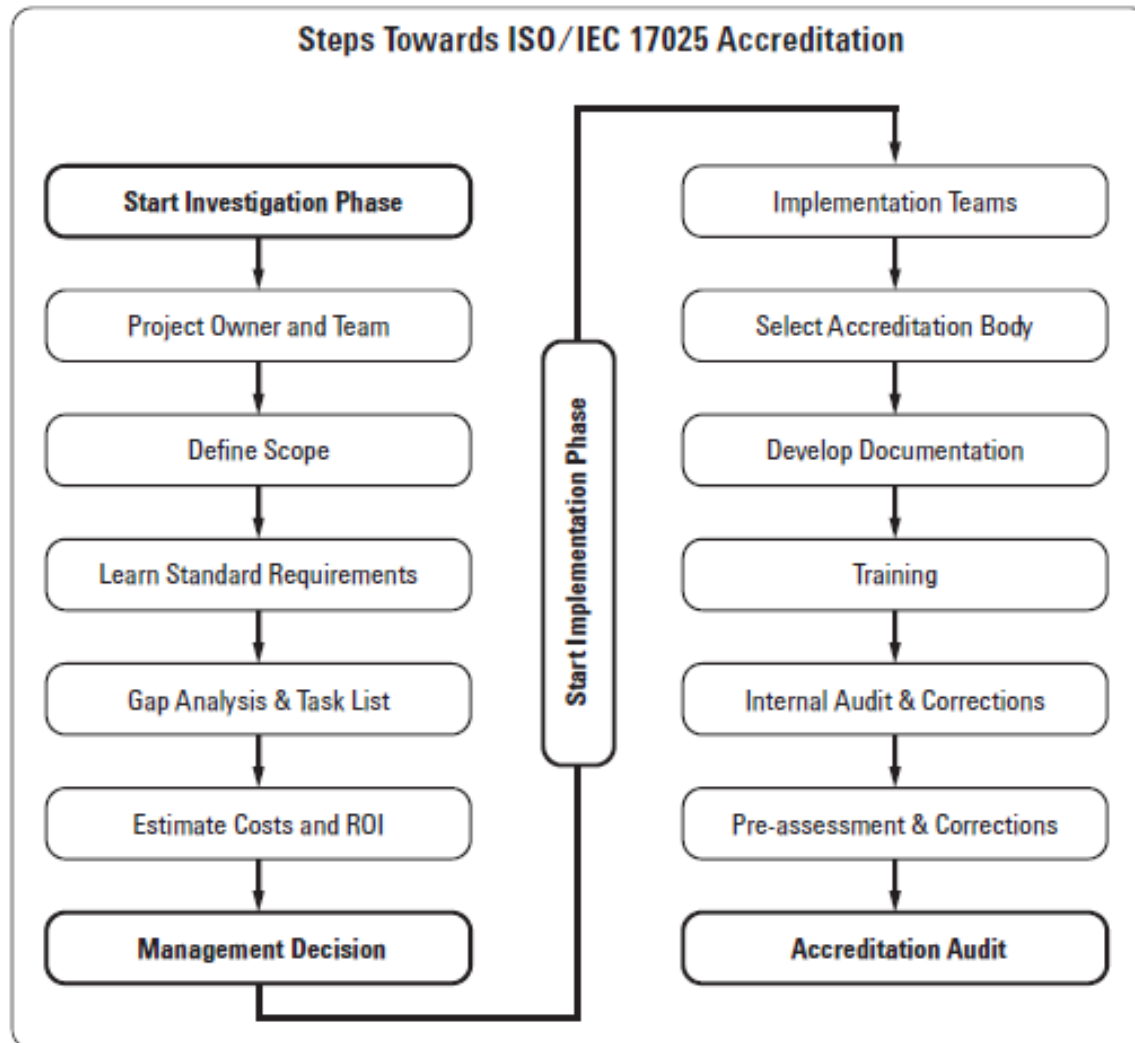
# About ILAC

- ILAC is the international organization for accreditation bodies operating in accordance with ISO/IEC 17011 and involved in the accreditation of conformity assessment bodies including calibration laboratories (using ISO/IEC 17025), testing laboratories (using ISO/IEC 17025), medical testing laboratories (using ISO 15189) and inspection bodies (using ISO/IEC 17020)..

# About ILAC

- The regional arrangements are managed by the recognized regional co-operation bodies that work in harmony with ILAC and IAF. The recognized regional co-operations are also represented on the ILAC and IAF Executive Committees. ILAC works closely with the regional co-operation bodies involved in accreditation, notably IAAC in the Americas.





# CNAS Laboratory Accreditation Process

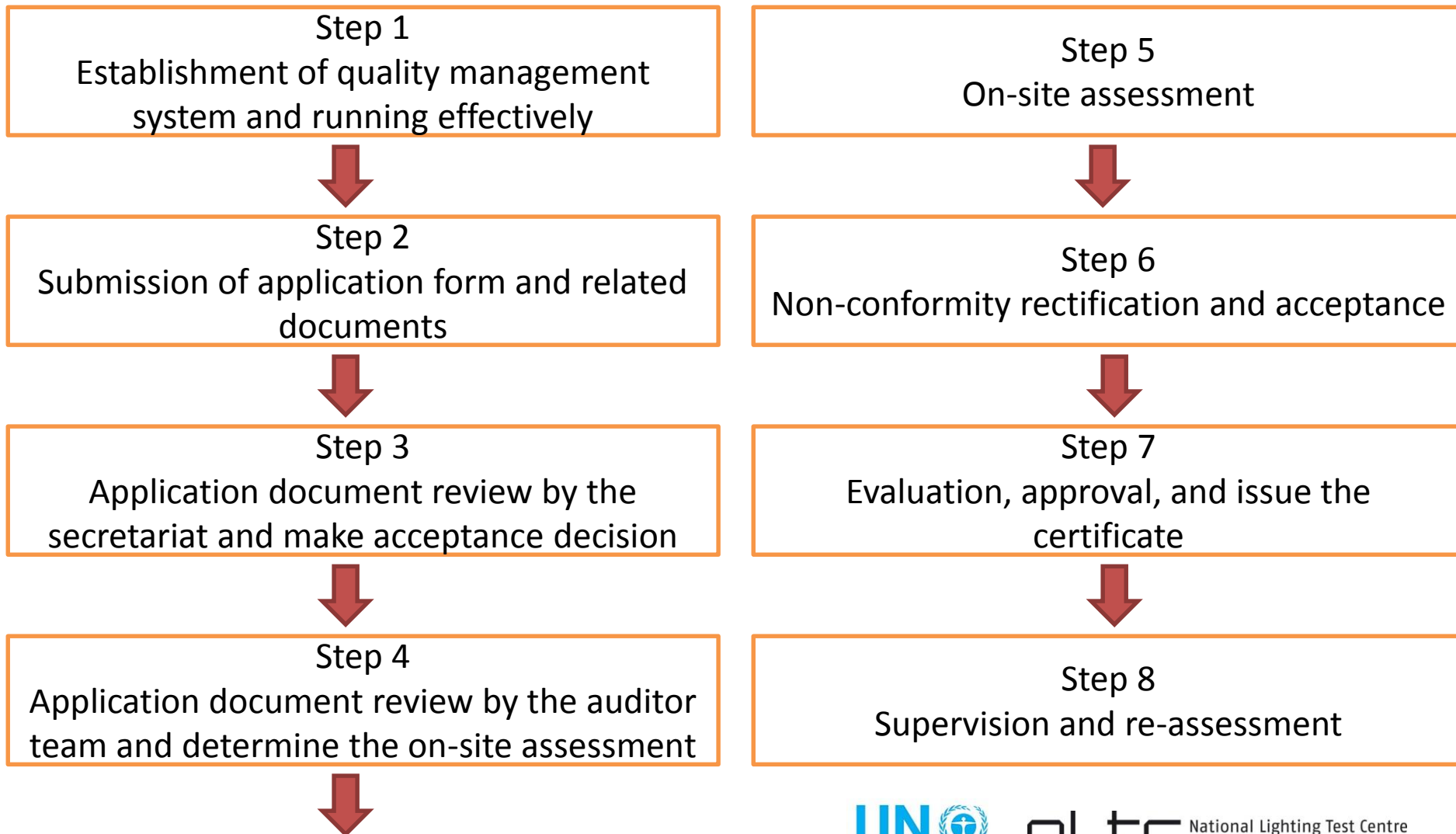
# Accreditation Rules

- **CNAS-R01 Rules for the Use of Accreditation Symbols and for Claims of Accreditation Status**
- **CNAS-R02 Rules for Impartiality and Confidentiality**
- **CNAS-R03 Rules for Dealing with Appeals,. Complaints and Disputes**
- **CNAS-RL01 Rules for the Accreditation of Laboratory**
- **CNAS-RL02 Rules for Proficiency Testing**
- **CNAS-RL03 Rule for Accreditation Fees For Laboratories and Inspection Bodies**
- **CNAS-RL04 Rules for Accepting Application from Overseas Laboratories and Inspection Bodies**

# Accreditation Criteria

- **CNAS-CL01 General requirements for the competence of testing and calibration laboratories (ISO/IEC 17025: 2005)**
- **CNAS-CL06 Requirements for Measurement Traceability**
- **CNAS-CL07 Requirements for Measurement Uncertainty.**
- **CNAS-CL11 Guidance on the Application of Laboratory Accreditation Criteria in the Field of Electrical Testing**
- **CNAS-CL52 Application of CNAS-CL01 <Accreditation Criteria of the competence of testing and calibration laboratories>**

# Accreditation Process



# Step 1 Establishment of quality management system and running effectively

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- Establishment of quality management system
  - Quality management system document should be completed, and systemic and coordinated;
  - organization structure and responsibilities are clear;
  - quality activities are under control;
  - quality management system can running effectively;
  - Process control is completed;
  - support service elements are effective

# Step 1 Establishment of quality management system and running effectively

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- Establishment of quality management system
  - Take into account of the accreditation criteria when developing the quality management documents;
  - There is no inconsistent among the different level documents
  - The quality management system shall cover all the places of testing activities
  - The laboratory management system shall formally and effectively running for at least 6 months

# Step 1 Establishment of quality management system and running effectively

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  - The quality management system shall cover all the places of testing activities

## Step 1 Establishment of quality management system and running effectively

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- The laboratory management system shall formally and effectively running for at least 6 months
  - For the new laboratory, it would need the pre-running, internal audit and management review, to make adjustments and improvements to the management system, and then to start running formally
  - Effectively running, means, all the elements in the quality management system are running and it keep all the related records.

## Step 2 Submission of application form and related documents

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- Application
  - Download the application form
  - Complete the application form and prepare all the required documents
  - Submit all the application documents online, and mail the hard copies to the CNAS
  - Pay the application fee

## Step 3 Application document review by the secretariat and make acceptance decision

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- Acceptance decision
  - The CNAS secretariat check the integrity of the application documents
  - Check the legal status
  - Check the effectiveness of the quality management system
  - Check the PT experience
  - Check the resources of conducting the testing activities

## Step 3 Application document review by the secretariat and make acceptance decision

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- Acceptance decision
  - Check the traceability of the equipments
  - Check the testing experience
  - Check the competence of the laboratory

## Step 3 Application document review by the secretariat and make acceptance decision

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- Initial assessment
  - It cannot ensure if the applicant meet the acceptance conditions by the submitted documents; or unsure if the laboratory has relevant equipments, accommodations
  - It cannot ensure the application scope by the submitted documents
  - It cannot ensure if the applicant agree to conduct the assessment within 3 months

## Step 3 Application document review by the secretariat and make acceptance decision

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- Acceptance decision
  - Before the CNAS secretariat makes the decision, they will inform the applicant any problems they find
  - The laboratory shall provide written responds to the CNAS secretariat for each problem found in the review concerning their actions or measures within 2 months
  - Submit the rectification documents within 3 month after the written responds

## Step 4 Application document review by the auditor team

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- Document review
  - The compliance of Quality management system
  - Application documents
  - The compliance of application scope, personnel, equipments, traceability, PT, test reports
  - If there is non-conformity found, the CNAS secretariat or the leader of the auditor team will inform the applicant in written, to take any corrective actions

## Step 4 Application document review by the auditor team

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- After review, suggestions from auditor
  - Implement pre-assessment
  - Implement on-site assessment
  - Suspense on-site assessment
  - Do not implement on-site assessment

## Step 4 Application document review by the auditor team

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- Pre-assessment
  - Pre-assessment is an assessment, this is for clarifying the questions or problems found in the document review

## Step 5 On-site assessment

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- On-site assessment
  - On-site assessment will be conducted in the place that under accreditation
  - The on-site assessment date will agreed by the auditor team and the laboratory; the days will be depend on the application scope
  - Sometimes, the CNAS will arrange an observer
  - The audit tem develop the assessment agenda and get agreement by the laboratory

# Step 5 On-site assessment

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- On-site assessment
  - On-site assessment starts by the opening meeting, which is moderated by the leader of audit team
  - Audit team and laboratory personnel participate the opening meeting
  - During the on-site assessment, the audit team will summarize and inform the laboratory every day
  - Before the closing meeting, the audit team will communicate with the laboratory of the general results

## Step 5 On-site assessment

- On-site assessment
  - During the on-site assessment, the auditor team will confirm each of technical capability that laboratory applies
  - The auditor team will arrange the on-site testing according to the application scope (items/parameters, equipments, testing methods, technicians, samples)
  - Evaluation of the authorized signatory
  - On-site assessment is closed by the closing meeting
  - The conclusion of the on-site assessment is the recommendations to CNAS

# Step 6 Non-conformity rectification and acceptance

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- Non-conformity rectification period
  - Initial assessment: 3 months
  - Supervision assessment: 2 months
  - Re-assessment: 2 months
- On-site verification
  - Related to the effective of the test results, or the integrity of laboratory
  - Environmental conditions (can correct in a short time)
  - Equipment failure (can correct in a short time)
  - Personnel competence (can correct in a short time)
  - Cannot ensure from the written document

# Step 6 Non-conformity rectification and acceptance

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- Corrective actions
  - For all the non-conformities, the laboratory should correct and do the cause analysis, develop the corrective actions
  - The conclusions of on-site assessment may amended according to the rectification results

# Step 7 Evaluation, approval, and issue the certificate

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- Evaluation
  - The on-site assessment report will be reviewed by CNAS, and decide the conclusion
- Approval
  - The CNAS secretariat will approve and issue the certificate if CNAS accepts and approves.
  - The validity period accreditation certificate is normally six years

# Step 8 Supervision and re-assessment

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- Supervision
  - Within 12 months after the laboratory obtains the accreditation certificate
  - On-site assessment is requested
- Re-assessment
  - Within 24 months and 48 months after the laboratory obtains the accreditation certificate
  - The application procedure is the same as initial application

## Step 8 Supervision and re-assessment

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- Expand accreditation scope
  - The application procedure is the same as initial application
  - Only answer the expand related question in the form
- Amendment of accreditation scope
  - Inform CNAS, if any changes in the name, address, organizations, technical capabilities
  - Can conduct at the same time of supervision or re-assessment

*Thank you!*





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