**Self-examination for compliance with ISO/IEC 17025:2017**

The questions in the self-examination questionnaire in the following pages go through the key requirements of ISO/IEC 17025:2017; they are the kind of questions which you should be asking yourself, as a laboratory, as you try to decide where you are ISO/IEC 17025:2017 compliant. This will give pointers to where you need to make changes. It cannot be emphasized too strongly that there are no standard ways of achieving compliance; rather there are hundreds of approaches to complying with any particular requirement. You need to focus on the requirement itself and to find the most convenient and cost-effective way to meet it in your particular situation.

With each question, tick one of the boxes numbered 1 to 4, based on the following code:

|  |  |
| --- | --- |
| 1 mark | No we do not meet this requirement at all |
| 2 marks | We meet some parts of this requirement- some level of implementation is in place |
| 3 marks | We meet most parts of this requirement- some level of implementation and documentation is in place |
| 4 marks | We meet this requirement fully- all requisite documents and implementation requirements have been met |

The numbers in brackets in the questionnaire refer to the relevant clauses in ISO/IEC 17025:2017

The higher your total score on this questionnaire, the less you will have to do to become compliant. However, this questionnaire is only intended to form an *initial* assessment in key areas and does not cover the whole of ISO 17025, so even if your answers are all 4s this does not mean that you already comply—but you are very well placed to make the final adjustments. The maximum score is 300 by the way!

**Some general thoughts to bear in mind**

ISO/IEC 17025:2017 is very much a standard to which you adhere by your own efforts. You document how you will meet the requirements of the standard and how you will manage your activities to maintain compliance. You then commit to monitoring your own compliance through audit and related activities and to taking corrective action when you move out of compliance.

When you are assessed, the recognition body will, of course, determine whether you are compliant on the day of assessment. However, the assessors will be far more interested in satisfying themselves that you have a robust management system which will maintain compliance on a routine basis. The assessors normally visit only once a year so the steps which you take to maintain and monitor compliance between visits are a key issue with them.

A well-managed quality system should pay for itself by reducing the amount of re-testing or re-calibration a laboratory needs to do and by improving its clients’ confidence and hence its success as a business.

**NOTE:** In this context “document” could be policy statements, procedures, specifications, calibration tables, charts, text books, posters, notices, memoranda, software, drawings, plans, etc. These may be on various media, whether hardcopy or electronic, and they may be digital, analog, photographic or written.

***Key to understanding your level of implementation***

|  |  |
| --- | --- |
| Mostly 1s | Further training and implementation need to be taken up |
| Mostly 2s | You can begin the initial recognition application process, but training should be taken up to document the system |
| Mostly 3s | You are ready for the recognition application process, but you should focus on establishing consistency in operations |
| Mostly 4s | You are ready for the recognition application process, and you should focus on continual improvement |

| **SNo.** | **Clause Reference** | **ISO/IEC 17025:2017 Requirement** | **Score**  **(1-4)** | **Objective evidence (name the document)** |
| --- | --- | --- | --- | --- |
|  | **4.0** | **General Requirements** |  |  |
|  | **4.1** | **Impartiality** |  |  |
|  |  | Is the laboratory managed in such a way that it operates independently and is free from external influences? |  |  |
|  | 4.1.2 | What shows that the laboratory management is committed to impartiality? |  |  |
|  | 4.1.4 | Does the laboratory identify risks to its impartiality on an on-going basis? |  |  |
|  | 4.1.5 | If a risk to impartiality is identified, is the laboratory able to demonstrate how it eliminates or minimizes such risk? |  |  |
|  | **4.2** | **Confidentiality** |  |  |
|  | 4.2.1 | Is the laboratory responsible, through legally enforceable commitments, for the management of all information obtained or created during the performance of laboratory activities? |  |  |
|  | 4.2.2 | When the laboratory is required by law or authorized by contractual arrangements to release confidential information, is there a provision for the customer or individual concerned, unless prohibited by law, be notified of the information provided? |  |  |
|  | 4.2.3 | Is Information about the customer obtained from sources other than the customer (e.g. complainant, regulator) kept confidential between the customer and the laboratory? |  |  |
|  | 4.2.4 | Do Personnel, including any committee members, contractors, personnel of external bodies, or individuals acting on the laboratory's behalf, keep confidential all information obtained or created during the performance of laboratory activities, except as required by law? |  |  |
|  | **5.0** | **Structural Requirements** |  |  |
|  | **5.1** | Is the laboratory a legal entity, or a defined part of a legal entity, that is legally responsible for its laboratory activities? |  |  |
|  | **5.2** | Has the laboratory identified management that has overall responsibility for the laboratory? |  |  |
|  | **5.3** | Has the laboratory defined and documented the range of laboratory activities for which it conforms with ISO/IEC 17025:2017? |  |  |
|  | **5.4** | **Are the Laboratory activities carried out in such a way as to meet the requirements of ISO/IEC 17025:2017, the laboratory’s customers, regulatory authorities and organizations providing recognition?** |  |  |
|  | **5.5a** | Has the laboratory defined the organization and management structure of the laboratory, its place in any parent organization, and the relationships between management, technical operations and support services? |  |  |
|  | **5.5b** | Has the laboratory specified the responsibility, authority and interrelationship of all personnel who manage, perform or verify work affecting the results of laboratory activities? |  |  |
|  | **5.5c** | Has the laboratory documented its procedures to the extent necessary to ensure the consistent application of its laboratory activities and the validity of the results? |  |  |
|  | **5.6** | Does the laboratory have personnel who, irrespective of other responsibilities, have the authority and resources needed to carry out their duties, including: |  |  |
|  | implementation, maintenance and improvement of the management system; |  |  |
|  | identification of deviations from the management system or from the procedures for performing laboratory activities; |  |  |
|  | initiation of actions to prevent or minimize such deviations; |  |  |
|  | reporting to laboratory management on the performance of the management system and any need for improvement; |  |  |
|  |  | ensuring the effectiveness of laboratory activities. |  |  |
|  | **5.7** | Does the Laboratory management ensure that communication takes place regarding the effectiveness of the management system and the importance of meeting customers' and other requirements? |  |  |
|  | Does the laboratory management ensure that the integrity of the management system is maintained when changes to the management system are planned and implemented? |  |  |
|  | **6.0** | **Resource Requirements** |  |  |
|  | **6.1** | Does the laboratory have available the personnel, facilities, equipment, systems and support services necessary to manage and perform its laboratory activities? |  |  |
|  | **6.2.2.** | Has the laboratory documented the competence requirements for each function influencing the results of laboratory activities, including requirements for education, qualification, training, technical knowledge, skills and experience? |  |  |
|  | **6.2.3** | Does the laboratory ensure that the personnel have the competence to perform laboratory activities for which they are responsible and to evaluate the significance of deviations? |  |  |
|  | **6.2.4** | Has the management of the laboratory communicated to personnel their duties, responsibilities and authorities? |  |  |
|  | **6.2.5** | Does the laboratory have procedure(s) and retains records for:  a) determining the competence requirements;  b) selection of personnel;  c) training of personnel;  d) supervision of personnel;  e) authorization of personnel;  f) monitoring competence of personnel. |  |  |
|  | **6.2.6** | Has the laboratory authorized personnel to perform specific laboratory activities, including but not limited to, the following:  a) development, modification, verification and validation of methods;  b) analysis of results, including statements of conformity or opinions and interpretations;  c) report, review and authorization of results. |  |  |
|  | **6.3** | **Facilities and environmental conditions** |  |  |
|  | **6.3.1** | Are the laboratory’s facilities and environmental conditions suitable for the laboratory activities and shall not adversely affect the validity of results? |  |  |
|  | **6.3.2** | Are the requirements for facilities and environmental conditions necessary for the performance of the laboratory activities documented? |  |  |
|  | **6.3.3** | Does the laboratory monitor, control and record environmental conditions in accordance with relevant specifications, methods or procedures or where they influence the validity of the results? |  |  |
|  | **6.3.4** | Are measures to control facilities implemented, monitored and periodically reviewed and include, but not be limited to:  a) access to and use of areas affecting laboratory activities;  b) prevention of contamination, interference or adverse influences on laboratory activities;  c) effective separation between areas with incompatible laboratory activities. |  |  |
|  | **6.3.5** | When the laboratory performs laboratory activities at sites or facilities outside its permanent control, does the laboratory ensure that the requirements related to facilities and environmental conditions of ISO/IEC 17025:2017 are met? |  |  |
|  | **6.4** | **Equipment** |  |  |
|  | **6.4.1** | Does the laboratory have access to equipment (including, but not limited to, measuring instruments, software, measurement standards, reference materials, reference data, reagents, consumables or auxiliary apparatus) that is required for the correct performance of laboratory activities and that can influence the results? |  |  |
|  | **6.4.2** | When the laboratory uses equipment outside its permanent control, does it ensure that the requirements for equipment of ISO/IEC 17025:2017 are met? |  |  |
|  | **6.4.3** | Does the laboratory have a procedure for handling, transport, storage, use and planned maintenance of equipment in order to ensure proper functioning and to prevent contamination or deterioration? |  |  |
|  | **6.4.4** | Does the laboratory verify that equipment conforms to specified requirements before being placed or returned into service? |  |  |
|  | **6.4.5** | Does the laboratory ensure that equipment used for measurement is capable of achieving the measurement accuracy and/or measurement uncertainty required to provide a valid result? |  |  |
|  | **6.4.6** | Does the laboratory ensure that Measuring equipment is calibrated when:   1. the measurement accuracy or measurement uncertainty affects the validity of the reported results, 2. and/orcalibration of the equipment is required to establish the metrological traceability of the reported results. |  |  |
|  | **6.4.7** | Has the laboratory established a calibration programme, which shall be reviewed and adjusted as necessary in order to maintain confidence in the status of calibration? |  |  |
|  | **6.4.8** | Does the laboratory ensure that all equipment requiring calibration or which has a defined period of validity shall be labelled, coded or otherwise identified to allow the user of the equipment to readily identify the status of calibration or period of validity? |  |  |
|  | **6.4.9** | Does the laboratory ensure that Equipment that has been subjected to overloading or mishandling, or is defective or outside specified requirements, shall be taken out of service, isolated to prevent its use or clearly labelled or marked as being out of service until it has been verified to perform correctly? |  |  |
|  | **6.4.10** | When intermediate checks are necessary to maintain confidence in the performance of the equipment, are these checks carried out according to a procedure? |  |  |
|  | **6.4.11** | When calibration and reference material data include reference values or correction factors, does the laboratory ensure the reference values and correction factors are updated and implemented, as appropriate, to meet specified requirements? |  |  |
|  | **6.4.12** | Does the laboratory take practicable measures to prevent unintended adjustments of equipment from invalidating results. |  |  |
|  | **6.4.13** | Does the laboratory retain the following records for equipment which can influence laboratory activities, where applicable?   1. the identity of equipment, including software and firmware version; 2. the manufacturer's name, type identification, and serial number or other unique identification; 3. evidence of verification that equipment conforms with specified requirements; 4. the current location; 5. calibration dates, results of calibrations, adjustments, acceptance criteria, and the due date of the next calibration or the calibration interval; 6. documentation of reference materials, results, acceptance criteria, relevant dates and the period of validity 7. the maintenance plan and maintenance carried out to date, where relevant to the performance of the equipment; 8. details of any damage, malfunction, modification to, or repair of, the equipment. |  |  |
|  | **6.5** | **Metrological traceability** |  |  |
|  | **6.5.1** | Does the laboratory establish and maintain metrological traceability of its measurement results by means of a documented unbroken chain of calibrations, each contributing to the measurement uncertainty, linking them to an appropriate reference? |  |  |
|  | **6.5.2** | Does the laboratory ensure that measurement results are traceable to the International System of Units (SI) through:   1. calibration provided by a competent laboratory; or 2. certified values of certified reference materials provided by a competent producer with stated metrological traceability to the SI; 3. or direct realization of the SI units ensured by comparison, directly or indirectly, with national or international standards. |  |  |
|  | **6.5.3** | When metrological traceability to the SI units is not technically possible, does the laboratory demonstrate metrological traceability to an appropriate reference, e.g.:   1. certified values of certified reference materials provided by a competent producer; 2. results of reference measurement procedures, specified methods or consensus standards that are clearly described and accepted as providing measurement results fit for their intended use and ensured by suitable comparison. |  |  |
|  | **6.6** | **Externally provided products and services** |  |  |
|  | **6.6.1** | Does the laboratory ensure that only suitable externally provided products and services that affect laboratory activities are used, when such products and services?   1. are intended for incorporation into the laboratory’s own activities; 2. are provided, in part or in full, directly to the customer by the laboratory, as received from the external provider; 3. are used to support the operation of the laboratory. |  |  |
|  | **6.6.2** | Does the laboratory have a procedure and retain records for?   1. defining, reviewing and approving the laboratory’s requirements for externally provided products and services; 2. defining the criteria for evaluation, selection, monitoring of performance and re-evaluation of the external providers; 3. ensuring that externally provided products and services conform to the laboratory’s established requirements, or when applicable, to the relevant requirements of this document, before they are used or directly provided to the customer; 4. taking any actions arising from evaluations, monitoring of performance and re-evaluations of the external providers. |  |  |
|  | **6.6.3** | Does the laboratory communicate its requirements to external providers for:   1. the products and services to be provided; 2. the acceptance criteria; 3. competence, including any required qualification of personnel; 4. activities that the laboratory, or its customer, intends to perform at the external provider's premises. |  |  |
|  | **7.0** | **Process requirements** |  |  |
|  | **7.1** | **Review of requests, tenders and contracts** |  |  |
|  | 7.1.1 | Does the laboratory have a procedure for the review of requests, tenders and contracts? Does the procedure ensure that:   1. the requirements are adequately defined, documented and understood; 2. the laboratory has the capability and resources to meet the requirements; 3. where external providers are used, the requirements of 6.6 are applied and the laboratory advises the customer of the specific laboratory activities to be performed by the external provider and gains the customer's approval? 4. the appropriate methods or procedures are selected and are capable of meeting the customers' requirements. |  |  |
|  | 7.1.2 | Does the laboratory inform the customer when the method requested by the customer is considered to be inappropriate or out of date? |  |  |
|  | 7.1.3 | When the customer requests a statement of conformity to a specification or standard for the test or calibration (e.g. pass/fail, in-tolerance/out-of-tolerance), does the laboratory ensure that the specification or standard and the  ‍decision rule is clearly defined?  Unless inherent in the requested specification or standard, does the lab ensure that the decision rule selected is communicated to, and agreed with, the customer? |  |  |
|  | 7.1.4 | Does the laboratory ensure that any differences between the request or tender and the contract is resolved before laboratory activities commence?  Does the laboratory ensure that Deviations requested by the customer do not impact the integrity of the laboratory or the validity of the results? |  |  |
|  | 7.1.6 | Does the laboratory ensure that when a contract is amended after work has commenced, the contract review shall be repeated and any amendments shall be communicated to all affected personnel. |  |  |
|  | 7.1.7 | Does the laboratory cooperate with customers or their representatives in clarifying the customer's request and in monitoring the laboratory’s performance in relation to the work performed? |  |  |
|  | 7.1.8 | Does the laboratory ensure that records of reviews, including any significant changes, shall be retained including records of pertinent discussions with a customer relating to the customer's requirements or the results of the laboratory activities? |  |  |
|  | **7.2** | **Selection, verification and validation of methods** |  |  |
|  | **7.2.1** | **Selection and verification of methods** |  |  |
|  | 7.2.1.1 | Does the laboratory use appropriate methods and procedures for all laboratory activities and, where appropriate, for evaluation of the measurement uncertainty as well as statistical techniques for analysis of data? |  |  |
|  | 7.2.1.2 | Are all methods, procedures and supporting documentation, such as instructions, standards, manuals and reference data relevant to the laboratory activities, kept up to date and made readily available to personnel? |  |  |
|  | 7.2.1.3 | Does the laboratory ensure that it uses the latest valid version of a method unless it is not appropriate or possible to do so? |  |  |
|  | 7.2.1.4 | When the customer does not specify the method to be used, does the laboratory select an appropriate method and inform the customer of the method chosen? |  |  |
|  | 7.2.1.5 | Does the laboratory retain records demonstrating verification that it can properly perform methods before introducing them by ensuring that it can achieve the required performance? |  |  |
|  | 7.2.1.6 | Does the laboratory consider method developed as a planned activity and assigns the development to competent personnel equipped with adequate resources? |  |  |
|  | 7.2.1.7 | Does the laboratory ensure that deviations from methods for all laboratory activities occur only if the deviation has been documented, technically justified, authorized, and accepted by the customer? |  |  |
|  | **7.2.2** | **Validation of methods** |  |  |
|  | 7.2.2.1 | Does the laboratory validate non-standard methods, laboratory-developed methods and standard methods used outside their intended scope or otherwise modified? |  |  |
|  | 7.2.2.2 | When changes are made to a validated method, does the laboratory determine the influence of such changes and where they are found to affect the original validation, a new method validation shall be performed? |  |  |
|  | 7.2.2.3 | Are the performance characteristics of validated methods, as assessed for the intended use, relevant to the customers' needs and consistent with specified requirements? |  |  |
|  | 7.2.2.4 | Does the laboratory retain the following records of validation?   1. the validation procedure used 2. specification of the requirements; 3. determination of the performance characteristics of the method; 4. results obtained; 5. a statement on the validity of the method, detailing its fitness for the intended use. |  |  |
|  | **7.3** | **Sampling** |  |  |
|  | 7.3.1 | Does the laboratory have a sampling plan and method when it carries out sampling of substances, materials or products for subsequent testing or calibration?  Does the sampling method address the factors to be controlled to ensure the validity of subsequent testing or calibration results?  Is the sampling plan and method available at the site where sampling is undertaken? |  |  |
|  | 7.3.2 | Does the sampling method describe:   1. the selection of samples or sites; 2. the sampling plan; 3. the preparation and treatment of sample(s) from a substance, material or product to yield the required item for subsequent testing or calibration. |  |  |
|  | **7.3.3** | Does the laboratory retain records of sampling data that forms part of the testing or calibration that is undertaken? So these records include, where relevant:   1. reference to the sampling method used; 2. date and time of sampling; 3. data to identify and describe the sample (e.g. number, amount, name); 4. identification of the personnel performing sampling; 5. identification of the equipment used; 6. environmental or transport conditions; 7. diagrams or other equivalent means to identify the sampling location, when appropriate; 8. deviations, additions to or exclusions from the sampling method and sampling plan. |  |  |
|  | **7.4** | **Handling of test or calibration items** |  |  |
|  | 7.4.1 | Does the laboratory have a procedure for the transportation, receipt, handling, protection, storage, retention, and disposal or return of test or calibration items, including all provisions necessary to protect the integrity of the test or calibration item, and to protect the interests of the laboratory and the customer? |  |  |
|  | 7.4.2 | Does the laboratory have a system for the unambiguous identification of test or calibration items?. |  |  |
|  | 7.4.3 | Upon receipt of the test or calibration item, are deviations from specified conditions recorded?  When there is doubt about the suitability of an item for test or calibration, or when an item does not conform to the description provided, does the laboratory consult the customer for further instructions before proceeding and record the results of this consultation?  When the customer requires the item to be tested or calibrated acknowledging a deviation from specified conditions, does the laboratory ensure to include a disclaimer in the report indicating which results may be affected by the deviation? |  |  |
|  | 7.4.4 | When items need to be stored or conditioned under specified environmental conditions, does the laboratory ensure these conditions are maintained, monitored and recorded? |  |  |
|  | **7.5** | **Technical records** |  |  |
|  | 7.5.1 | Does the laboratory ensure that technical records for each laboratory activity contain the results, report and sufficient information to facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty and enable the repetition of the laboratory activity under conditions as close as possible to the original.?  Do the technical records include the date and the identity of personnel responsible for each laboratory activity and for checking data and results?  Are the original observations, data and calculations recorded at the time they are made and are identifiable with the specific task? |  |  |
|  | 7.5.2 | Does the laboratory ensure that amendments to technical records can be tracked to previous versions or to original observations? |  |  |
|  | **7.6** | **Evaluation of measurement uncertainty** |  |  |
|  | 7.6.1 | Do Laboratories identify the contributions to measurement uncertainty? |  |  |
|  | 7.6.2 | Does the laboratory performing calibrations, including of its own equipment, evaluate the measurement uncertainty for all calibrations? |  |  |
|  | 7.6.3 | Does a laboratory performing testing evaluate measurement uncertainty? |  |  |
|  | **7.7** | **Ensuring the validity of results** |  |  |
|  | 7.7.1 | The laboratory shall have a procedure for monitoring the validity of results. The resulting data shall be recorded in such a way that trends are detectable and, where practicable, statistical techniques shall be applied to review the results. This monitoring shall be planned and reviewed and shall include, where appropriate, but not be limited to:   1. use of reference materials or quality control materials 2. use of alternative instrumentation that has been calibrated to provide traceable results 3. functional check(s) of measuring and testing equipment; 4. use of check or working standards with control charts, where applicable; 5. intermediate checks on measuring equipment; 6. replicate tests or calibrations using the same or different methods; 7. retesting or recalibration of retained items; 8. correlation of results for different characteristics of an item; 9. review of reported results; 10. intralaboratory comparisons; 11. testing of blind sample(s). |  |  |
|  | 7.7.2 | Does the laboratory monitor its performance by comparison with results of other laboratories, where available and appropriate?  Is the monitoring planned and reviewed and includes, but is not limited to, either or both of the following?   1. participation in proficiency testing; 2. participation in interlaboratory comparisons other than proficiency testing? |  |  |
|  | 7.7.3 | Is data from monitoring activities analyzed, used to control and, if applicable, improve the laboratory's activities? |  |  |
|  | **7.8** | **Reporting of results** |  |  |
|  | 7.8.1.1 | Does the laboratory ensure that results are reviewed and authorized prior to release? |  |  |
|  | **7.8.2** | **Common requirements for reports (test, calibration or sampling)** |  |  |
|  | 7.8.2.1 | Each report shall include at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse:   1. a title (e.g. “Test Report”, “Calibration Certificate” or “Report of Sampling”); 2. the name and address of the laboratory; 3. the location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory’s permanent facilities, or in associated temporary or mobile facilities; 4. unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end; 5. the name and contact information of the customer; 6. identification of the method used; 7. a description, unambiguous identification, and, when necessary, the condition of the item; 8. the date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results; 9. the date(s) of performance of the laboratory activity; 10. the date of issue of the report; 11. reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results; 12. a statement to the effect that the results relate only to the items tested, calibrated or sampled; 13. the results with, where appropriate, the units of measurement; 14. additions to, deviations, or exclusions from the method; 15. identification of the person(s) authorizing the report; 16. clear identification when results are from external providers. |  |  |
|  | 7.8.2.2 | Is the laboratory responsible for all the information provided in the report, except when information is provided by the customer? |  |  |
|  | **7.8.3** | **Specific requirements for test reports** |  |  |
|  | 7.8.3.1 | In addition to the requirements listed in 7.8.2, does the laboratory ensure that test reports, where necessary for the interpretation of the test results, include the following:   1. information on specific test conditions, such as environmental conditions; 2. where relevant, a statement of conformity with requirements or specifications (see 7.8.6); 3. where applicable, the measurement uncertainty presented in the same unit as that of the measurand or in a term relative to the measurand (e.g. percent) when: 4. where appropriate, opinions and interpretations (see 7.8.7); 5. additional information that may be required by specific methods, authorities, customers or groups of customers. |  |  |
|  | 7.8.4 | **Specific requirements for calibration certificates** |  |  |
|  | 7.8.4.1 | Does the laboratory ensure that in addition to the requirements listed in 7.8.2, calibration certificates shall include the following:   1. the measurement uncertainty of the measurement result presented in the same unit as that of the measurand or in a term relative to the measurand (e.g. percent); 2. the conditions (e.g. environmental) under which the calibrations were made that have an influence on the measurement results; 3. a statement identifying how the measurements are metrologically traceable (see Annex A); 4. the results before and after any adjustment or repair, if available; 5. where relevant, a statement of conformity with requirements or specifications (see 7.8.6); 6. where appropriate, opinions and interpretations (see 7.8.7). |  |  |
|  | 7.8.4.3 | Does the laboratory ensure that a calibration certificate or calibration label shall not contain any recommendation on the calibration interval, except where this has been agreed with the customer? |  |  |
|  | **7.8.5** | **Reporting sampling – specific requirements** |  |  |
|  |  | Where the laboratory is responsible for the sampling activity, in addition to the requirements listed in 7.8.2, does the laboratory ensure that reports shall include the following, where necessary for the interpretation of results:   1. the date of sampling; 2. unique identification of the item or material sampled (including the name of the manufacturer, the model or type of designation and serial numbers, as appropriate); 3. the location of sampling, including any diagrams, sketches or photographs; 4. a reference to the sampling plan and sampling method 5. details of any environmental conditions during sampling that affect the interpretation of the results; 6. information required to evaluate measurement uncertainty for subsequent testing or calibration. |  |  |
|  | **7.8.6** | **Reporting statements of conformity** |  |  |
|  | 7.8.6.1 | Does the laboratory document the decision rule employed, taking into account the level of risk (such as false accept and false reject and statistical assumptions) associated with the decision rule employed, and apply the decision rule? |  |  |
|  | 7.8.6.2 | Does the laboratory report on the statement of conformity, such that the statement clearly identifies:   1. to which results the statement of conformity applies; 2. which specifications, standards or parts thereof are met or not met; 3. the decision rule applied (unless it is inherent in the requested specification or standard). |  |  |
|  | **7.8.7** | **Reporting opinions and interpretations** |  |  |
|  | 7.8.7.1 | When opinions and interpretations are expressed, does the laboratory ensure that only personnel authorized for the expression of opinions and interpretations release the respective statement?  Does the laboratory document the basis upon which the opinions and interpretations have been made? |  |  |
|  | 7.8.7.2 | Does the laboratory ensure that opinions and interpretations expressed in reports are based on the results obtained from the tested or calibrated item and shall be clearly identified as such? |  |  |
|  | 7.8.7.3 | When opinions and interpretations are directly communicated by dialogue with the customer, is a record of the dialogue retained? |  |  |
|  | **7.8.8** | **Amendments to reports** |  |  |
|  | 7.8.8.1 | When an issued report needs to be changed, amended or re-issued, does the laboratory ensure that any change of information shall be clearly identified and, where appropriate, the reason for the change included in the report? |  |  |
|  | 7.8.8.2 | Are amendments to a report after issue made only in the form of a further document, or data transfer, which includes the statement “Amendment to Report, serial number... [or as otherwise identified]”, or an equivalent form of wording? |  |  |
|  | 7.8.8.3 | When it is necessary to issue a complete new report, is the new report uniquely identified and contains a reference to the original that it replaces? |  |  |
|  | **7.9** | **Complaints** |  |  |
|  | 7.9.1 | Does the laboratory have a documented process to receive, evaluate and make decisions on complaints? |  |  |
|  | 7.9.2 | Is a description of the handling process for complaints available to any interested party on request?  Upon receipt of a complaint, does the laboratory confirm whether the complaint relates to laboratory activities that it is responsible for and, if so, shall deal with it?  Is the laboratory responsible for all decisions at all levels of the handling process for complaints? |  |  |
|  | 7.9.3 | Does the process for handling complaints include at least the following elements and methods:   1. description of the process for receiving, validating, investigating the complaint, and deciding what actions are to be taken in response to it; 2. tracking and recording complaints, including actions undertaken to resolve them; 3. ensuring that any appropriate action is taken. |  |  |
|  | 7.9.4 | Is the laboratory receiving the complaint responsible for gathering and verifying all necessary information to validate the complaint? |  |  |
|  | 7.9.5 | Does the laboratory acknowledge receipt of the complaint, and provide the complainant with progress reports and the outcome? |  |  |
|  | 7.9.6 | Does the laboratory ensure that outcomes to be communicated to the complainant are made by, or reviewed and approved by, individual(s) not involved in the original laboratory activities in question? |  |  |
|  | 7.9.7 | Does the laboratory give formal notice of the end of the complaint handling to the complainant? |  |  |
|  | **7.10** | **Nonconforming work** |  |  |
|  | 7.10.1 | Does the laboratory have a procedure that shall be implemented when any aspect of its laboratory activities or results of this work do not conform to its own procedures or the agreed requirements of the customer? Does the procedure ensure that:   1. the responsibilities and authorities for the management of nonconforming work are defined; 2. actions (including halting or repeating of work and withholding of reports, as necessary) are based upon the risk levels established by the laboratory; 3. an evaluation is made of the significance of the nonconforming work, including an impact analysis on previous results; 4. a decision is taken on the acceptability of the nonconforming work; 5. where necessary, the customer is notified and work is recalled; 6. the responsibility for authorizing the resumption of work is defined. |  |  |
|  | 7.10.2 | Does the laboratory retain records of nonconforming work and actions as specified in 7.10.1, bullets b) to f)? |  |  |
|  | 7.10.3 | Does the laboratory implement corrective action where the evaluation indicates that the nonconforming work could recur, or that there is doubt about the conformity of the laboratory's operations with its own management system? |  |  |
|  | **7.11** | **Control of data and information management** |  |  |
|  | 7.11.1 | Does the laboratory have access to the data and information needed to perform laboratory activities? |  |  |
|  | 7.11.2 | Is the laboratory information management system(s) used for the collection, processing, recording, reporting, storage or retrieval of data validated for functionality, including the proper functioning of interfaces within the laboratory information management system(s) by the laboratory before introduction.?  Whenever there are any changes, including laboratory software configuration or modifications to commercial off-the-shelf software, are the changes authorized, documented and validated before implementation? |  |  |
|  | 7.11.3 | Is the laboratory information management system(s):   1. protected from unauthorized access; 2. safeguarded against tampering and loss; 3. operated in an environment that complies with provider or laboratory specifications or, in the case of non-computerized systems, provides conditions which safeguard the accuracy of manual recording and transcription; 4. maintained in a manner that ensures the integrity of the data and information; 5. includes recording system failures and the appropriate immediate and corrective actions. |  |  |
|  | 7.11.4 | When a laboratory information management system is managed and maintained off-site or through an external provider, does the laboratory ensure that the provider or operator of the system complies with all applicable requirements of this document? |  |  |
|  | 7.11.5 | Does the laboratory ensure that instructions, manuals and reference data relevant to the laboratory information management system(s) are made readily available to personnel? |  |  |
|  | 7.11.6 | Are Calculations and data transfers checked in an appropriate and systematic manner? |  |  |
|  | **8** | **Management system requirements** |  |  |
|  | 8.1.2 and 8.1.3 | Which option of management system does the laboratory follow?  Option A  Option B based on ISO 9001 |  |  |
|  | 8.2 | **Management system documentation (Option A)** |  |  |
|  | 8.2.1 | Has the Laboratory management established, documented and maintains policies and objectives for the fulfilment ISO/IEC 17025?  Does the laboratory ensure that the policies and objectives are acknowledged and implemented at all levels of the laboratory organization? |  |  |
|  | 8.2.2 | Do the policies and objectives address the competence, impartiality and consistent operation of the laboratory? |  |  |
|  | 8.2.3 | Do the policies and objectives demonstrate commitment to the development and implementation of the laboratory management system and to continually improving its effectiveness? |  |  |
|  | 8.2.4 | Is the documentation, processes, systems, records, related to the fulfilment of the requirements of ISO/IEC 17025 included in, referenced from, or linked to the management system? |  |  |
|  | 8.2.5 | Do all personnel involved in laboratory activities have access to the parts of the management system documentation and related information that are applicable to their responsibilities? |  |  |
|  | **8.3** | **Control of management system documents (Option A)** |  |  |
|  | 8.3.2 | Does the laboratory ensure that:   1. documents are approved for adequacy prior to issue by authorized personnel; 2. documents are periodically reviewed, and updated as necessary; 3. changes and the current revision status of documents are identified; 4. relevant versions of applicable documents are available at points of use and, where necessary, their distribution is controlled; 5. documents are uniquely identified; 6. the unintended use of obsolete documents is prevented, and suitable identification is applied to them if they are retained for any purpose. |  |  |
|  | **8.4** | **Control of records (Option A)** |  |  |
|  | 8.4.2 | Does the laboratory implement the controls needed for the identification, storage, protection, back-up, archive, retrieval, retention time, and disposal of its records? |  |  |
|  | **8.5** | **Actions to address risks and opportunities (Option A)** |  |  |
|  | 8.5.1 | Does the laboratory consider the risks and opportunities associated with the laboratory activities in order to:   1. give assurance that the management system achieves its intended results; 2. enhance opportunities to achieve the purpose and objectives of the laboratory; 3. prevent, or reduce, undesired impacts and potential failures in the laboratory activities; 4. achieve improvement. |  |  |
|  | 8.5.2 | Does the laboratory plan:   1. actions to address these risks and opportunities; 2. how to:   — integrate and implement these actions into its management system;  — evaluate the effectiveness of these actions. |  |  |
|  | 8.5.3 | Are the actions taken to address risks and opportunities proportional to the potential impact on the validity of laboratory results? |  |  |
|  | **8.6** | **Improvement (Option A)** |  |  |
|  | 8.6.1 | Does the laboratory identify and select opportunities for improvement and implement any necessary actions? |  |  |
|  | 8.6.2 | Does the laboratory seek feedback, both positive and negative, from its customers?  Is the feedback analysed and used to improve the management system, laboratory activities and customer service? |  |  |
|  | **8.7** | **Corrective actions (Option A)** |  |  |
|  | 8.7.1 | When a nonconformity occurs, does the laboratory:   1. react to the nonconformity and, as applicable take action to control and correct it as well as address the consequences; 2. evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by: reviewing and analyzing the nonconformity; determining the causes of the nonconformity; determining if similar nonconformities exist, or could potentially occur; 3. implement any action needed; 4. review the effectiveness of any corrective action taken; 5. update risks and opportunities determined during planning, if necessary; 6. make changes to the management system, if necessary. |  |  |
|  | 8.7.2 | Are the Corrective actions appropriate to the effects of the nonconformities encountered? |  |  |
|  | 8.7.3 | Does the laboratory retain records as evidence of:   1. the nature of the nonconformities, cause(s) and any subsequent actions taken; 2. the results of any corrective action. |  |  |
|  | **8.8** | **Internal audit** |  |  |
|  | 8.8.1 | Does the laboratory conduct internal audits at planned intervals to provide information on whether the management system: conforms to the laboratory’s own requirements for its management system, including the laboratory activities and the requirements of ISO/IEC 17025 and is effectively implemented and maintained? |  |  |
|  | 8.8.2 | **Internal Audit Program**  Does the laboratory’s internal audit program   1. include the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the laboratory activities concerned, changes affecting the laboratory, and the results of previous audits? 2. define the audit criteria and scope for each audit; 3. Does the laboratory ensure that the results of the audits are reported to relevant management; 4. appropriate correction and corrective actions are implemented without undue delay; 5. records are retained as evidence of the implementation of the audit programme and the audit results. |  |  |
|  | **8.9** | **Management reviews (Option A)** |  |  |
|  | **8.9.1** | Does the laboratory management review its management system at planned intervals, in order to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of ISO/IEC 17025? |  |  |
|  | **8.9.2** | Do the inputs to management review include information related to the following?   1. changes in internal and external issues that are relevant to the laboratory; 2. fulfilment of objectives; 3. suitability of policies and procedures; 4. status of actions from previous management reviews; 5. outcome of recent internal audits; 6. corrective actions; 7. assessments by external bodies; 8. changes in the volume and type of the work or in the range of laboratory activities; 9. customer and personnel feedback; 10. complaints; 11. effectiveness of any implemented improvements; 12. adequacy of resources; 13. results of risk identification; 14. outcomes of the assurance of the validity of results; and 15. other relevant factors, such as monitoring activities and training. |  |  |
|  | 8.9.3 | Do the outputs from the management review record all decisions and actions related to at least:   1. the effectiveness of the management system and its processes; 2. improvement of the laboratory activities related to the fulfilment of the requirements of this document; 3. provision of required resources; 4. any need for change. |  |  |
|  |  |  |  |  |
| **Total Score out of 300** | | |  |  |