Summary of the Laboratory AB Expert Committee Meeting

October 16, 2026
1:00PM Eastern

1. Welcome and Roll Call

Aaren Alger, Chair, called the meeting to order at 1PM Eastern. The attendance is recorded in Attachment 1 – 6 Voting Members and 7 Associate members. A quorum was met.

The review of the July meeting minutes was added to the agenda. It was approved by unanimous consent.

The July, August (including the Houston Summary) and September Minutes were sent for review.

A motion was made by Ryan to approve the July 24, 2026, minutes as written. The motion was seconded by Mille. There were 5 approvals and 1 abstention ((Kathryn). The motion passed.

A motion was made by Ryan to approve the August 21, 2026, minutes as written. The motion was seconded by Millie and unanimously approved.

The September minutes will be voted on next month. The date needs to be corrected to September 25, 2026.

2. Standard Review – V2M1

Section 6.1.2.10 – Assessor Qualifications and Experience
The Aaren made after the last meeting included revisions included clarification of qualifying work experience obtained through cooperative education programs, internships, and similar work experiences in a laboratory setting.

The Committee also discussed the use of STEM-related education and experience as part of the qualification criteria. Language was revised to avoid unnecessary repetition and to ensure that the requirements were consistent with language in other TNI standards.

Credentialing was also discussed. Aaren had incorporated language intended to clarify how relevant credentials could be considered in meeting qualification requirements.
Ilona suggested making the wording for credential-based qualifications more consistent with the structure used for the other qualification options. The Committee agreed that this was an editorial improvement.

Conflict of Interest Disclosure
The revised approach is to require assessors to disclose known actual or potential conflicts of interest to the AB and laboratory. The AB would then determine whether the conflict can be appropriately managed or mitigated or whether other action is necessary. Paul Bergeron suggested adding a requirement for disclosure within a timely fashion. The group was in agreement but also recognized that some conflicts may not become apparent until the assessment is underway.

Section 6.1.3 – AB Oversight and Assessment Report Quality

The Committee discussed the need to strengthen requirements for AB oversight of assessor competency and assessment report quality.

Amy raised the concern that ABs should be able to demonstrate that they periodically evaluate the quality and accuracy of assessment reports and verify that assessors are performing their responsibilities competently. Although existing sections address competency monitoring and corrective action, the Committee agreed that additional clarification regarding documentation would be beneficial.

The discussion focused on ensuring that ABs maintain records demonstrating their monitoring and evaluation activities.
The Committee considered language addressing the evaluation of assessment reports for:

- Accuracy of information.
- Appropriate citations.
- Consistent interpretation of requirements.
- Overall report quality.

The Committee favored making this an actual requirement rather than placing it in a note. The intent is to ensure that ABs can demonstrate that monitoring and evaluation are taking place, rather than simply stating that they have a process. The language will be further refined and incorporated into the appropriate section.

Section 7.2.1 – Application Requirements
The Committee revisited a note in Section 7.2.1 that referred to an informal application. There was uncertainty regarding what constituted an informal application and whether this distinction was necessary. The note was removed.

Secondary AB Responsibilities
The Committee continued its discussion regarding the responsibilities of secondary ABs when receiving notification from a primary AB. The concern was that the existing wording could be interpreted as requiring a secondary AB to accept or recognize information provided by the primary AB, potentially limiting the secondary body's authority to conduct its own review or apply its own procedures.

Ryan suggested clarifying that a secondary AB must, at a minimum, acknowledge receipt of the notice. Aaren supported this approach and proposed adding a note explaining that the language should not be interpreted as limiting the authority of the secondary AB.

The Committee generally supported the following concepts:

- The secondary AB must acknowledge receipt of the notice.
- The requirement establishes a minimum communication expectation.
- The language does not restrict a secondary AB's ability to apply its own procedures or conduct additional reviews as appropriate.

Timeline for Issuance of Reports and Responses
After discussion, the Committee reached consensus that the existing 30-day timeframe should remain in place rather than changing to 45 days.

Millie made a motion to change the applicable timelines from 45 days back to 30 days for issuance of reports and the associated responses. Ryan seconded the motion, and it passed unanimously. This will be updated in the DRAFT and the Committee will formally accept all changes when the Standard is approved by the Committee and then posted for comment.

The Committee's decision was to retain the 30-day timeframe for report issuance and the subsequent response requirements. The group indicated that it did not want to continue revisiting this issue.

Section 7.1.1.1.2 – Reasons for Reporting

The Committee reviewed language in Section 7.1.1.1.2 concerning reasons for reporting. Amy clarified that the listed reasons were intended to provide examples of circumstances that could warrant reporting, not to establish that every listed condition must be present.

Aaren agreed that the wording should be revised to avoid that interpretation and that the unnecessary mandatory language should be removed.

Section 8.2.3 – Notice of Changes to Accreditation Requirements

Aaren presented proposed revisions to Section 8.2.3 intended to address concerns about ABs introducing new interpretations, expectations, or implementation practices without adequately communicating them to laboratories.

Aaren explained that she had heard repeated concerns from laboratories and assessors about unexpected findings based on requirements or interpretations that had not previously been communicated.

Several examples were discussed, including situations in which:

- Assessors treated recommendations or statements using the word "should" as mandatory requirements.
- Assessors introduced interpretations of holding times or other technical requirements that laboratories had not previously been told to follow.
- ABs applied internal policies or expectations to laboratories without making those policies available.
- Laboratories received findings based on interpretations that appeared to have been developed or applied without prior notice.

Aaren emphasized that the intent of the proposed revision was not to prevent ABs from identifying legitimate nonconformities or addressing newly discovered problems. Rather, the goal was to ensure that laboratories are informed when ABs establish or adopt specific expectations that go beyond the published requirements.

Cathy expressed concerns with the proposed language related to a need to deal with things that need immediate attention and possible increased formal notifications

The discussion resulted in a better understanding of the Committee's competing concerns:

- Laboratories should not be subject to unpublished or undisclosed AB requirements.
- ABs must retain the ability to identify legitimate nonconformities as they arise.
- New or substantially expanded AB expectations should be communicated before they are applied as general policies.
- The Standard should not unintentionally require formal notifications for every technical issue or assessor observation.

Assessment Report Review, Approval, and Issuance

Aaren located the relevant section and revisited the Committee's earlier discussion about establishing more specific expectations for the report review process.

The Committee agreed that ABs should have documented procedures addressing the review and approval of assessment reports. These procedures should include sufficient detail to demonstrate that reports are evaluated for:

- Accuracy.
- Appropriate citations.
- Consistent interpretation of requirements.
- Overall quality.

Ryan supported making this a mandatory requirement rather than simply including it as a note. Aaren explained that the intent is not to require an AB to have someone independently reread every word of every assessment report or re-evaluate all the technical evidence gathered during an assessment. Instead, the requirement should support a documented, risk-based approach to report review and assessor competency monitoring.

For example, a newly qualified assessor may require more extensive report review and feedback until competency is demonstrated. As the assessor gains experience and demonstrates consistent performance, the level of review may be adjusted. Periodic deeper reviews may also be conducted as part of an overall competency evaluation or internal audit. The Committee agreed that this approach would allow ABs to establish appropriate oversight while avoiding an overly prescriptive review process.

Lee Ann's suggested wording was well received, and Cathy supported the revised approach. The Committee agreed that the language should be incorporated into the working draft for further review.

3. General Discussion

The Committee recognized the need to balance several objectives:

- Providing laboratories with clear expectations.
- Supporting consistent assessor performance.
- Ensuring ABs have appropriate authority and flexibility.
- Preventing internal policies or undocumented interpretations from being applied as though they were published requirements.
- Establishing meaningful oversight and documentation without creating unnecessary administrative burdens.

4. New Business

None

5. Next Meeting

The next planned teleconference meeting will be November 20, 2026, at 1PM Eastern.

Aaren adjourned the meeting at 2:33PM Eastern.

Attachment 1 LAB Expert Committee Roster

Name/Email	Vote	Affiliation	Present
Aaren Alger, Chair Aaren.s.alger@gmail.com	For	Other – Alger Consulting & Training	Yes
Socorro Baldonado sbaldonado@mwdh2o.com	For	Lab – Metropolitan Water District, La Verne, CA	Yes
Kathryn Chang Kathryn.chang@et.eurofins.us	For	LAB – Eurofins	Yes
Sviatlana Haubner Sviatlana.Haubner@cincinnati-oh.gov		LAB – Cincinnati Metropolitan Sewer District	No
Michella Karapondo Karapondo.michella@epa.gov		Other – EPA OGWDW TSC/Cincinnati	No
Ryan Lerch Ryan.lerch@deq.ok.gov	For	AB – OK DEQ	Yes
Michael Perry mperry@labworks.com		Other - Labworks, Inc.	No
Millie Rose Mille.Rose@illinois.gov	For	AB – IL EPA	Yes
Amy Steuerwald amy.steuerwald@health.ny.gov	For	AB – NY DOH	Yes
Program Administrator: Ilona Taunton Ilona.taunton@nelac-institute.org	N/A	TNI	Yes
Associate Members:			
Paul Bergeron Paul.bergeron@la.gov		AB – LDEQ	Yes
Debbie Bond dbond@southernco.com		LAB – Alabama Power	Yes
Nilda Cox nilda.cox@et.eurofinsus.com		Lab – Eurofins Eaton Analytical LLC	No
Yumi Creason ycreason@pa.gov		Other	No
Taryn Hurley taryn.hurley@deq.ok.gov		AB – OK DEQ	No
Paul Junio paul.junio@pacelabs.com		LAB – Pace Labs, Inc.	No
LeeAnn Kline lkline@mjreider.com		M J Reider Associates	Yes
Jasmina Kuljanac Jasmina.Kuljanac@stpete.org		City of St. Petersburg Water Resources Department (Florida)	Yes
Marlene Moore mmoore@advancedsys.com		Other – Advanced Systems, Inc., Newark, DE	No
Zaneta Popovska zpopovska@anab.org		AB – ANAB	No

Mei Beth Shepherd mbshep@sheptechserv.com		Other – Shepherd Technical Services	No
Nicholas Slawson nslawson@a2la.org		AB – A2LA	No
Carl Kircher		AB - Florida	Yes
Cathy Westerman cathy.westerman@dgs.virginia.gov		AB – VA DCLS	Yes
Carol Gebhart carol.gebhart@alsglobal.com		ALS	No
Vanessa Hayes vanessah@ide-tech.com		IDE - Americas	Yes