

Summary of the Laboratory Accreditation Body Expert Committee Meeting  
Tuesday, February 21, 2023 1:00 pm Eastern

1. Welcome and Roll Call

Aaren opened the meeting. The agenda was approved by unanimous consent. Yumi moved and Michella seconded that the minutes of January 17, 2023, be approved, and the vote was unanimous. Attendance is recorded in Attachment 1.

2. Revising V2M1

Comments from the presentation of proposed changes made at the San Antonio conference were addressed.

The Remote Assessments issue was addressed first, as that had been pending for several months previously, although the discussion in San Antonio resulted in minor changes to the draft language previously proposed but not yet discussed in a committee meeting.

Remote Assessments – this topic touches on multiple sections, and has been discussed in the committee and with the NELAP AC repeatedly, but final language remains to be settled. The use of remote technology for full assessments at a two-year interval fits within the five-year reassessment requirement of the ISO language, but the breadth and depth of a “remote assessment” to meet the two-year reassessment requirement of TNI will need to be clearly defined in the Standard. While some NELAP ABs may wish to set more stringent requirements (i.e., only in-person on-site assessments), that AB would need to justify its additional requirement and find some way to accommodate mutual recognition of labs whose primary AB uses remote assessments. It is not within TNI’s purview to force all ABs to discard the use of remote assessments because one or several of the NELAP ABs decline to accept them – recognition issues among ABS will need to be settled between the affected ABs.

There was general agreement that initial assessments should be on-site, but that if a declared emergency prevents a site visit, then one should be conducted as soon as possible once the emergency is over. Also, repeated remote assessments should not be allowed – there should be one on-site assessment at least within the five-year window (alternating remote and on-site). However, in any case, increased use of remote technology for document reviews and interviews is almost certain to occur, even when a site visit is planned, as this reduces both the number of assessors and the time needed for the site visit without decreasing the actual review work that needs to be accomplished.

Result – changes were made to §7.6.4 to add the following:

- language describing what a remote assessment must include -- a visual inspection of the conformity assessment body using available technology, interviews of the conformity assessment body personnel and review of documentation demonstrating compliance with this standard,
- a requirement definition that the time between consecutive on-site assessments shall not exceed five years,
- a requirement that the accreditation body shall perform an on-site assessment for all initial assessments, and
- language noting that, in the event of an emergency declaration by a governmental agency, the AB must have a procedure for evaluating on-site assessment frequency due to that emergency.

§6.1.2.10 – this section presently requires that an assessor have experience assessing environmental labs, and there has been some question about whether specific experience with environmental labs is necessary or if assessing other types of labs would be adequate. One commenter noted that the technical aspects – methods and technologies – are an important part of the experience needed.

Result – no changes warranted.

§6.1.3.2.1 – again, the question arises about whether specific environmental experience is necessary, and a different commenter agreed that the term “environmental” should be retained. Additionally, a comment was made about this section, asking whether it might be appropriate to allow for an “interim assessor” designation, in the same fashion as “interim certification” is permitted for labs.

Result – no changes warranted

§6.4.1.1 – the committee has discussed at length whether the AB or the assessor should be permitted to release the assessment report to the laboratory, and the committee has agreed that assessment reports should only be issued by the AB. Aaren requested discussion and feedback about this topic, but there were no comments offered.

Result – leave as is, change not warranted.

§7.3.3 – with awareness that a variety of ways to accredit mobile labs are currently used by ABs. While there is no disagreement about how a mobile lab should be assessed, some ABs consider a mobile to be part of its parent fixed-base lab while others accredit it independently and few ABs recognize mobile labs for secondary accreditation. The majority of the committee favors requiring that an AB have a defined system for accrediting mobile labs. Comments were that mobile labs must meet the same requirements as fixed base labs, whether or not they use the same quality system as their “parent” lab, but the issue is whether mobile labs are considered part of the parent fixed base lab or a separate entity. Another commenter noted that TX groups multiple sites (whether mobile or fixed) in one certificate, even though one specific site may not perform certain methods. Aaren promised that the committee will discuss this further before settling on revised language.

Result – add requirement that AB have a procedure for how it determines whether a mobile lab requires its own accreditation or is covered by the accreditation of the parent lab, and make the previous sentence about how to make that determination into a note.

§7.6.11.1 – Aaren asked whether thirty days is sufficient time for a revised corrective action report, but there were no comments from participants.

Result – no change, retain 30 day requirement.

§7.6.13 – this minor revision allows for reports to be issued on the day following a weekend or holiday, if the thirtieth day falls on a weekend or holiday. (It resolves the question from SIR 262, which was withdrawn as unanswerable without changing the language of the Standard.)

Result – no change needed.

§7.13 – Aaren noted that as part of the Mentor Session preparations, a survey of ABs indicated that most appeals are addressed using a formal process required by the state agency in which the AB is located. There was no further discussion on this topic.

Result – no change needed.

§7.14.3 – one commenter noted that the current five-year retention requirement does not specify when the time begins, and recommended that be added. Another commenter noted that EPA Region 8 requires that records be retained for two cycles of drinking water certification (six years), so that perhaps a retention time of three accreditation cycles (TNI two-year cycles, so six years total) would be appropriate. It was noted that §7.14.2 establishes the retention requirement, but that §7.14.3 establishes the minimum time for retention.

Result – clarify that the five years begins at the end of an assessment cycle.

§8.2 – the current accommodation to the ISO language requirement that information be available “without request” is to state that this section is not applicable. Commenters noted that the information DOES need to be available, and that everything except suspensions and withdrawals already exists (where ABs report it) in LAMS. Posting and maintaining suspension and withdrawal information for labs (e.g., from PT failures, not just loss of accreditation) is not currently part of any state’s information systems and would require both IT resources to build and staff resources to maintain the information as current – not likely something that state agencies will provide. The note (or perhaps a new §8.2.2.1) should be reworded to state that making information available upon request will be considered as meeting the requirement.

Result – the note was revised to reflect that making the information listed in §7.8.1 available without request will be considered as meeting this requirement, and a phrase was added that information on suspensions, etc., may be made available either with or without request.

§9.7.1 – the current revision to the ISO requirement was intended to make internal audit procedures for ABs equivalent to those for labs (in Volume 1). One commenter noted that the Quality Management Systems Expert Committee is discussing that labs be required to audit every method at least once every three years (instead of every two, as it is now), so with the AB evaluation cycle being three years, that would be appropriate for ABs. Also, Paul Junio noted that the TNI Glossary defines “annual” as once per year, not to exceed thirteen months, and recommended using that term rather than the current phrasing of “a frequency that does not exceed fourteen months” in §9.7.2.1.

Result – retain three year cycle, to be consistent with three-year evaluation cycle. Also, as the Glossary is not part of the Standard, the phrase “not to exceed fourteen months” will be retained.

At this point, time was expired. Aaren asked that everyone review and digest the changes made to the Draft Standard module and be prepared to initiate a vote of approval at the March meeting.

3. New Business

There was no new business.

4. Next Meeting

The next teleconference meeting is scheduled for **Tuesday, March 21, 2023, at 1:00 pm Eastern**. **Aaren asks that committee members unable to attend please notify her and Lynn prior to the meeting date.** An agenda and documents will be distributed prior to the meeting.

Attachment 1

LAB Expert Committee Roster

Name/Email	Term ends	Affiliation	Present?
Aaren Alger, Chair <a href="mailto:Aaren.s.alger@gmail.com">Aaren.s.alger@gmail.com</a>	1/30/2026 (2nd term)	Other – Alger Consulting & Training	Yes
Socorro Baldonado <a href="mailto:sbaldonado@mwdh2o.com">sbaldonado@mwdh2o.com</a>	1/30/2026 (2nd term)	Lab – Metropolitan Water District, La Verne, CA	No
Nilda Cox <a href="mailto:nilda.cox@et.eurofinsus.com">nilda.cox@et.eurofinsus.com</a>	1/30/2025 (2nd term)	Lab – Eurofins Eaton Analytical LLC	No
Yumi Creason, Vice Chair <a href="mailto:ycreason@pa.gov">ycreason@pa.gov</a>	1/30/2025 (1 <sup>st</sup> term)	AB – Pennsylvania	Yes
Bill Hall <a href="mailto:george.w.hall@des.nh.gov">george.w.hall@des.nh.gov</a>	1/30/2026 (1st term)	AB – NH DES	Yes
Sviatlana Haubner <a href="mailto:Sviatlana.Haubner@cincinnati-oh.gov">Sviatlana.Haubner@cincinnati-oh.gov</a>	1/30/2025 (1 <sup>st</sup> term)	LAB – Cincinnati Metropolitan Sewer District	No
Michella Karapondo <a href="mailto:Karapondo.michella@epa.gov">Karapondo.michella@epa.gov</a>	1/30/2025 (1st term)	Other – EPA OGWDW TSC/Cincinnati	Yes
Michael Perry <a href="mailto:michael.perry@lvvwd.com">michael.perry@lvvwd.com</a>	1/30/2026 (2nd term)	Lab – Southern Nevada Water Authority	No
Zaneta Popovska <a href="mailto:zpopovska@anab.org">zpopovska@anab.org</a>	1/30/2025 (2nd term)	AB – ANAB	Yes
<b>Program Administrator:</b> Lynn Bradley <a href="mailto:Lynn.Bradley@nelac-institute.org">Lynn.Bradley@nelac-institute.org</a>	N/A		Yes
<b>Associate Members:</b>			
Scott Haas <a href="mailto:shaas@etilab.com">shaas@etilab.com</a>		Lab – Environmental Testing, Inc., and Chair, FAC	No
Taryn Hurley <a href="mailto:taryn.hurley@deq.ok.gov">taryn.hurley@deq.ok.gov</a>		AB – OK DEQ	Yes
Paul Junio <a href="mailto:paul.junio@pacelabs.com">paul.junio@pacelabs.com</a>		LAB – Pace Labs, Inc.	No
Carl Kircher, Chair <a href="mailto:carl_kircher@flhealth.gov">carl_kircher@flhealth.gov</a>		AB – Florida Department of Health	No
Ryan Lerch <a href="mailto:Ryan.lerch@deq.ok.gov">Ryan.lerch@deq.ok.gov</a>		AB – OK DEQ	Yes
Marlene Moore <a href="mailto:mmoore@advancedsys.com">mmoore@advancedsys.com</a>		Other – Advanced Systems, Inc., Newark, DE	No
Mei Beth Shepherd, Vice Chair <a href="mailto:mbshep@sheptechserv.com">mbshep@sheptechserv.com</a>		Other – Shepherd Technical Services	Yes
Aurora Shields <a href="mailto:Aurora.Shields@kcmo.org">Aurora.Shields@kcmo.org</a>		Lab – KC Water	No
Nicholas Slawson <a href="mailto:nslawson@a2la.org">nslawson@a2la.org</a>		AB – A2LA	No
Ilona Taunton <a href="mailto:Ilona.taunton@nelac-institute.org">Ilona.taunton@nelac-institute.org</a>		Other – TNI Program Administrator	No
Cathy Westerman <a href="mailto:cathy.westerman@dgs.virginia.gov">cathy.westerman@dgs.virginia.gov</a>		AB – VA DCLS	Yes

## Attachment 2 – LAB Expert Committee Meeting Agenda, February 21, 2023

- Welcome and Roll Call
  - Approval of Agenda
  - Approval of Minutes (January 17 minutes attached)
  - Continuing Revision of V2M1 -- comments from conference session (as itemized in January 11 minutes, see attached draft module plus draft of remote assessment language from Yumi)
    - §6.1.2.10 – this section presently requires that an assessor have experience assessing environmental labs, and there has been some question about whether specific experience with environmental labs is necessary or if assessing other types of labs would be adequate. One commenter noted that the technical aspects – methods and technologies – are an important part of the experience needed.
    - §6.1.3.2.1 – again, the question arises about whether specific environmental experience is necessary, and a different commenter agreed that the term “environmental” should be retained. Additionally, a comment was made about this section, asking whether it might be appropriate to allow for an “interim assessor” designation, in the same fashion as “interim certification” is permitted for labs.
    - §6.4.1.1 – the committee has discussed at length whether the AB or the assessor should be permitted to release the assessment report to the laboratory, and the committee has agreed that assessment reports should only be issued by the AB. Aaren requested discussion and feedback about this topic, but there were no comments offered.
    - §7.3.3 – with awareness that a variety of ways to accredit mobile labs are currently used by ABs. While there is no disagreement about how a mobile lab should be assessed, some ABs consider a mobile to be part of its parent fixed-base lab while others accredit it independently and few ABs recognize mobile labs for secondary accreditation. The majority of the committee favors requiring that an AB have a defined system for accrediting mobile labs. Comments were that mobile labs must meet the same requirements as fixed base labs, whether or not they use the same quality system as their “parent” lab, but the issue is whether mobile labs are considered part of the parent fixed base lab or a separate entity. Another commenter noted that TX groups multiple sites (whether mobile or fixed) in one certificate, even though one specific site may not perform certain methods. Aaren promised that the committee will discuss this further before settling on revised language.
    - §7.6.11.1 – Aaren asked whether thirty days is sufficient time for a revised corrective action report, but there were no comments from participants.
    - §7.6.13 – this minor revision allows for reports to be issued on the day following a weekend or holiday, if the thirtieth day falls on a weekend or holiday. (It resolves the question from SIR 262, which was withdrawn as unanswerable without changing the language of the Standard.)
    - Remote Assessments – this topic touches on multiple sections, and has been discussed in the committee and with the NELAP AC repeatedly, but final language remains to be settled. The use of remote technology for full assessments at a two-year interval fits within the five-year reassessment requirement of the ISO language, but the breadth and depth of a “remote assessment” to meet the two-year reassessment requirement of TNI will need to be clearly defined in the Standard. While some NELAP ABs may wish to set more stringent requirements (i.e., only in-person on-site assessments), that AB would need to justify its additional requirement and find some way to accommodate mutual recognition of labs whose primary AB uses remote assessments. It is not within TNI’s purview to force all ABs to discard the use of remote assessments because one or several of the NELAP ABs decline to accept them – recognition issues among ABS will need to be settled between the affected ABs.
- There was general agreement that initial assessments should be on-site, but that if a declared emergency prevents a site visit, then one should be conducted as soon as possible once the emergency is over. Also, repeated remote assessments should not be allowed – there should be one on-site assessment at least within the five-year window

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- Next Steps
- New Business, if any
- Adjourn