

Summary of the Laboratory Accreditation Body Expert Committee Meeting
Tuesday, June 20, 2023 1:00 pm Eastern

1. Welcome and Roll Call

Aaren opened the meeting. The agenda was approved by unanimous consent (see Attachment 2). Michael moved and Bill seconded that the minutes of May 16, 2023, be approved, and the vote was unanimous, with Nilda abstaining due to her absence. Attendance is recorded in Attachment 1.

Aaren noted that the comment period for the V2M1 Draft Standard Revision 1 is open until June 28, and that anyone, including committee members, may submit comments.

2. Updating the Evaluation Process

The draft options were not discussed but the various checklists were examined. VA and MN had submitted checklists used internally by those ABs, and Yumi had provided a page of “example” questions that illustrate how to approach a more outcome oriented investigation of the AB operations. After the June 14 evaluator call, MN also submitted its “Key Performance Indicators” spreadsheet, for use as the committee sees fit. The summary of the relevant discussion during the evaluator call is included in Attachment 3,

The Key Performance Indicators spreadsheet would be a good measure for operational metrics such as time between assessments and more, but for an AB without a comprehensive database of such details, manually compiling the counts could be quite tedious.

Aaren also noted that in her discussions with ABs, she has heard a desire for additional standardized checklists for use by assessors. While the quality system and other module checklists are available from TNI, method checklists tend to be individually generated and with variable degrees of thoroughness. While this is not strictly an evaluation issue, it is an important one.

There is general agreement that, for initial evaluations and the first evaluation after a new Volume 2 is implemented, the document review (such as is now done) is essential, but that for renewals, the evaluation should focus more on how the procedures are implemented. There is also a desire to lessen the time that evaluators have to spend (in addition to their full-time workloads) while not diminishing the effectiveness of the overall evaluation. The only answer appears to be finding more effective approaches to the evaluation process, focusing insufficient resources on the highest priority functions.

Determining assessor competency was a substantial part of the total conversation. Many years back, the Accreditation Council determined that evaluations should not address assessor competency, as the state personnel regulations forbade taking any personnel action based on reports from “outside”. This is why the “observations” of lab assessments were dropped, along with the fact that there were no findings relating to the observations over the prior evaluation cycles. Now, many evaluators would like to resume this function, looking at assessor competency. This is tricky, as the AB (the employer or contracting agency) is responsible for the competence of its assessors. However, in a lab assessment, if a staff provides an incorrect answer during an interview, that error gets written up as not performing according to documented procedure. Competency is not an abstract concept – relying on lab management to assess staff competency is not always effective, as the manager may not be paying attention. Does the same thing happen in ABs? Each AB needs to know if it is necessary to increase the effort put into evaluating assessor performance.

Aaren summarized the discussion as follows: The evaluation should not be used to identify weak spots but rather to determine the effectiveness of the AB's assessor training program and the AB's "shadows" of its assessors. If the evaluation team finds that assessors are missing lab errors or not doing actions required by the lab SOPs, then those shortcomings should definitely be reported. Method assessments are especially important.

Additional questions and suggestions from the discussion are noted here:

- Can we omit the ISO items that are irrelevant to governmental ABs? (Ed. Note: if so, what about the NGABs?) Such things as "legal entity" and avoiding "compliance assistance" (which governmental agencies are obligated to provide) do not fit well with NELAP's structure.
- Look at what ABs are doing with the resources they have – examine their "product"
- What about a standardized checklist for reviewing assessors and a standardized format for assessment reports? This applies to Technical Manager candidates as well – the TM either meets the requirements of the standard, or not.
- One important concept is that an AB "accepts" documents (SOPs, etc.) and corrective actions, but does not "approve" them.
- There is an apparent difference between the objective evidence required for a laboratory to prove compliance with the standard and that required for ABs to do so. Do we need to add required evidence for ABs to demonstrate compliance with the standard, such as through internal audits?

Aaren asked Michella if there is anything TNI can do to increase EPA regional participation in evaluations. Presently, only Regions 1, 2 and 3 participate. Michella responded that EPA staff object to having to complete the evaluator training, plus the fact that the evaluations encompass all fields of testing, not just drinking water. She noted that certification of labs is no longer the top priority for the drinking water program, and also that the program office needs to provide improved guidance to the regional offices for evaluating state certification programs. Michella also questioned whether observations (shadowing) are effective, since the person being observed will certainly know to be on their best behavior. This effect may be lessened during remote assessments, was one anecdotal comment in response.

3. New Business

From the May meeting, we had hoped to present an update on the evaluation process conversations to the Accreditation Council at its July meeting. However, the Council determined not to reschedule its July 3 meeting, so that LAB members are unlikely to be available and there will probably not be a quorum for the Council meeting. Lynn will provide documents to the Council and offer an explanation, and Paul offered to call in even though not in his office that day. We will certainly ask for email feedback after the Council meeting, and perhaps invite them to either a specially scheduled call or the July 17 LAB meeting.

The meeting was adjourned upon approval by unanimous consent.

4. Next Meeting

The next planned teleconference meeting is scheduled for **Tuesday, July 18, 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 Aaren.s.alger@gmail.com	1/30/2026 (2nd term)	Other – Alger Consulting & Training	Yes
Socorro Baldonado sbaldonado@mwdh2o.com	1/30/2026 (2nd term)	Lab – Metropolitan Water District, La Verne, CA	Yes
Nilda Cox nilda.cox@et.eurofinsus.com	1/30/2025 (2nd term)	Lab – Eurofins Eaton Analytical LLC	Yes
Yumi Creason, Vice Chair ycreason@pa.gov	1/30/2025 (1 st term)	AB – Pennsylvania	No
Bill Hall george.w.hall@des.nh.gov	1/30/2026 (1st term)	AB – NH DES	Yes
Sviatlana Haubner Sviatlana.Haubner@cincinnati-oh.gov	1/30/2025 (1 st term)	LAB – Cincinnati Metropolitan Sewer District	No
Michella Karapondo Karapondo.michella@epa.gov	1/30/2025 (1st term)	Other – EPA OGWDW TSC/Cincinnati	Yes
Michael Perry michael.perry@lvvwd.com	1/30/2026 (2nd term)	Lab – Southern Nevada Water Authority	Yes
Zaneta Popovska zpopovska@anab.org	1/30/2025 (2nd term)	AB – ANAB	Yes
Program Administrator: Lynn Bradley Lynn.Bradley@nelac-institute.org	N/A		Yes
Associate Members:			
Paul Bergeron Paul.bergeron@la.gov		AB – LDEQ	Yes
Scott Haas shaas@etilab.com		Lab – Environmental Testing, Inc., and Chair, FAC	No
Taryn Hurley taryn.hurley@deq.ok.gov		AB – OK DEQ	No
Paul Junio paul.junio@pacelabs.com		LAB – Pace Labs, Inc.	No
Carl Kircher, Chair carl_kircher@flhealth.gov		AB – Florida Department of Health	No
LeeAnn Kline lkline@mjreider.com		M J Reider Associates	Yes
Ryan Lerch Ryan.lerch@deq.ok.gov		AB – OK DEQ	No
Marlene Moore mmoore@advancedsys.com		Other – Advanced Systems, Inc., Newark, DE	No
Mei Beth Shepherd, Vice Chair mbshep@sheptechserv.com		Other – Shepherd Technical Services	No
Aurora Shields Aurora.Shields@kcmo.org		Lab – KC Water	No
Nicholas Slawson nslawson@a2la.org		AB – A2LA	No
Ilona Taunton Ilona.taunton@nelac-institute.org		Other – TNI Program Administrator	No
Cathy Westerman cathy.westerman@dgs.virginia.gov		AB – VA DCLS	Yes

Attachment 2 – LAB Expert Committee Meeting Agenda, June 20, 2023

- Welcome and Roll Call
- Approval of Agenda
- Approval of Minutes (May minutes attached)
- Status of Comments (comment period closes June 28)
- Continued Discussion of Revising the Evaluation Process (see assorted attached documents)
- Agenda for LAB Session at Conference (see attached draft agenda)
- New Business, if any
- Adjourn

Attachment 3 Summary of June 14 Evaluators Discussion of Potentially Useful Checklists

At its May meeting, the LAB Expert Committee discussed the ideas from the previous two evaluator calls and draft options for a revised process were formulated. These options and two versions of a checklist that focus on implementation rather than documentation were shared with evaluators.

One evaluator pointed out that for new ABs or the first evaluation under a new Standard, ABs must have the documentation that is currently reviewed for evaluations, and suggested that renewal evaluations now focus more on the AB's explanation of how those documented procedures are carried out in practice, while also identifying and reviewing any updated documentation/procedures. This concept seemed to be generally accepted as "given" by everyone.

Participants first discussed a checklist provided by Cathy that VA uses for coordinating the internal audits with the management system review. Once again, the idea of having a template for internal audits that would feed into the evaluation process was raised.

A request to return to the practice of observing one or more assessments and including some evaluation of the competency of assessors was made. Disagreement remains about this issue (whether evaluators "should" be charged with determining assessor competency), but there were no objections to having competency issues reported to the AB as they are observed. Ensuring assessor competency is a key responsibility of ABs, not the evaluators. Still, instances were noted and discussed where assessors obviously had not performed a full review of certain method SOPs, as an example of the damage that failure to ensure assessor competency can create.

The standard practice of providing labs with forms to complete that rate the assessment (and the assessor), for return to the AB, was discussed as possibly one way to address this, but that is likely only to identify complaints and not incomplete actions (such as SOP reviews). Such after-assessment evaluations are not consistently returned to the AB, with one AB noting a 25% return rate.

Participants then moved to discussing a different checklist, provided by MN, that is used for internal audits of the AB, but it turned out that a different format, created and used by MN, called "key performance indicators", is likely to be more useful in evaluating performance metrics overall. This spreadsheet includes data on assessment intervals, report preparation times, corrective action response times (both lab and AB), application turnaround times, numbers of serious/repeat findings, and more. Lynn Boysen will share this spreadsheet with Lynn Bradley for use by the LAB committee.