Summary of the Laboratory Accreditation Body Expert Committee Meeting Environmental Measurement Symposium, Minneapolis, Minnesota Thursday, August 3, 2023 10:30 am Central

1. Welcome and Roll Call

Aaren opened the meeting by inviting attendees to apply to the LAB expert committee as voting members as there are vacant membership slots, and noted that attendees could also join as associate members to add input in to the Volume 2 revision.

2. Status of the Revised Draft Standard V2M1

Aaren discussed the current status of the draft standard, noting that the committee received 72 comments and will begin working on them as soon as possible, including at our upcoming August meeting, so that we can have everything reviewed and hopefully, the standard updated by the next TNI Conference. She noted that she will invite some of the non-editorial commenters to the committee meetings to discuss their comments and ensure the committee knows how to appropriately respond.

3. Discussion of Revising the Evaluation Process

Aaren explained that the committee's goal in revising the NELAP AB Evaluation process is to provide renewal evaluations more efficiently and effectively while reducing the workload of the state AB team members. She briefly explained that there are now TNI staff serving as Lead Evaluators, with a state AB representative on the team and, in some cases, a regional EPA representative as well (normally the regional Certification Officer for drinking water). The focus of the evaluations would shift to be more on reviewing evidence of the AB's compliance rather than reviewing the same documentation (SOPs) as in previous evaluations.

While no decisions have been made, this change may include the use of revised checklists to submit with the evaluation application, establishing key performance indicators, reviewing the role of the internal audits performed by the AB, performing more intensive interviews of the AB staff, reviewing assessment reports for evidence of compliance and consistency as well as focusing on outcomes rather than established procedures. Literally, all possibilities will be considered before a proposal is drafted for presentation to the NELAP Accreditation Council.

An attendee asked if that review could also include how the AB grants secondary accreditation. Aaren stated that secondary accreditation was currently evaluated, but the committee could discuss on ways to enhance that review.

The committee shared the key performance indicators used by Minnesota for their internal audit. The attendees wanted clarification on why the percent of laboratories assessed with serious deviations was important and what the goals of that key performance indicator would be in the scope of an evaluation. The committee agreed that while the specific key performance indicators used by Minnesota would benefit them in their internal reviews, we would need to establish other key performance indicators for the evaluation. The evaluation would be more concerned with how the AB handled a laboratory with serious findings rather than how many laboratories had serious findings. The attendees largely agreed that the new direction of the evaluations would improve the system rather than maintaining a status quo.

Attendees also suggested using new key performance indicators to compare the performance between accreditation bodies – as a way to identify mentors and mentee ABs to help strengthen each other's programs. These indicators could also be provided to Advocacy as updates to TNI members on the status of the NELAP ABs. The attendees suggested that each indicator should

have a clear goal and could be used to determine if evaluations needed to be conducted more frequently for ABs.

Aaren discussed using an AB's internal audit more effectively during the evaluation, and possibly providing a standard format for all internal audits (or some part thereof) and using those audits as a basis for evaluating compliance with the standard and how the AB implements a corrective action. There were no comments on this topic from the attendees.

Another issue Aaren discussed was having more intensive interviews with the AB staff and going back to observing assessments being performed (an observation or as known in the ILAC world, witnessing). Laboratory attendees were concerned about the cost of an additional assessor to an assessment of the smaller accredited laboratories. Even though the AB being evaluated would pay for the additional assessor for the evaluation, that fee may eventually come out of that state's fees for their accredited laboratories. Aaren agreed that observations should be limited to the laboratories with the largest scopes of accreditation to avoid additional burden on small laboratories. A committee member reminded the attendees that the laboratory would not be affected by the evaluation – the evaluator would not disrupt the assessment and would be present only to evaluate the accreditation body's assessor.

That discussion pivoted to evaluating assessor competency. Presently, the evaluation team does not evaluate assessor competency directly, but does look at how the AB's procedures for evaluating its assessors are implemented and whether they are effective. One discussion included requiring observations be performed for each assessor over the three year period rather than allowing for other means of review as described by the AB, as is already a requirement in the ISO/IEC 17011 language.

Also, part of evaluating assessor competency involves the laboratory feedback. Aaren stressed the importance of submitting those feedback forms. The attendees described sending out survey monkey emails or forms that weren't anonymous so that a corrective action could be specifically performed for a situation. The general consensus of the room was that feedback isn't received as often as the ABs would like to correct their program. Attendees suggested that instead of revising forms for feedback, that an entirely new avenue should be considered, having the appraisal forms used to go the NELAP director. A suggestion was that they could go a third-party person like an ombudsmen so that laboratories could give specific feedback without fear of retribution. Another attendee noted that the appraisal forms should be specific questions on how the assessment was performed, rather than on a rating system or in a general way (i.e., how was your assessment?). Aaren asked that the Accreditation Council consider creating a standard format for lab evaluations of their assessments, and the Council Chair, Kristin Brown, agreed to do so. Aaren responded that all the comments from the conference were what the committee was looking for to ensure continuous improvement.

Aaren discussed the possible option of adding non-NELAP AB team members to the evaluations. Some laboratory attendees showed interest in participating in the evaluations and to see how the accreditation works from another viewpoint. She noted that a laboratory representative could not evaluate its own accrediting bodies but could participate in other evaluations (possibly reviewing only the accreditation body's information and not information that involved other possible competitor laboratories). Aaren also mentioned approaching TNI's Advocacy Committee to invite non-NELAP states to participate. The attendees noted that evaluation team members would need to be members of TNI. Third-party assessors were also interested in participating in the evaluations. Aaren noted that any participation would be voluntary and unpaid.

Additional comments included that AB staff interviews should look to see if the assessor has knowledge in the interpretations of the standard and Standard Interpretation Request Responses (SIRs, which become part of the standard once finally approved). Another attendee suggested

that surveys should be provided after the assessment is closed so that the AB gets feedback on the entire assessment process. Testimonials on how this new procedure works could then be used by Advocacy to obtain new state AB applications.

Ed. Note: Yumi Creason took great notes for the conversations that could not be clearly understood through the WebEx recording. Thank you, Yumi!

4. Next Meeting

The next planned teleconference meeting is scheduled for <u>Tuesday, August 15, 2023, at 1:00</u> <u>pm Eastern</u>. 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.

Name/Email	Term ends	Affiliation	Present?
Aaren Alger, Chair	1/30/2026	Other – Alger Consulting & Training	Yes
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Socorro Baldonado	1/30/2026	Lab – Metropolitan Water District, La	Yes
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Nilda Cox	1/30/2025	Lab – Eurofins Eaton Analytical LLC	No
nilda.cox@et.eurofinsus.com	(2nd term)		
Yumi Creason, Vice Chair	1/30/2025	AB – Pennsylvania	Yes
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Bill Hall	1/30/2026	AB – NH DES	No
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Sviatlana Haubner	1/30/2025	LAB – Cincinnati Metropolitan Sewer	No
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Michella Karapondo	1/30/2025	Other – EPA OGWDW TSC/Cincinnati	Yes
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Michael Perry	1/30/2026	Lab – Southern Nevada Water Authority	Yes
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Zaneta Popovska	1/30/2025	AB – ANAB	Yes
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Cathy Westerman		AB – VA DCLS	
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Attachment 1 LAB Expert Committee Roster

Attachment 2 – LAB Expert Committee Meeting Agenda, August 3, 2023

- Welcome and Introductions
- Status of the Revised Draft Standard V2M1
- Discussion of Revising the Evaluation Process
- Questions from Participants
- Adjourn

Attachment 3 – Outline of PowerPoint Presentation

Laboratory Accreditation Body (LAB) Expert Committee

- Agenda
 Welcome and Introductions
 Status of the Draft Standard V2M1 Revision 1
 Discussion of Revising the Evaluation Process
 Questions from Participants
 Adjourn
- Status of Draft Standard Revision 1 Received 72 Formal Comments All comments will be considered; not all are substantial this time Response-to-Comments document will be published along with Draft Standard Revision 2 when review of comments is completed All commenters will be notified about the resolution of their comments
- Revising the Evaluation Process Primary Goal

Provide more effective and efficient evaluations

Secondary Goals

Reduce the workload of state AB team members

- May require enlarging evaluation teams
- Reduce duplicative document reviews as much as possible
- Initial applications and first evaluation under new Standard should receive full document reviews, as is done now
- > Renewals would only need review of revised documents
- Revising the Evaluation Process

For renewals, shift focus to successful implementation of documented procedures

□ How best to do this? Some of the options are:

Revised checklist for renewals

Key performance indicators

- Internal audits
- More intensive interviews

Review assessment reports for performance in addition to compliance

Focus on outcomes rather than documented procedures

□ What would revised checklist questions look like? Here are a few examples:

Does the AB have a legally enforceable arrangement with each CAB concerning adhering to the TNI Standard requirements and allowing the AB access to records and personnel? Does the AB ensure the CAB claims accreditation only for those fields of accreditation the CAB is accredited?

Are all accreditation actions taken impartially?

Does the AB obtain feedback from all interested parties concerning accreditation scopes and guidance documents?

 What are examples of key performance indicators? Total # of accredited labs on the last day of the reporting period % Primary labs assessed on time % of labs assessed with at least one Serious Finding % of labs in compliance within 90 days of assessment # of Primary labs in compliance with [the 24 month] assessment requirement/total number of accredited labs*

How can the AB's Internal Audit results be better used in evaluations?
 Renewal applicants only (with same Standard as previous evaluation)
 A standardized format for AB Internal Audits or perhaps some standard items to be included for all

IA results could be the basis for determining successful implementation of documented procedures

- > IA results and implementation of corrective actions
- > Additional focus on implementation of corrective actions from two most recent evaluations
- What would change with "more intensive interviews"?
 Do we need standardized or "sample" interview questions?
 Interview additional personnel?
 Other possibilities?
- What evidence might be in assessment reports to show effective implementation of procedures? A standardized assessment format for all ABs is unlikely to be acceptable What are other ways to investigate effective implementation?
- Outcome focus what to look for? Hint not "bean counting"! Effective use of staff time Efficient procedures that avoid duplicative effort Inquire about continuous improvement instead of "doing what we always do" What else?

Options to reduce or spread out the time and effort needed by evaluation team members while continuing to do the same stringent evaluations
 Divide the evaluation into three parts, one each year
 Add additional team members (with extra training for non-AB personnel*)

- More state staff
- Possibly recruit volunteers from
- Accredited labs
- Data users
- State/federal environmental program personnel (regulators)
- > Non-profits in the industry (state executive branch associations, other NGOs
- ➢ such as WEF)
- NGAB staff/assessors
- State certification program auditors
 *If using non-AB staff, would need to pay careful attention to COI concerns
- What about looking at assessor competency?
 Can this be done without the time and expense of on-site observations of assessments?
 Is reviewing assessment reports adequate?
 How can we evaluate an assessor's interview skills?
 Are remote observations feasible?
 Are there other options?

NOTE: ABs are required to evaluate their assessors already

Credentials Committee likely to address assessor competency in the future but timeframe is unknown. Should this aspect be delayed until Credentials Committee is ready to resume working on it?