Summary of the NELAP Accreditation Council Meeting
Monday, September 21, 2026
12:30 pm Eastern

1. Call to Order

Kristin Brown, Chair, welcomed everyone to the meeting at 12:30pm Eastern. Attendance is recorded in Attachment 1 – a quorum was met. Paul Junio joined the meeting as a guest.

The agenda was reviewed and approved by unanimous consent.

The Council discussed adding a standing agenda item to address program updates, particularly instances in which reaccreditation activities are delayed. This will be done next month.

The August 17 meeting minutes required more review, so will be voted on at the next meeting.

2. Standard Interpretation Request (SIR) 499

The Council continued its discussion of SIR 499, which concerns whether preservatives should be included in method blanks and laboratory control samples (LCSs). Members had previously submitted comments, and Matthew Jones had proposed alternative language. However, Windsor was unavailable for the meeting, and the Council agreed that his input was needed before finalizing its response.

Cathy expressed concern that changing the SIR response to require preservatives in method blanks and LCSs would add a requirement that is not explicitly established in the current standard. She emphasized that preservation and preparation are defined as separate concepts and that the existing requirements for blanks and LCSs address preparation without explicitly including preservation. In her view, a gap in the standard should be addressed through a future revision rather than an SIR interpretation.

Matthew largely agreed with this concern but raised a technical question about how laboratories can demonstrate that preservatives do not affect analytical chemistry if the blanks and LCSs do not have the same chemistry as preserved samples. Matrix spikes and matrix spike duplicates could provide useful information about the effect of preservatives, however, Council members noted that a failed matrix spike does not necessarily prevent data reporting, so this approach may not fully resolve the concern.

The Council leaned toward keeping the original SIR response rather than adopting language that could introduce a new requirement. Matthew noted that Kansas would change its vote if the proposed revision were considered as an addition to the standard rather than an interpretation. Matthew should send the proposed new language to the Chemistry Expert Committee since they probably already completed their SIR review for inclusion in their standard update.

The Council deferred final disposition until Windsor's comments could be reviewed. Ilona will summarize the discussion and contact Windsor to obtain his input before the next meeting.

3. DMR-QA Update

Paul Junio (Program Administrator for WET) joined the meeting to provide an update on the unresolved Discharge Monitoring Report Quality Assurance (DMR-QA) issue involving whole effluent toxicity (WET) proficiency testing (PT).

Paul noted that the comment period had been extended, with a deadline of September 29. At the time of the meeting, neither ERA nor Phenova had indicated that it could provide both a WET study and a DMR-QA study. The PT providers were waiting for clarification about whether DMR-QA would proceed before deciding whether to release a separate WET proficiency test.

The primary concern is that the providers may not have sufficient sample volume or data to characterize samples adequately if they must support both studies. Consequently, they are reluctant to release a WET study while the possibility of a DMR-QA study remains unresolved.

Paul clarified that laboratories participating in DMR-QA do not appear to face the 14-month timing issue, although the exact requirements remain dependent on the circumstances.

Council members confirmed that they had received any additional information that would resolve the situation. Outreach to non-TNI states did not provide additional informaion, and there was no clear indication of what would happen next. The Council agreed that the situation was largely outside of its control and that the immediate course of action was to continue monitoring developments.

Paul informally asked whether laboratories would face accreditation consequences for being unable to complete a required PT study when no study was available. Cathy noted that, in Virginia, she would not decertify a laboratory for failing to complete a requirement it could not fulfill despite making a reasonable effort. No formal, Council-wide determination was made on this hypothetical scenario.

Paul will share any updates with Kristin and Ilona for distribution to the Council. If nothing is heard before the next Council meeting, Paul will be invited.

4. Dispute Standard Operating Procedure (SOP)

Kristin, Michele, Ilona and Stephanie Rippeon (NGAB – A2LA) will be meeting to work on adding procedures to this SOP to address AB inconsistencies in applying the Standard.

5. Roundtable Updates

No updates or additional topics were raised.

6. Standards Review

The Council continued its review of the Draft Volume 1 Module 2 - Quality Management System standard. Ilona agreed to prepare extension requests to both Debbie (V1M2)) and Cody (V1M5 – Microbiology).

Ilona confirmed that the comment-tracking document used three colors: black for comments still under review, blue for comments approved as consolidated Council comments, and text strike out for comments that would not be submitted as a consolidated comment.

Comment 77: Off-Site Work and Accreditation Activities

It was noted that practices differ among accreditation bodies and that some may treat activities performed away from a laboratory's physical location differently from others. The Council did not identify a need to remove the language but agreed that the issue was worth raising for further consideration and potential guidance during implementation of the revised standard.

The Council agreed to submit the comment as a consolidated AC comment, emphasizing the need to consider whether additional guidance or clarification is appropriate.

Comment 84: Technical Specialist Requirements for Microbiology and Radiochemistry

The discussion clarified that the intent of the proposed requirement was to ensure that technical specialists in these areas have appropriate coursework or equivalent relevant educational history. Individuals who had already completed qualifying coursework should not be required to repeat it unnecessarily.
It was agreed that additional clarification could help prevent inconsistent interpretations among accreditation bodies. The Council approved the comment for inclusion in its consolidated submission.

Comment 85: Exceptions to Technical Specialist Requirements

Discussion turned to the potential vulnerability created when a primary accreditation body grants an exception but a secondary accreditation body is not informed of it. Because a secondary accreditation body may not independently reassess every technical specialist, it could be unaware that an exception had been granted.

Ilona noted that the proposed language is intended to require laboratories to notify the relevant accreditation bodies and obtain written approval where necessary.

The Council agreed that the intent of the language was appropriate and that the proposed wording appeared to address the issue. No consolidated AC comment was considered necessary.

Comment 100: Daily Checks Before Use

The proposed change was supported and no additional revision was requested, so the Council decided not to submit a separate consolidated comment on this item.

Comments 101–103: Certificates for Single-Use Volumetric Equipment

The Council reviewed related comments concerning acceptance of vendor certificates as evidence that single-use volumetric measuring equipment meets accuracy requirements.

Carl and Steve expressed concern about expanding the circumstances in which vendor certificates could substitute for laboratory verification. They noted that certificates may not account for damage or changes that occur during shipping, handling, or storage. For

example, plastic tubes and other single-use items could be exposed to conditions that affect their accuracy after the manufacturer has completed its verification.
There were also concerns involving defective microbiology media and the limitations of assuming that all certificates of analysis or verification provide the same level of assurance.

Steve clarified that his concern was not intended to overturn existing acceptance of certain equipment, such as Class A glassware or micro syringes. Rather, the concern was the proposed expansion of certificate acceptance to additional single-use items, including volumetric vessels and digestion tubes.

The Council agreed that the consolidated comments should clearly distinguish between existing accepted practices and the proposed expansion. Members supported submitting comments 101–103 to request reconsideration or clarification of the acceptance of vendor certificates.

Comment 106: Reference Standards and Calibration/Verification

Steve explained that the previous wording more clearly restricted reference standards to calibration purposes and certain related functions. The revised language appeared less explicit about whether reference standards could also be used for routine daily checks.

The Council discussed whether the proposed requirement to establish a procedure addressing calibration-related activities was sufficient to prevent laboratories from using reference standards inappropriately. The Council also noted that the draft uses both calibration and verification terminology in related provisions. Members agreed that the relationship between these requirements should be reviewed carefully to ensure consistent interpretation and avoid unintended flexibility.

The Council supported retaining the comment for further consideration.

Comment 109: Expiration Dates for Reference Materials and Reagents

The Council discussed Carl's concern regarding proposed language stating that an expiration date is not required when the manufacturer or vendor has not provided one. Carl argued that all purchased materials and chemicals should have an expiration date established either by the manufacturer or by the laboratory. He expressed concern that materials without defined expiration dates could remain in use indefinitely without sufficient evidence that they remain suitable.

Cathy offered a different perspective, noting that requiring laboratories to assign expiration dates to materials without manufacturer-defined limits can lead to arbitrary decisions. Laboratories may assign dates based on convention rather than evidence, resulting in unnecessary disposal of materials that remain suitable for use.

Steve supported the proposed flexibility, arguing that a mandatory expiration date may not be scientifically meaningful for every material.
The Council did not reach consensus that a consolidated AC comment was necessary. Because Carl had already submitted his concern individually, the group agreed not to submit an additional consolidated comment on this item.

Comment 113: Sampling Records and NEFAP-Accredited FSMOs

Carl noted that the language concerning NEFAP-accredited FSMOs appeared informational rather than mandatory. He recommended separating or reformatting the text so that laboratories and accreditation bodies would not mistakenly interpret it as a requirement to use a NEFAP-accredited FSMO.
The Council viewed this primarily as an editorial or structural issue rather than a substantive change to the standard. The group agreed to keep the comment.

(Addition: The Council will meet a second time this month in order to continue the review of the Standard. There was agreement to set-up a Workgroup meeting for anyone who could attend on September 21, 2026, at 12:30pm Eastern. See Attachment 2 for recommended responses.)

7. New Business

None

8. Next Meeting

The next scheduled teleconference will be on October 19, 2026, at 12:30 PM Eastern.

Kristin adjourned the meeting at 2:45PM Eastern.

Attachment 1 - Roster

STATE	REPRESENTATIVE	PRESENT
FL	Carl Kircher T: 904-791-1574 E: carl.kircher@flhealth.gov	Yes
	Alternate:Paul Legge (904)791-1582 E: Paul.Legge@flhealth.gov	No
IL	Millie Rose T: 217-557-0220 E: mildred.rose@illinois.gov	Yes
	Alternate: Joshua Pritc… E: joshua.pritchard@illinois.gov	No
KS	Carissa Robertson E: Carissa.Robertson@ks.gov T: (785) 291-3162	Yes
	Alternate: Paul Harrison E: paul.harrison@ks.gov T:(785) 296-1656	No
	For information purposes: Amy Suggitt E: Amy.Suggitt@ks.gov	Yes
	For information purposes: Matthew Jones E: Matthew.jones@ks.gov	Yes
LA DEQ	Paul Bergeron	Yes
	Alternate: Paul Bergeron E: paul.bergeron@la.gov	No
MN	Windsor Molnar E: Windsor.Molnar@state.mn.us T: 651-201-3702	No
	Alternate: Cody Tennant E: cody.tennant@state.mn.us	Yes
	For information purposes: Denise Schumacher E: denise.schumacher@state.mn.us Lynn Boysen – Yes.	Yes

NH	Brian Lamarsh T: (603) 271-2998 F: (603) 271-5171 E: Brian.M.Lamarsh@des.nh.gov	Yes
NJ	Michele Potter T: (609) 984-3870 F: (609) 777-1774 E: michele.potter@dep.nj.gov	No
	Alternate : Rachel Ellis E: rachel.ellis@dep.nj.gov	No
NY	Amy Steuerwald T: 518-473-0748 E: amy.steuerwald@health.ny.gov	Yes
	Alternate: Gretchen Welfinger E: Gretchen.Welfinger@health.ny.gov	Yes
OK	Taryn Hurley E: Taryn.hurley@deq.ok.gov T: (405) 702-1006	No
	Alternate: Ryan Lerch E: Ryan.Lerch@deq.ok.gov T: (405) 702-1020	No
OR	Steve Jetter T: 503-505-2672 E: steven.jetter@oha.oregon.gov	Yes
	Alternate: Lizbeth Garcia 971 865 0443 E: Lizbeth.garcia@dhsoha.state.or.us	No
PA	Jeffrey Allgyer T: 717.772.4015 E: jallgyer@pa.gov	No
	Alternate: Pending	Yes
TX	Tina Trevino E: tina.trevino@tceq.texas.gov T: 512-239-3087	No
	Alternate: Steve Gibson (512) 239-1316 Steve.Gibson@tceq.texas.gov	No
UT	Kristin Brown T: (801) 965-2540 F: (801) 965-2544 E: kristinbrown@utah.gov	Yes

	Alternate: Max Patterson E: mpatterson@utah.gov	No
VA	Cathy Westerman T: 804-648-4480 ext.391 E: cathy.westerman@dgs.virginia.gov	Yes
	Alternate: Shane Wyatt E: shane.wyatt@dgs.virginia.gov	No
NELAP AC PA and EC	Ilona Taunton Ilona.taunton@nelac-institute.org	Yes
EPA Liaison	Michella Karapondo Karapondo.michella@epa.gov	Yes
Interested States:		
CA	Christine Sotelo Christine.Sotelo@waterboards.ca.gov	No
CA	Christopher Hand Christopher.Hand@Waterboards.ca.gov	Yes
AR	Olivia Johnson Olivia.johnson@arkansas.gov	No
NV	Jasmine Curiel jcuriel@ndep.nv.gov	Yes
WV	Justin Carpenter justin.d.carpenter@wv.gov	No

(***Addition: Attachment 2 – Topics discussed in Workgroup Meeting on 9/28/26***

	Original Text	Suggested Change	Justification	Comments
126	4.1.5 d) *have policies and procedures to avoid involvement in any activities that would diminish confidence in its competence, impartiality, judgment or operational integrity;*	4.1.5 *If a risk to impartiality is identified, the laboratory shall be able to demonstrate how it eliminates or minimizes such risk.*	ISO 17025:2017 no longer explicitly requires procedure for this requirement. ISO 17025:2017, 5.5 c) also requires procedures where necessary for the consistent application of this Standard. TNI language in 8.3.3 states to maintain documents that accurately reflect all laboratory activities, which would include procedures as an option.	~~(Texas) Add - "and the procedures in these documents must be followed." Justification: There is a difference between intended procedures and what is being performed in the laboratory. With the citation the way it is, it does not establish the requirement that the documents must be followed as written.~~
131				~~The new language TNI reporting requirement in Section 7.8.3.1(f) should also include the time of sampling, along with the time or preparation / analysis. Otherwise, the reader of the report cannot confirm that the 72-hour-or-shorter holding times are met.~~ ~~Carl Kircher (commenter)~~
132				~~Under Annex C.2 Data Integrity – Prohibited Actions, a good addition to the list of examples could be:~~ ~~"(t) analyzing PT samples for another laboratory, or performing any other prohibited actions under Module 1, Section 4.1.5 during the conduct of the PT study."~~ ~~Carl Kircher (commenter)~~
133				~~Under Annex C.3.2 for technical education and training, since lists have been provided for Microbiology and Radiochemistry, should lists be considered and formulated for Asbestos, Chemistry, and Toxicity?~~ ~~Carl Kircher (commenter)~~
134	**3.40 Raw Data**: The records generated during sampling and analysis.	**3.40 Raw Data**: The records generated during sampling, preparation, and analysis.		This description could be seen to exclude records generated during preparation of samples, such as raw data for wet and dry weight.

				Suggest language: The records generated during sampling through analysis. Remove list (Oklahoma comment)

135	**7.2.2.1** **a)** calibration or evaluation of bias and precision using reference standards or reference materials;	**7.2.2.1 b)** calibration or evaluation of bias and precision using reference materials;		This section should be 7.2.2.1 (b) to have a clearly ordered list. 3.41 defines "reference materials" and "reference standards" as synonymous terms. This section makes it sound like these are two different things and may lead to confusion. 7.2.2.1 (a) makes a note a requirement. If it is a requirement the note should be part of the standard (Oklahoma comment)
140	4.4.1 If more stringent requirements are included in a method, regulation, program, or project, the laboratory must demonstrate conformance with such requirements. If it is not clear which requirements are more stringent, the requirement from the method or regulation is to be followed.	~~Add "Where possible and if not possible, provide justification."~~	~~(Texas) It will not always be possible for labs to implement the most stringent requirements. For example, if an instrument cannot meet the most stringent requirement.~~	~~(Texas) How would this apply with a QAPP with less stringent acceptance criteria?~~ See 7.2.1.7
141	4.4.2 The laboratory must comply with requirements outlined in applicable TNI Volume 1 Modules			(Texas) The separation of the requirements in 4.4.1 and 4.4.2 makes it unclear as to what should be followed. Right now, it says both. But what if they don't agree? Suggestion change order, put 4.4.2 first followed by 4.4.1, or make 4.4.1 a subset of 4.4.2
142	5.6.1.3 has a general knowledge of the analytical	(Texas) Update analytical methods to	(Texas) This ensures the Quality Manager is familiar with the matrices for the	Suggested change 5.6.1.3 has a general knowledge of the analytical methods and

	methods for which data review is performed	"fields of accreditation"	analytical methods being applied.	reporting needs of client for which data review is performed
143	~~5.6.1.5.h new~~	~~(Texas) Add: notifying customers of accreditation status changes to suspended or revoked~~		~~Resolved in 4.3.5~~
144	~~5.6.2 (doesn't exist)~~	~~(Texas) Standard needs to be renumbered to include 5.6.2 as it was skipped.~~	~~Correct formatting.~~	~~resolved~~
145	5.6.3 The laboratory must have a Technical Specialist(s) (however named) to provide technical guidance to laboratory personnel for all work associated with the laboratory's scope of accreditation. The laboratory must clearly define its technical structure and how Technical Specialist responsibilities align with the laboratory's scope. A laboratory may have one or more Technical Specialists that may also hold additional primary job responsibilities. Annex C provides examples of how a laboratory may define this structure.	(Texas) Technical specialist is spread through 5.6.3 and 6.2.2.1. These should be combined so all requirements of technical specialists are under one area.	Provides clarity and prevents skipping around the standard to assess one topic. (Much like how data integrity is divided into 3 areas in the current standard.)	(Texas) Provide notes that remind to go in between the two sections.
146	~~5.6.4 A Technical Specialist may be appointed across multiple laboratories, subject to approval by the primary accreditation body.~~	~~(Texas) Clarification on multiple laboratories~~		~~(Texas) Does this mean within a system? Or is this allowing Technical Specialist to be for different labs?~~

147	5.6.5 If a Technical Specialist is unable to fulfill the duties in sections 5.6.3 a) and b) for fifteen consecutive calendar days:	(Texas) Either missing citations or needs to be updated to 5.6.3.1 a and b	(Texas) References 5.6.3 a and b but these citations don't exist	Resolved previous comment
148	5.6.8 The laboratory must define how the responsibilities of the Technical Specialist and the Quality Specialist are segregated when they are filled by the same person.	(Texas) Clarification: If the TS and QM are the same person, can they also be the analyst/chemist?	(Texas) If yes, then please add additional guidance for these situation If not, then this must be addressed.	
149	6.2.2.2.d) four college level STEM courses and four years of experience. A TNI credential applicable to the areas of the Technical Specialist responsibilities can be substituted for the college level STEM courses. Vendor courses with certificates and a minimum of 3 CEUs may be considered equivalent to a college level STEM course.	(Texas) Remove the requirement for any STEM college level courses.	(Texas) If the intent is to allow those analysts with experience to be a TM, we do not see how this requirement for random college level STEM courses, with no degree plan is helpful or necessary in filling out the requirement. Technical college courses in computer science may be STEM, but do not contribute to understanding of laboratory activities.	(Texas) Define CEU. It's not defined in the document. Need for clarity.
150	6.4.1.1 Analytical equipment is equipment that produces an output that contributes directly to a reportable result. Support equipment does not directly produce a reportable result but rather supports laboratory operations. Depending on the intended use of the data, equipment			(Texas) Should the laboratory identify which equipment is analytical vs. support equipment?

	~~may be considered support equipment in some instances, and analytical equipment in others.~~			
151	6.4.6.4 Verification is required when quantitative results are dependent on accuracy. The laboratory must ensure verification is completed as listed in Table 1. A certificate that demonstrates verification was completed in compliance with Table 1 may be used.	(Texas) Add: Laboratories must verify if there are method and/or regulatory requirements that are more stringent than what is listed in Table 1	(Texas) Ensures the laboratories check the QA/QC requirements of methods.	A certificate that demonstrates verification was completed in compliance with Table 1 may be used for initial frequecy.

End)