NELAP Executive Committee Meeting Minutes
August 27, 2026
1:30pm Eastern

1 Call to Order

Shari Pfalmer, Chair, called the meeting to order at 1:30pm Eastern. There were 7 voting members present and 2 associate members. A quorum was met. Attachment A includes an attendance table.

No changes were made to the agenda, and it was approved by unanimous consent.

Action Items can be found in Attachment B.

The July meeting minutes will be reviewed by email or at an upcoming meeting.

2 Review of Draft Standards – Volume 1 Module 2 - QMS

The primary purpose of the meeting was to continue reviewing comments on Module 2. Comments already reviewed and approved for forwarding were distinguished from comments requiring further consideration.

Comments on Module 2 are now due in late September, along with comments on the Module 5 (Microbiology). The group emphasized the need to complete the Module 2 review so that attention can shift to Module 5.

Technical Specialist Provisions

The Committee reviewed several comments concerning technical specialist requirements.

The Committee discussed notification requirements when a temporary technical specialist or designated alternate assumes technical specialist responsibilities. The New York-specific notification issue was recognized as an item that needed to remain in the comments because of its regulatory significance.

Language stating that laboratory accreditation may be suspended if approval of a designated alternate is not granted was reviewed. There was discussion about whether the language should clarify that suspension would apply to the specific fields of accreditation associated with the technical specialist rather than implying suspension of the laboratory's entire accreditation.

After discussion, the group agreed to leave the existing note as written and strike the proposed clarification. Members noted that a note is not intended to override state requirements and that applicable state rules would control the scope of any suspension.

Copies and Acquisition of Standards

The Committee discussed a new requirement concerning laboratories having access to their own copy of a standard. The question was whether “authorized additions” or similar language would require an assessor to verify not only that the laboratory possesses a copy, but also that the laboratory purchased the copy through an authorized source.

Ilona explained that this issue had generated significant discussion in Houston and that Paul Junio was reviewing the purchasing and network-copy considerations. The Committee agreed to leave the comment open in case a final decision is reached on this issue before comments are submitted.

Nonconforming Work and Timeliness of Corrective Action

A substantial discussion focused on the proposal to remove the word “immediately” from the requirement concerning action on nonconforming work.
The concern raised by Gretchen was that removing any reference to timing could potentially leave laboratories with an open-ended period in which to address corrective actions. She noted that, in practice, some laboratories might otherwise delay action until an assessment or audit occurred.

Debbie explained that the ISO 17025 approach has increasingly incorporated risk-based thinking. The appropriate response to nonconforming work may depend on the risk associated with the issue, and an immediate response is not necessarily appropriate for every circumstance. Matt similarly noted that corrective actions and other responses should be commensurate with the level of risk.

The Committee considered whether a specific timeframe should be established but concluded that a fixed timeframe could be overly prescriptive and impractical. Some corrective actions may depend on outside resources, such as corporate information technology, and therefore may legitimately take substantially longer than others.

The discussion also distinguished between immediate containment or response and longer-term corrective action. Taryn pointed out that section 8.7 addresses corrective actions and includes language requiring the laboratory to react to nonconformities and, as applicable, control and correct them and address their consequences.

The Committee agreed that the Draft Standard should not prescribe a specific number of days. Instead, the procedure should require laboratories to consider the timeliness of actions in relation to the circumstances and risk.

Data Integrity Investigation

The Committee reviewed a comment recommending removal of the word “detailed” from the requirement for information concerning data integrity investigations. The existing language required procedures to address information on performing a “detailed data integrity investigation.” The group agreed that “detailed” was unnecessary and could be removed without reducing the substantive requirement. The comment will be kept.

The Committee also discussed the frequency and scheduling of in-depth data integrity monitoring. A proposal had been made to remove references to a “schedule” because of concerns that the language could be overly prescriptive.

This led to an extended discussion about the distinction between frequency, schedule, and the items being reviewed. It was noted that frequency describes how often an activity occurs, while a schedule can provide a practical framework for when the work is expected to occur. Michele explained that a schedule can help laboratories plan their work and avoid reaching the end of a year without completing required monitoring. Other members raised concern that requiring a schedule could be interpreted too rigidly.

Debbie noted that the intent when the language was developed was to provide greater clarity about the items that should be included in in-depth data monitoring rather than necessarily requiring laboratories to assign specific calendar months to each activity. After discussion, the Committee agreed that the language could be simplified while retaining the requirement for appropriate frequency. The proposed wording was to retain the requirement that the laboratory define the frequency of items to be reviewed and revise the records requirement to state that records of in-depth data monitoring must be maintained, without requiring those records to demonstrate compliance with a separate “schedule.”

Selection of Personnel

The Committee reviewed a comment concerning Section 6.2.5 and the requirement for procedures and records associated with the selection of personnel.

The concern was that “records” could be interpreted to include confidential human resources or hiring records. Members agreed that the standard should not be understood to require unrestricted access to confidential HR information such as salaries, health information, birth dates, or other private personnel information.

At the same time, the group recognized that assessors may appropriately need access to records demonstrating qualifications, education, experience, training, job responsibilities, or other information relevant to determining whether personnel meet applicable requirements. Examples discussed included resumes, diplomas, transcripts, job descriptions, and qualification documentation.

It was agreed that a note or clarification should be considered to make it clear that confidential HR records are not what is being referred to in this requirement. The intent is to clarify what types of personnel-selection records are relevant while avoiding unnecessary disclosure of confidential HR information.

Data Integrity Customer Notifications

The Committee reviewed a comment concerning Section 4.1.6.8 and data integrity requirements related to customer/client notifications.

The Committee determined that the apparent issue resulted from missing language in the version being reviewed rather than a substantive disagreement with the requirement. The omitted language was identified as referring to clients/customers, and the group

agreed that the comment could be considered resolved once the complete language was restored.

Review of Remaining Comments

Shari asked the Committee whether they had additional comments or concerns after reviewing the outstanding items. Response indicated that they had reviewed the Standard and did not identify additional substantive comments requiring discussion during the meeting.

There was general agreement that the comments were ready to be consolidated into a single comment document for distribution and discussion at the next meeting.

3 Review of Draft Standards – Volume 1 Module 5 – Microbiology

With the Module 2 comments nearing completion, the Committee was encouraged to begin reviewing the Module 5 Standard. The next meeting will focus primarily on the Microbiology Standard unless more comments are submitted for Module 2 or there are concerns expressed when voting on the Comment Summary to send to Module 2.

4 Review of Draft SOP 3-106 – Review of Accreditation Standards for Suitability

There was not sufficient time to complete the planned SOP discussion. Shari indicated that she would review the meeting transcript and/or listen back to the meeting to ensure that the previous SOP discussion was accurately captured. The goal will be to bring a final or near-final version to the next meeting for consideration.

5. New Business

None.

6. Adjourn

The meeting adjourned at 2:43pm Eastern.

The next Committee meeting will be held September 24, 2026, at 1:30pm Eastern.

Attachment A TNI NELAP EXECUTIVE COMMITTEE ROSTER/ATTENDANCE

First Name	Organization	Stakeholder	Term	Email
Shari Pfalmer Chair **Present**	Pace Analytical Services	Lab	2028	shari.pfalmer@pacelabs.com
Patricia Carvajal Vice-Chair **Present**	San Antonio River Authority	Lab	2028	pmcarvajal@sariverauthority.org
Scott Giatpaiboon **Present**	Irvine Ranch Water District	Lab	2028*	Giatpaib@iRWD.com
Brian Hulme **Absent**	EPA	Other	2029	hulme.brian@epa.gov
Taryn Hurley **Present**	Oklahoma Department of Environmental Quality	AB	2029*	taryn.hurley@deq.ok.gov
Silky Labie **Absent**	ELCAT	Other	2029*	elcatllc@centurylink.net
Harold Longbaugh **Absent**	City of Houston	Lab	2029*	Harold.Longbaugh@houstontx.gov
Michele Potter **Present**	New Jersey DEP	AB	2027	Michele.Potter@dep.nj.gov
Matt Sowards **Present**	ACZ Laboratories, Inc.	Lab	2028*	matts@acz.com
Tracy Szerszen **Absent**	Perry Johnson Laboratory Accreditation Inc.	AB	2029*	tszerszen@pjlabs.com
Ilona Taunton **Present**	The NELAC Institute			ilona.taunton@nelac-institute.org
Gretchen Welfinger **Present**	NYS DOH	AB	2029*	gretchen.welfinger@health.ny.gov

Associate Members

X	Debbie Bond	DBOND@southernco.com	Alabama Power	Lab
X	Bill Reeves	william.reeves@et.eurofinsus.com	Eurofins	Lab
	Michael Delaney	Michael.F.Delaney@mass.gov	Mass	
	Nick Straccione	nstraccione@emsl.com	EMSL	Lab
	Carl Kircher	carl.kircher@flhealth.gov	Florida	AB
	Katie Strothman	katie@sanderslabs.net	Sanders Labs	Lab
	Maria Freeman	maria.friedman@waterboards.ca.gov	CA	AB
	Aaren Alger	aaren@alger-consulting.com	Alger Consulting	Other

Attachment B: NELAP EC Action Item Summary – 2026

Item	Task Description	Document Number	Contact	Task Added	Start Date	Complete Date	External Communications	Comments
1	Review of Chemistry Module 4 Standard	Module 4		9/25/25	10/23/25	1/15/26		9/25/25: Requesting notice from CSDP EC regarding Section 4 inclusion. Comments due mid November. 10/23/25: Letter received. LASEC voted to resume review of DRAFT Standards and started the review of Module 4. 12/12/25: Committee members were requested to complete the review of other Committee member comments and send them Ilona for inclusion in the summary of comments being prepared to send to the Chemistry Expert Committee. Maria will work on a recommendation and Ilona will work on the compilation of comments and letter to the Chemistry Expert Committee. 1/15/26: Approved comments were sent to Nicole and Bob Wyeth. COMPLETE.
2	5 year review: SOP 3-103 - NELAP Accreditation Bodies Standards Review and Acceptance	SOP 3-103		9/25/25				
3	5-year review: SOP 3-106 – Review of Accreditation Standards for Suitability	SOP 3-106	Workgroup	9/25/25	3/26/26			3/26/26: Committee started work on SOP. 4/23: Update in progress. 5/28: Workgroup created to finish review and recommend an update to the Committee. 6/25: Revised Draft was reviewed. Additional changes are needed.

Item	Task Description	Document Number	Contact	Task Added	Start Date	Complete Date	External Communications	Comments
4	5 year review: SOP 3-108 – Issuance of Provisional Recognition to NELAP Accreditation Bodies	SOP 3-108		9/25/25				
5	Review SOP 3-114 - Preparation and Approval of Implementation Guidance for the Laboratory Standards	SOP 3-114		9/25/25				
6	Prepare DRAFT SOP 3-105 (Standard Interpretations) for Committee review.	SOP 3-105	Ilona	5/28/26	5/28/26			5/28: Complete by June meeting. 6/25: The SOP was completed and the vote started to approve it.
7	Review of V1M2 – Quality Management Systems Standard.		All		6/25/26			6/25: Review has been started. Reviews are to be placed into Teams document. . 8/27: A draft of comments will be reviewed during the September meeting.
8	Review of V1M5 – Microbiology Standard		All		8/27/26			8/27: The Committee was asked to start looking the DRAFT Standard and preparing comments.