

**Summary of the NELAP Accreditation Council Meeting  
Monday, May 1, 2023 1:30 pm Eastern**

**1. Welcome and Introductions**

Kristin welcomed everyone to the meeting. Attendance is recorded in Attachment 1. The minutes of April 17, 2023, were approved by unanimous vote after a motion by Millie, seconded by Brian.

**2. Election for Vice Chair**

Due to an oversight by the Program Administrator, this election will be held at the June meeting.

**3. Comments on TNI Voting SOP 1-102 and TNI Creating General Policies and Procedures POL 1-100**

The Board determined that TNI shall have only one voting SOP. These two documents were updated by Policy Committee to reflect that decision and the Voting SOP is supposed to incorporate all procedures from the NELAP Voting SOP 3-101. The Policy was updated to provide for committees to review of any Policy-created document that affects them, prior to approval and implementation. Council members and LASEC as well as CSDEC are invited to review these documents before they are finalized.

Lynn distributed an annotated version with her comments in mid-April, and one Council member provided comments as well. This was a reminder to other Council members that the deadline for comments will be the end of the week. [No further comments were received. Lynn participated in the May 5 Policy meeting to explain the comments provided and a revised version of SOP 1-102 will again be circulated for comments when ready.]

**4. Review of Draft Program Manager Training**

Kristin and Michele were provided copies of this PowerPoint presentation in mid-April, and Stephanie, Vanessa and Carissa had volunteered to review it as well. No one else requested to review the draft and it has been sent to those who offered their review.

**5. Discussion of ORELAP Concerns About V2M1 Draft Standard Revision 1**

Due to Travis' schedule conflict, this discussion is postponed until the June meeting. The deadline for comments is June 30.

**6. Discussion of Florida's Rulemaking Concerning Temporary Emergency Laboratories and the use of Alternative Assessment Techniques**

Carl explained that this rulemaking (draft is being prepared) is expected to remove the term "on-site" as an adjective to assessments, and simply refer to laboratory assessments or just assessments. He asked whether this would be a conflict with the V2M1 Draft Standard presently in review.

One AB noted that it has already changed to "assessments" (PA) and another is seeking to update its regulations to remove "on-site" (LA). A different AB pointed out that with its

current round of assessments, they are seeing a difference in performance after the 2021 remote assessments done during pandemic emergency, and noted that they have new assessors but are also seeing many new lab staff during assessments. Still another AB suggested that labs should need to qualify for remote assessments, with never two in a row, and that disqualifications would be a new lab, staff turnover, and significant findings during previous assessment.

Carl asked if other ABs have criteria for temporary emergency situations, and suggested that perhaps micro methods would be amenable to less scrutiny in emergencies. No additional information was offered during the discussion. He noted that there is an ISO workgroup looking at technical specifications for remote techniques, to include virtual locations and virtual lab personnel as well as the “remote assessments” that NELAP ABs used during the pandemic emergency.

TX and MN remain uncertain whether they will be able to grant secondary accreditations to labs that received a remote assessment. TX is unable to get a definitive response from Region 6, but for non-drinking water, would apparently accept remote assessments, while MN awaits a definitive answer from higher authority. LA is uncertain whether permission to update its regulation will be given. Once these three ABs have definitive answers about acceptability of remote assessments for secondary accreditations, assuming the answers are “yes”, we can consider updating the Mutual Recognition Policy 3-100 to address remote assessments. CA noted that Region 9 does not allow remote assessments for drinking water labs.

## **7. Discussion of Questions from Conference**

### Operational Issues – How are modified methods and lab-developed methods listed?

UT lists methods by lab SOP and revision numbers, FL does the same but requires that the lab request a method code for its SOP, while NY tracks lab SOPs by version number with the AB requesting method codes. FL and LA noted that some labs requesting secondary accreditation have a primary accreditation that identifies the method as a modified EPA method, which may be an added analyte or a change to the procedure itself.

Kristin asked for recommendations about how to make the accreditation process easier for lab SOPs. Listing an SOP as accredited means that the laboratory must have method validation data, not simply relying upon EPA data for the non-modified method. Another participant noted that if a method SOP does not indicate that it is a modification, then any AB issuing secondary accreditation would never know. UT informs labs that they cannot guarantee recognition of an SOP method for secondary accreditation, although the method is accredited by UT. NJ accredits by method SOP and revision numbers, but finds that its secondary applicants do not always notify them when the revision number is updated, and the assessor only finds out during the next assessment cycle that one or more revisions have been made.

### LAMS Reporting

This was discussed at the April meeting, but a question was raised about whether ABs double check information in LAMS. The suggestion arose that some accreditations are offered for methods that do not have codes, and that there are still multiple method codes for the same method in some instances. The use of “year” for CWA methods and “edition” for SDWA methods adds to the confusion. All agreed that the process needs to be

streamlined.

### Processes for Internal Audits

FL noted that they are rewriting the internal audit SOP, in an effort to focus on timelines for end results. Lynn explained that the LAB Expert Committee is discussing with some of the evaluators (volunteer brain-stormers) how to improve the evaluation process (and the Technical Review Checklist) to focus on successful implementation rather than just the existence of appropriate documentation.

### Should we establish an ombudsman, separate from state appeal processes?

This question arose during the NELAP session at conference in San Antonio, but has been discussed some years ago as well. This would be a person or group, separate from state appeals processes, designated to hear complaints and issues about NELAP. Discussion points were as follows:

- From experience staffing phone lines during the pandemic early days, there could be benefit for the entire accreditation process
- Even though states have appeal and complaint processes, labs seem not to want to talk with their AB
- Using the ombudsman would raise concern that the lab is attempting to work around the established complaint resolution process
- This could be an “information only” resource
- Lab concerns brought to the AB are often about timelines, where the AB cannot say “yes”
- A good idea in theory but much uncertainty exists about whether complaints would be related to state regulatory processes and thus have to be referred to individual ABs anyway
- There are no instances of state retaliation ever known
- CLIA complaints tend to be unregulated issues like “rude staff”, as everything else is tightly regulated
- Labs blame the AB for delays that are caused by incomplete application package, not state staff intent
- The volunteers would have to come from NELAP itself, and could be overly time-consuming
- If the lab won’t raise the problem with its AB, the AB cannot explain or address it; an ombudsman could only relay information
- The question as presented at conference was initially about complaints from other sources but rapidly devolved into AB-bashing
- An ombudsman could make the problem worse instead of better, since that person could have no authority over AB operations
- Is this a solution in search of a problem?
- Can we perhaps establish an email address on the website to relay information, to show labs that they can “speak up”?
- We need to know whether there are complaints that could be resolved by a neutral party

Participants finally settled on making the “Submit a comment or question” and “Submit a complaint” links on the website more visible, moving them and changing the color to make them more obvious. (See the TNI home page, links moved to below “News”.) Then, if

complaints actually arrive, we will get a better sense of whether a problem actually exists that could be helped by an ombudsman role. Kristin committed to discussing this issue again at a side meeting in Minneapolis.

The remaining issue(s) will be discussed at a future date, as meeting time allows.

**8. New Business**

There was no new business.

**9. Next Meeting**

The next teleconference meeting of the NELAP AC is rescheduled from the usual first Monday to **Monday, June 5, 2023, at 1:30 pm Eastern**. An agenda and documents will be provided in advance.

**Attachment 1**

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