

Summary of the Laboratory Accreditation Body Expert Committee Meeting
Wednesday, February 5, 2020 8:00 am PST
Forum on Laboratory Accreditation, Newport Beach, CA

1. Welcome and Roll Call

The Chair, Carl Kircher, opened the meeting. Attendance is recorded in Attachment 1. Carl invited people to apply for membership in the committee, noting that multiple positions remain available.

2. Discussion of Assessor Qualifications

Carl noted that the Technical Manager qualification discussions about how to balance education with experience requirements is somewhat parallel to the assessor qualifications in section 6.1.2.9.2 of V2M1, requiring experience and relevant knowledge in each field of accreditation for which an assessor is deemed qualified.

There was no agreement among participants on whether to merge the three sub-categories of chemistry testing (organic, inorganic non-metals and metals) into one “chemistry” category, but several committee members favored merging the three. This issue will require resolution within the committee.

3. Continued Discussion of Comments on Outline of Proposed Changes and Draft of V2M1

The committee continued discussion from the January meeting, working from the new and shorter spreadsheet containing only unaddressed/unresolved comments. Some comments were revisited, so that the information reflected in the attached version of the spreadsheet reflects the outcome of this session at conference and may vary from the January 2020 minutes. See Attachment 2 for a summary of discussion outcomes.

The following paragraphs reflect more general discussions of multiple rows in the spreadsheet that may have been considered previously without satisfactory resolution:

- A general discussion of timeframes with respect to section 7.6 reflected various perspectives. ABs do not always have total control over the timeframes for issuing reports or responses to a lab, if, for instance, legal review outside of the AB staff or if a contract assessor’s report requires revision prior to issuance. Consensus was that the word “routine” be added to the language in the standard along with a requirement that the lab be notified if a delay occurs, and also that some exception with justification by the AB be included in section 7.6.6.b.1, since Texas has a statutory timeframe of 60 days for notifying laboratories of deficiencies in their corrective action plan [30 TAC Chapter 25 section 25.32(80B)]. Another option was to note that an exception could be made “when justified by statute”, so that TX law would be included.
- For section 7.6.10, it was noted that two submissions of corrective action plans is adequate, and that if the second is inadequate, the penalty for a new lab would be denial of accreditation, while for an existing lab, it would be either suspension or withdrawal of accreditation. The existing language in the draft revision dates 12/17/19 addresses both in the same sentence. Another participant noted that the submission referred to is not the actual correction but a “plan of correction”.
- Section 7.6.11 also will need language about justification for delays, and notification of the laboratory when they happen. The language should be revised to state that “Failure by the accreditation body to meet the requirements within the timeframes specified in clauses”

7.6.6(b)(1) and 7.6.10 shall necessitate the accreditation body to implement the management system requirements in its corrective actions procedures (clause 9.5) and to inform the conformity assessment body when the assessment report will be issued or when the review of proposed corrective actions will be completed.” A decision was made to poll all ABs about whether legal reviews that might cause such delays are mandatory. NOTE: **This poll should be discussed at the committee’s February teleconference.**

- Discussion of what should be covered during the on-site assessment (clauses 7.4.3 ff and 7.9.2 for reassessments) included statements that one AB covers every method/matrix/analyte by requiring at least one demonstration of capability each year. In response to her email question about assessing all drinking water methods at each assessment, Dan Hautman had provided Nilda Cox with information about the drinking water program’s expectation about all drinking water methods being assessed during each site visit. **The issue of whether specific prescriptive requirements should be added to V2M1 was not resolved, but rather left with the committee to write new language in the assessment plan/programme defining what to assess for drinking water and probably different language for other disciplines.**
- With reference to §6.2.9.2, participants discussed whether the standard should have more detail about assessor training. The NELAC Standard required a standardized assessor training with a test, then the 2009 TNI Standard required only passing score on a test. Comments made were that both flexibility and accessibility are needed by ABs for assessor training, and if new training requirements are included in this revision, there needs to be some provision for delay until existing assessors can access and complete the training, or else a “grandfather” provision. Another commenter recommended no changes to the existing draft language, and one other noted that the Drinking Water Certification Officer course is actually not satisfactory as assessor training. **The consensus was to leave the language as it is now and put the training issue on the “parking lot” list for the next revision, along with the related comment on §6.1.3.3.**

4. Next Meeting

The next teleconference meeting will be **Tuesday, February 18, 2020, at 1:00 pm Eastern.** An agenda and documents will be distributed prior to the meeting.

Attachment 1

LAB Expert Committee Roster

Name/Email	Term ends	Affiliation	Present?
Socorro Baldonado sbaldonado@mwdh2o.com	12/31/2022 (1 st term)	Lab – Metropolitan Water District, La Verne, CA	Yes
William Batschelet Batschelet.william@epa.gov	12/31/2021 (2 nd term)	Other – Retired from US EPA R8	No
Nilda Cox nildacox@eurofinsus.com	12/31/2021 (1 st term)	Lab – Eurofins Eaton Analytical LLC	Yes
Catherine Katsikis catherinekatsikis@gmail.com	12/31/2021 (2 nd term)	Other – Laboratory Data Consultants	Yes
Carl Kircher, Chair carl_kircher@flhealth.gov	12/31/2021 (3 rd term, extended)	AB – Florida Department of Health	Yes
Marlene Moore mmoore@advancedsys.com	12/31/2021 (2 nd term)	Other – Advanced Systems, Inc., Newark, DE	Yes
Michael Perry michael.perry@lvvwd.com	12/31/2022 (1 st term)	Lab – Southern Nevada Water Authority	No
Zaneta Popovska zpopovska@anab.org	12/31/2021 (1st term)	AB – ANAB	Yes
Alia Rauf arauf@utah.gov	12/31/2020 (1st term)	AB – Utah Department of Health	Yes
Mei Beth Shepherd, Vice Chair mbshep@sheptechserv.com	12/31/2021 (2 nd term)	Other – Shepherd Technical Services	No
Nicholas Slawson nslawson@a2la.org	12/31/2021 (1st term)	AB – A2LA	Yes
Program Administrator: Lynn Bradley Lynn.Bradley@nelac-institute.org	N/A		Yes
Associate Members:			
Aaren Alger Aaren.s.alger@gmail.com		Other	Yes
Yumi Creason ycreason@pa.gov		AB – Pennsylvania	No
Scott Haas shaas@etilab.com		Lab -- Environmental Testing, Inc., and Chair, FAC	No
Bill Ray bill_ray@williamrayllc.com		Other – William Ray Consulting, LLC	No
Aurora Shields Aurora.Shields@kcmo.org		Lab – KC Water	No
Ilona Taunton Ilona.taunton@nelac-institute.org		Other – TNI Program Administrator	No

Attachment 2

Resolution of Comments from Conference Session

		Section/ clause	Comment	Committee action	Committee comment
MM	2/14/2019	4.3.4	1. Section 4.3.4 we should add some TNI language. Each recognized AB must use the symbol as authorized by TNI. I think there is a TNI policy that can be referenced or copied into this section.	Add language stating that "each recognized AB must use the symbol as authorized by TNI" to either clause 4.3.6 or 4.3.3.1	Policy 1-103 addresses this
148		4.6.6	4.6.6 Add a statement to explain regulatory requirements and the TNI Environmental Laboratory Sector Scheme. Such as: 'The accreditation body must assess the requirements of the TNI EL Volume 1 standard and the regulatory requirements of the state and federal programs such as drinking water, wastewater, RCRA and other environmental programs.'	include air and possibly TSCA when defining the scheme for NELAP. Note that "scheme" has replaced "scope of accreditation". Add the proposed language from Marlene with air and TSCA included: "The accreditation body must assess the requirements of the TNI EL Volume 1 standard and the regulatory requirements of the state and federal programs such as drinking water, wastewater, RCRA and other environmental programs."	email comment from Marlene, 10/15/19 -- "Item 148: 4.6.6 Add a statement to explain regulatory requirements and the TNI Environmental Laboratory Sector Scheme. Such as: 'The accreditation body must assess the requirements of the TNI EL Volume 1 standard and the regulatory requirements of the state and federal programs such as drinking water, wastewater, RCRA and other environmental programs.' COMMENT: We need to define the scheme of the TNI standard. That is why we must add the references applicable to the requirements of the AB. We may also want to add TNI PT program and TNI NEFAP and SSAS as other schemes the may be referenced by the AB." RECONSIDER IN DISCUSSION OF 7.4 OR 7.6
153		7.4.2 note	7.4.2 Note: Change this to a requirement 'notification is not required for unannounced assessments.' The current note does not forgo the requirement to notify the CAB.	add to 7.4.2.1: "The AB need not notify the CAB of the names of the assessment team for unannounced assessments" and delete the first sentence in the note.	

?		6.1.2.9.1	<p>Due to the requirement in the 2009 standard, ABs may have assessors that have not worked in an environmental laboratory. They were deemed to have commensurate experience through performance of verified assessments as required in the standard. The new requirement that the assessor must have worked in an environmental laboratory will cause some assessors currently working for ABs to no longer be qualified. In addition, assessors are hired into state classification positions that have specific minimum requirements. These requirements do not include working in an environmental laboratory. As a result, this requirement would contradict state position classifications.</p>	add language about grandfathering for new ABs, similar to what is used for technical managers in newly accredited labs	
?		6.1.2.9.4	<p>Section 6.1.2.9.4 – Why would an assessor need to sign a qualification statement? And what is the value of providing signatures and a qualification statement to a lab? The standard outlines the specific requirements that each assessor must have, and the AB is responsible for qualifying their assessors. So, a signature by an assessor is irrelevant and unnecessary. Also, the requirement for an AB to provide these specific statements seems unnecessary. I would suggest that the standard be changed to say that the AB must maintain records of the qualifications (and possibly approvals) of its assessors. A requirement to provide anything related to assessor qualifications to the lab just seems unnecessary to me. However, if someone really thinks providing evidence of qualifications to a lab is necessary, then I think it should be done differently than a “qualification statement”.</p>	1-21-20 -- delete this clause; section 6.3 (ISO language) addresses the issue	at conference, deletion affirmed

		6.1.2.9.2 note	holdover from previous discussion	no further action	
143		2	<p>FOLLOW-UP REQUEST FROM XXXX WITH SPECIFIC LANGUAGE: V2M1, 7.5.2 ISO/IEC 17011:2004(E), Clause 7.9.2</p> <p>The accreditation body shall, without undue delay, make the decision on whether to grant or extend accreditation on the basis of an evaluation of all information received (see 7.8.6) and any other relevant information. The accreditation body shall make the decision on whether to grant or extend accreditation to a CAB within sixty (60) calendar days from receipt of the application for accreditation. Failure by the accreditation body to make the decision within the required sixty calendar days shall require the accreditation body to take corrective action and inform the CAB of the actions being taken to address the non-conformity.</p>	<p>see item 3 in February 5, 2020, minutes. New clause 9.5 addresses this issue</p>	
143		V2M3, 6.12.1	<p>FOLLOW-UP REQUEST FROM XXXX WITH SPECIFIC LANGUAGE: V2M3, 6.12.1, The accreditation body or its authorized representative shall present to the CAB within thirty calendar days of the last day of the on-site assessment a final assessment report identifying all confirmed findings. Failure by the accreditation body to present a final assessment report to the CAB within required thirty calendar days shall require the accreditation body to take corrective action and inform without undue delay the CAB of the actions being taken to address the non-conformity.</p>	ditto	

157			Volume 2 (Modules 2 and 3) of the present 2009 TNI Standard does not appear to address the ongoing performance of accreditation bodies between the three-year evaluation cycles. Especially, the ABs ongoing ability to meet two key requirements and obligations to a CAB presently found in V2M2 and V2M3. That is,	ditto	
157			<ul style="list-style-type: none"> V2M2, 7.1, The Primary AB shall complete the assessment of the final evaluation report within sixty (60) days of receipt of each study report and determine the accreditation status for any field of accreditation for which Not-acceptable evaluations were assigned for the corresponding FoPT. 	not relevant	
157		V2M3, 6.12.1	<ul style="list-style-type: none"> V2M3, 6.12.1, The accreditation body or its authorized representative shall present to the CAB within thirty calendar days of the last day of the on-site assessment a final assessment report identifying all confirmed findings. 	not relevant	
157			While the above two requirements for an AB pale in comparison to the numerous and correctly required obligations of CABs to an AB they are however critically vital to the laboratory accreditation process and afford the CAB with some degree of expectations for performance and accountability from an AB (State or NGAB). Extensive delays or an AB's systematic inability to meet these requirements can and does have negative impacts and consequences for any NELAP Accredited CAB that finds themselves dealing with an AB that is unable to consistently fulfil these two fundamental requirements.		the items mentioned relate to the PT module, over which LAB has no control whatsoever

157		<p>I would like to request those working on the draft revision to Volume 2 consider this matter and perhaps also add suitable language in the revision underway for Volume 2 to address this issue. Perhaps there is even a need for additional such calendar day requirements, in the Standard as it relates to an AB meeting obligations to a CAB (e.g., AB shall within 30 calendar days respond to plan of corrective actions submitted by the CAB). I know, many of us have experienced these and other types of problem at times within the AB community, and we know when it becomes a systematic problem with an AB it can have negative consequences for the overall success and stakeholders' perceptions of NELAP and TNI. I want all ABs to succeed and I understand these types of problems may be rooted in budgetary, resource, management system and/or other aspects of their program, and that these types of challenges can be difficult to address and overcome. However when they occur repeatedly for a prolonged period of time, then I believe we have an obligation to have the necessary standards and/or systems in place to effectively deal with the problem, if the AB is seemingly unable to. If we do not have an effective standard language or systems in place to monitor AB performance between Evaluations and detect and deal with these types of problems then I believe, as I hope you do, we cannot pass on this opportunity to improve the language in the standard.</p>	<p>see item 3 in February 5, 2020, minutes. New clause 9.5 addresses this issue</p>	<p>the standard does not address evaluations</p>
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158		V2M3, 6.12.1	<p>FOLLOW-UP REQUEST FROM SIDERS WITH SPECIFIC LANGUAGE: V2M3, 6.12.4</p> <p>The CAB shall provide to the accreditation body a plan of corrective action to address findings in the assessment report within thirty calendar days from its receipt. The accreditation body shall present to the CAB within thirty calendar days a response to the plan of corrective actions. The CAB shall then provide the accreditation a revised second plan of corrective action to address any corrective action deemed by the accreditation body to be unacceptable within thirty calendar days from its receipt. The accreditation body shall present to the CAB within thirty calendar days a response to the revised second plan of corrective actions. If the revised second plan of corrective action is deemed not acceptable then the accreditation body shall make a decision within 30 calendar days regarding suspension or reducing of the CAB's accreditation, in whole or part. Failure by the accreditation body to achieve the requirements within 6.12.4 shall require the accreditation body to take corrective action and inform without undue delay the CAB of the actions being taken to address the non-conformity.</p>	ditto	state laws govern suspension and revocation timelines and those would override the standard anyway. Some site reports have critical findings, different than repeat findings
161		7.6.6.b	Section 7.6.6.b – I would suggest adding language about what must be included in an assessment report by the AB. This will help ensure consistency in recordkeeping/reporting and assist with the Secondary accreditation of NELAP accredited laboratories. For example, add requirements for structure or content of the report to include:	List of required assessment report contents drafted & added as clause 7.6.6(b)(2)	the next assessment team needs to know what was assessed. All drinking water methods must be assessed (per EPA). Prep method assessment information is needed in the site report for secondary accreditation purposes (where prep methods are not accredited separately)
			Assessment Date(s)		

			Laboratory Name and Physical Address		
			Laboratory ID number (as assigned by the AB)		
			Applicable Matrices		
			Applicable Methods, including preparation methods when separate or different from the analytical method		
			Key Laboratory Personnel at the time of the assessment (such as technical manager, QA officer, etc.)		perhaps this is not mandatory, possibly just list personnel interviewed instead
		7.13.3	The PA-DEP has an Environmental Hearing Board that handles all appeals, the Laboratory Accreditation Program does not manage them in any way. All decisions are made by the court. To say that the AB is required to be responsible for the decisions at all levels (Section 7.13.3) is impossible and a violation of the PA laws.	add section 7.13.3.1 to read "A governmental regulatory body following its due process is considered to meet this requirement."	

#REF!		7.6.6.a	<p>The obligation to provide nonconformities in writing at a meeting at the end of the assessment is impractical. If the meeting is conducted during the onsite assessment, assessors do not generally have access to printing equipment. In addition, it will extend the time required to conduct the assessment because the nonconformities will have to either be typed or hand-written prior to the meeting. This is an unnecessary additional cost to the lab and burden on the AB.</p> <p>Assessors do provide the nonconformities verbally to the laboratory during the meeting. There is no advantage to providing the nonconformances in writing as the nonconformities are preliminary until a review has occurred offsite. The laboratory is provided the final nonconformances in writing upon issuance of the final report. If this requirement remains, ABs will be forced to either invest in portable printing equipment and increase the time/cost of assessments or conduct the meetings remotely, which does not improve the assessment process.</p>	<p>discuss further in committee, likely will need additional TNI language</p>	<p>most prefer that all reports should be issued by the AB, not by the assessor. Okay to leave the draft report. One committee member argues that the closing meeting should not occur until all SOPs and data packages are reviewed, which likely would mean a teleconference closing meeting -- the closing meeting should happen when all findings can be discussed. This would require calling the meeting at the end of the assessment/on-site by some other name. At least one AB currently reviews site reports AFTER the assessor has delivered it to the lab (FL), since the report is sent to lab and AB simultaneously. Need to define "end of assessment" -- end of site visit or closing conference? PA requests removal of "authorized representative" language and insists that only the AB can issue a report. An amended report would reset the clock from when the "authorized rep" delivered the report (for lab response time). Sometimes the SOP in use will not be what was submitted, which requires additional review time after the assessment itself</p>
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#REF!		7.6.6.b.1	<p>The issuance of the assessment report within 30 days is not always feasible. If accreditation is being revoked/denied as a result of the onsite assessment report, the report may have to be reviewed by the AB's legal department. This review time is outside the control of the AB and generally causes the final report date to be greater than 30 days. There needs to be some flexibility in the 30-day requirement.</p>	<p>failure to meet the 30 days would require corrective action upon internal audit; add a requirement that the AB must notify the lab if the report will be delayed beyond 30 days.</p>	<p>extended discussion: if cannot meet 30 day time, document the exception and the extenuating circumstance causing it, and notify the lab of delay (before 30 days is up). Remove "on-site" term.</p>
?		7.6.6.c	<p>The AB is required to provide the laboratory an explanation if the outcome of the assessment in bullet "b" differs from the outcome delivered at the meeting in bullet "a". However, it is unclear what is meant by "outcome" of the assessment. Is this referring to findings/nonconformities or an overall outcome of the assessment? Bullet "a" states that the assessment team shall report on the findings identified and detail any nonconformances. Bullet "b" requires a written report on the outcome of the assessment and identifies nonconformities as one of the items the report shall contain. If the intent is that ABs must provide an explanation for any finding/nonconformances that changed from the exit meeting, this is going to cause unnecessary work for assessors. This should only apply if the findings/nonconformances identified in the exit meeting are not identified as preliminary. If the nonconformances are identified as preliminary, the purpose of the review process is to ensure that the preliminary findings are accurate. There should not be an expectation from the laboratory that the findings are final, and thus no need for an explanation of the</p>	<p>New clause drafted & added as 7.6.6(c)(1)</p>	<p>What is the "outcome" -- is it the assessment findings or the recommendation for accreditation? The assessment is a gathering of objective evidence. Note that after "c", outcome is used as a definitive action. Need to clarify what the expectations are. Any new or additional nonconformance must be explained in writing. Recommend to make the language normative</p>

			differences.		
MM	2/14/2019	7.4.2 note	7.4.2 This is not a note. It must be a statement required for conformance by the AB/		pending resolution
?		7.6.4.1	Last sentence: "should" (formerly used) is better language. I recommend moving the last sentence to a NOTE and keeping the "should", don't make it a "must". Or, delete the statement in its entirety. The issue is that sometimes there's ONLY one way to be compliant with a requirement, and if an assessor tries to be helpful and explain that ONE way, we don't want an issue to be brought against the assessor for wrongdoing based on this wording.		pending resolution

120		7.4.2.1	<p>preferred language would be “ABs are allowed to conduct...” and the text about “initial assessments shall be announced” conflicts with at least one AB’s regulations (<i>either PA or VA, notes are unclear</i>) and must be removed. The Chair requested proposed wording for both the note and normative language; the issue was not resolved in the session.</p>		pending resolution
125		7.6.6.b	<p>there was a clear desire to allow exceptions to the 30 day “for good cause” or to consider changing it to accommodate holidays (perhaps 30 business days?) – proposed language was that the “AB may extend the time on request due to unforeseen circumstances. Another participant requested adding language about communicating delays and the reason for them, between the lab and the AB.</p>	<p>see discussion in item 3 of February 5, 2020, minutes</p>	
126		7.6.7.1	<p>The proposed deleted language about report sharing brought comments that TX needs it but it violates PA and FL law/regulations. ABs may need to share for purposes of mutual recognition but there may also be other reasons. ABs might be satisfied with exception language, saying “unless superseded by state regulations”. (<i>Aaren Alger agreed to submit draft language.</i>) Also, a cross-reference with §8.1 may provide adequate exception.</p>		still requires resolution

MM	2/14/2019	6.2.9.2	<p>6.2.9.2 = Allows each AB to create its own training course(s). This includes the NGABs. The original NELAC standard required the training to be the same among all ABs. Do we want to have the same training for all ABs?(2) similar training, or (3) an approve TNI course(s) or (4) anyone create a basic assessor class and the technical training classes without oversight?</p>	<p>Leave language "as is" and place this issue in the "parking lot" for the next revision.</p>	<p>Marlene noted that her Basic Assessor Training course was the original standard for AB assessors but when the NELAC standard shifted to ISO 17025, the concept shifted and ABs now do not have standardized training. One AB participant noted that the Drinking Water Certification Officer course is not "assessor training" even though it is sometimes used as such. Another AB noted that flexibility and accessibility for training are important to ABs -- training should be consistently offered or else "on-demand" and available to all ABs. Yet another AB was content to leave the language as is. Another party noted that TNI's training program does have the potential to meet this need, and asked that there be some time delay written into the standard to allow for expansions of TNI's training to address assessor needs</p>
MM	2/14/2019	6.1.3.3	<p>6.1.3.3 and other sections in part 6.1.3 require the AB to define training and qualifications for all staff performing accreditation activities. Do we want to list accreditation activities along with the qualifications and training needed to perform each function of the AB. Such as (1) PT review,(2) decisions on accreditation, (3) reviewing/issuing reports/ (4) reviewing and acceptance of CABs corrective actions if not done by the assessor, (5) scheduling assessment (6) others</p>	<p>this will become a "parking lot" issue for the next revision</p>	

MM	2/14/2019	7.8.3	Reword 7.8.3: " <u>NOTE: In the context of this Volume in TNI's Environmental Laboratory Sector standards, only ISO/IEC 17011 clause 7.8.3(d) below is applicable</u> ".	make this edit universally. Alternatively, refer to the TNI ELS standard in the context of Volume 2 TNI ELS only clauses	
MM	2/14/2019	7.8.3.e	<u>Clause 7.8.3(e) is applicable to Volume 4 in this Sector. (I am not sure we should indicate which section is applicable to other program)</u>	leave as is for now	
MM	6/3/2019	7.11.1	7.11.1 deficiencies is no longer used. The correct term is non-conformity. Change the word in this section and do a word search for deficiencies and remove this term. Confuses the CABS.	this was done already by Carl	
MM	6/26/19	Items 35, 36, 37, 38, 40 & 42 in DC comments worksheet	discuss and write a requirement including these elements, rather than deferring to the assessment plan -- "It must be in the standard to provide information to the ABs and ensure consistency among the ABs. It does not need to be perceptive but must provide the necessary records or procedures to be addressed by the AB. Volume 2 is part of the program - so if you change this to program then it is correct and should be in Volume 2"	requires resolution	unable to identify the referenced comments in the conference session
MM	6/26/19	item 41	This is with in the AB program - in order to ensure consistency the standard must indicate how PTs are to be handled. We have a PT portion of 17011 and this is part of that clause.	V2M2 addresses this	
MM	6/26/19	item 43	I do not think we should add interim accreditation to the standard now since the process has matured from a federal/state program. The action should be the committee must vote to not include interim accreditation in the standard	there will no longer be reference to interim accreditations in the standard although states may still offer it	

MM	6/26/19	item 44	Deadlined for labs and ABs must be included in the standard to ensure consistency. There is always an allowed for a lab or AB to not meet the deadline, but this delay must be due to a limited timeframe (new program manager, change to regulation, other changes etc)	addressed in discussion summarized in item 3 of February 5, 2020, minutes	
MM	6/26/19	item 45	Primary and secondary accreditation must be included in the standard to ensure all state treat primary and secondary the same way. We should include the practice in the standard and not let it be free welling	primary and secondary are used in V2M2. For V2M1, just delete the term primary in the clause 7.6 note	
MM	6/26/19	item 46	Who agreed to this (how many on the committee agreed? This should be presented in the table. I would like to see this in the standard and indicate assessors can be shared as long as they are deemed competent by the individuals primary AB	unresolved	there is nothing in the standard now about "shared" assessors; there needs to be some assurance to the sharing AB that assessors are competent.
MM	6/26/19	items 49&52	Volume 2 must include information about secondary as well as primary to avoid any confusion by the labs. The actions by the Task force is not to resolve primary and secondary but about field activities accreditation by NELAP ad NEFAP.	resolved above by deletion of term "primary" in V2M1 7.6 note	
MM	6/26/19	item 50	The standard has requirements of what are mandatory to be in the application. Other information that states or NGABs require can be added, but the standard must indicate the minimum amount of information	Requirements are in ISO language; the added note to 7.2.1 indicates that ABs may require additional information	

MM	6/26/19	item 51	Even if not all ABs are making entries into LAMS a system must be part of the ABs program since Vol 2 requires a directory or other means to late a lab and others know who is accredited by the state, We must not avoid this item just because the ABs can't do something. The committee should review the policy and see if it addresses all the concerns and make a general requirement in the standard that reflect the policy.	LAMS is not mentioned in Volume 2. All ABs have listings of accredited labs on their websites	
MM	6/26/19	item 54	We must ensure the language for the credentials of assessors is clear. What other groups are discussing this? Is a member from LAB in those groups? Are NGABs represented?	not addressed	
MM	6/26/19	item 55	Is this FOPT fields or Fields of accreditation? The field of accreditation or scope of accreditation requires consistent definition within TNI (matrix, technology/method. analyte) Volume 2 must address these terms and ensure all ABs use the same scope	not addressed	
MM	6/26/19	item 56	We must address what is needed for technical training- Some ABs use the 2033 standard for their requirements others do not Since i have a conflict of interest in this matter the committee must help to reosolve the wording in the 2009 standard	not addressed	
MM	12/5/2019	7.6.6.c	How long after the closing meeting must the AB provide additional Nonconformities? Draft Language now reads in 7.6.6.c item 1: <u>(1) If additional nonconformities are identified after the on-site portion of the assessment is concluded, these nonconformities shall be communicated to the laboratory in writing.</u>	not addressed	

MM	12/5/2019	Where is the definition for finding? (It was in V1 M2 are we using the same definition?) The new glossary does not include finding. The definition for finding that was in the standard indicated this was to be a non conformance to the standard. The definition for finding is not presented in the glossary TNI published last week.	not addressed	Ed. -- until the glossary is included in the standard itself, ABs will not be able to rely upon those definitions, per the NELAP AC
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