TNI Policy Committee Meeting Summary Friday, January 17, 2020

1. Welcome, Roll Call and Announcements

Patsy welcomed everyone to the meeting. Attendance is recorded in Attachment 1. The minutes of January 3 were accepted. In Lynn's absence, Ilona took notes for this meeting – thank you, Ilona!

2. Discussion of Section 2.5 of CSDEC Committee Membership SOP 2-101

Policy was asked to consider a potential revision to this SOP concerning committee vote to approve second terms for existing members. Participants did not feel they should comment at this time since the current language is not clear and it is a program decision to make. The revised SOP will be reviewed by Policy upon completion.

3. Compiling the Internal Audit Responses

Participants preferred including corrective actions in the Internal Audit Database instead of using a separate form (see draft form in Attachment B, below) so that all information will be in one place. They suggested adding a column about documents needing to be updated.

Additional comments from participants were as follows:

- Policy should remind people that the internal audit checklist needs to be updated as SOPs are updated and finalized. Perhaps a note upon approval of an SOP to say "Please review your internal audit checklist and update it as appropriate based on your SOP updates".
- Participants agreed with the concept of verifying corrective action has taken place.
- Ilona will revise the Internal Audit SOP 1-124 as proposed (see Attachment C) for review at the next meeting, and request that the IT Administrator make the changes to the database to accommodate corrective actions (per the form in Attachment B).

4. Review of Draft Internal Audit Presentation for the Annual Report at Conference

Ilona reviewed the DRAFT presentation she had sent to the Committee prior to the meeting, and received the following comments:

- Make the header the same for slides 4 and 5.
- There was disagreement over whether to have one slide summarizing the findings or to have all the findings included at the end of the presentation, to emphasize that the internal audits were thorough. While not all the items need to be mentioned during the presentation (details can be viewed when the slides are posted on the TNI website), the outcome was to move the "findings" slides to the end and keep all findings listed.
- Separate some of the slides to have a lessons learned or improvement opportunities slide.
- Maybe add something about whether it was worth the effort.
- Update last bullet on Slide 2.

Final slides will be shared with everyone for comment and then sent to Jerry by the January 28 deadline.

5. New Business

The IT Committee has approved SOP 1-109. In her role as Chair of IT, Mei Beth asked that Lynn obtain the final version from Jerry and add it to the list of SOPs that need Policy Committee review.

Meeting adjourned at 12:10pm Eastern.

6. Future Meetings

The next teleconference meeting will be Friday, February 21, 2020, at 11 am Eastern. The agenda and documents will be sent in advance of the meeting, as usual.

The February 7 meeting date was cancelled due to the conference in Newport Beach.

Attachment A

Name/Affiliation	Representing	Present
Patsy Root, Chair	TNI Board Secretary	Yes
IDEXX	(- th u)	
Patsy-Root@idexx.com	(other)	
Silky Labie, Vice Chair	At Large	Yes
Env. Lab. Consulting & Technology, LLC	(other)	
Tallahassee, FL elcatllc@centurylink.net	(otner)	
<u>olodino e dornarym minot</u>		
JoAnn Boyd	Lab and FSMO	No
Southwest Research Institute, San Antonio, TX jboyd@swri.org	(lab)	
Calista Daigle	NEFAP Executive Committee	No
Dade Moeller, Inc.	(other)	
Elizabeth Turner	,	
Pace Labs	(lab)	
Elizabeth.turner@pacelabs.com Virginia Hunsberger	NELAP	Yes
PA DEP	NELAI	163
vhunsberge@pa.gov	(AB)	
Mei Beth Shepherd	At Large	Yes
Shepherd Technical Services	At Large	165
mbshep@sheptechserv.com	(other)	
Eric Smith	PTP Executive Committee	Yes
ALS	4.10	
eric.smith@alsglobal.com	(lab)	
Paul Junio	CSD Executive Committee	Yes
Northern Lake Service, Inc.	(lab)	
paulj@nlslab.com	(lab)	
Jerry Parr (ex-officio)		No
Executive Director, TNI		
Jerry.Parr@nelac-institute.org		
Lynn Bradley, Program Administrator, TNI		No
lynn.bradley@nelac-institute.org		
Ilona Taunton, Program Administrator, TNI		Yes
llona.taunton@nelac-institute.org		
Alfredo Sotomayor (ex-officio)	TNI Board Chair	No
Milwaukee Metropolitan Sewer District, WI	TNI BOAIU CHAII	INO
asotomayor@mmsd.com		

Attachment B INI In	ternal Audit Review Summary
Date:	Committee:
	nd include all items marked "No" below. Complete columns 4 and 5. Column 6

Item #	Reference	Requirement	What factors contributed to "No" response?	What will or has been done to correct issue – Corrective Action (CA)	CA Verified (Name/ Date)

Review comments and "No"s and list any written procedures that need to be updated or created:

	SOP/Policy/ Guidance Number or NEW	Title	What needs to be changed/created?	Added to Committee Action Items?*
1				
2				
3				
4				

^{*} If SOP is not committee's responsibility, send request for change to committee responsible. Note committee sent to in column instead of Y/N.

Any Committee recommendations for updating the Internal Audit Checklist? Are there items on the checklist that are out of your control that you think should not be on your checklist? Other comments?

Attachment C - Proposed Revised Language for Internal Audit SOP 1-124

7.0 Corrective Action

- **7.1** Each committee must address the nonconformities found in its internal audit by preparing a corrective action response/plan using the TNI Internal Audit Review form in Appendix B.
 - **7.1.1** Corrective action process is coordinated by the Program Administrator and committee Chair.
 - **7.1.2** A completed Review form that includes each nonconformity with proof of correction or a plan for correction with a due date must be submitted to the next level of organizational management within TNI (*i.e.*, an Executive Committee or TNI Board of Directors) by May 31st each year.
 - **7.1.2.1** Corrective action plans are tracked by each committee using its procedure for tracking action items.
 - **7.1.2.2** A copy of the Review form submitted is shared with the committee and included as an attachment to the committee minutes.
 - **7.1.3** When a Corrective Action is completed and accepted by the next level of organizational management, a note is placed by the Program Administrator or Chair into the Comment section of the internal audit checklist in the database: Corrective Action Completed xx/xx/20xx. This date is the date of the committee meeting where the corrective action was finalized so a record can be found in the committee meeting minutes.
 - **7.1.3.1** The chair or Program Administrator must verify implementation of Corrective Action(s) within 60 days after implementation.
 - **7.2** Corrective action documentation will be maintained by the Program Administrator following SOP 1-104 (Control of TNI Documents).
 - 7.2.1 The corrective action responses/plans are considered Class III documents.

Appendix 2 would include the following text and then a copy of the IA Review form:

Directions for completion of TNI Internal Audit (IA) Review form:

First Section:

Review the IA and complete columns 1-3. Item # is as listed in the Internal Audit database. Columns 4 and 5 are completed during the review. Column 6 must be completed within 60 days after the corrective action described in Column 5 is completed.

Second Section:

Review the IA and look for any documentation (e.g., SOPs, Policies, Guidance Document, By-Laws, etc.) that needs to be updated or created. Provide a reference and title for the document in Column 2 and 3 and then describe what needs to be done in Column 4. Column 5 is used to confirm that the committee added the change/creation to their action items or sent a request for the change to the committee responsible for the procedure.

Third Section:

Provide feedback on the use

Attachment D – Proposed Text for Internal Audit Portion of Annual Report at Conference

		Policy Committee Activities TNI Internal Audit (IA) IA's are a requirement in the TNI Quality Management Plan. Self-audits are done annually. Audits performed by someone outside of the committee are done every 5 years. TNI staff member reviewed TNI management system documentation and developed a DRAFT checklist for each committee to review and develop into their IA checklist. All IA checklists were reviewed and approved by Policy. An Internal Audit Database was developed to perform and track internal audits. CSDP Expert Committees piloted the IA system last year. All TNI Committees performed IA's this year.
17	Inter	Policy Committee Activities TNI Internal Audit – Audits Performed rnal Audits were performed: CSDP Expert Committees (Asbestos, Chemistry, Field Activities, Laboratory Accreditation Body, Microbiology, Quality Systems, Radiochemistry, SSAS, WETT) CSDP Executive Committee Advocacy Policy NELAP Accreditation Council/LASEC PTP Executive Committee NEFAP Executive Committee Administration and Support Information Technology
		Not all committees publicize committee openings. Agenda changes not formally agreed to by participants.
		Policy Committee Activities TNI Internal Audit – Common Findings LASEC does not have a complaint procedure. NELAP AC – SIRs are not voted on within 30 days. NELAP Policy 3-101 needs review - at least one requirement was stated as confusing. Some Committee members had lapsed TNI membership. LASEC was not notified by all Expert Committees when the decision was made to update a standard. Not all provisional SOPs are posted on the TNI website. Voting sessions are not announced on NEFAP EC agendas. Committee application procedures need to be reviewed. Not clear every committee member has an application on file.
		Policy Committee Activities TNI Internal Audit – Corrective Action

	TNI has developed a TNI Internal Audit Review form that each committee will use to review their
	nonconformances, determine root cause, document corrective actions and verify implementation.
	Each committee must complete corrective action or develop a plan of correction by May 31, 2020
	ernal Audit – Improvement
ш	Training to improve consistency between audits.
	Training to improve consistency between audits. Look into database improvements (e.g., input stability, archive, corrective action input, etc.).