



NVLAP

Assessor Training

Evaluating On-Site Reports
and Corrective Actions



Relevant Documents and Forms

- *APM 22:05: Review of on-site assessment results*
- *NIST Handbook 150:2006 Procedures and General Requirements*
- *NVLAP Evaluation of On-Site Report form*
- *NVLAP On-Site Assessment Review form*



Review of the On-Site Report

- Current versions of the documents used
- Quality of the report
 - Appropriate comments
 - Checklist includes references to objective evidence reviewed
- Nonconformities cited

| EVALUATION OF ON-SITE REPORT | | | | | | | | | |
|--|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To be completed by the Program Manager (PM) or the on-site assessment review evaluator(s) and signed by the PM | | | | | | | | | |
| Name of assessor: | | | | | Program: | | | | |
| Was the assessor assessing the: management system <input type="checkbox"/> technical competence <input type="checkbox"/> or both <input type="checkbox"/> | | | | | | | | | |
| Lab Name: | | | | | NVLAP Lab Code: | | | | |
| Date(s) of assessment: Start date End date | | | | | | | | | |
| Evaluation areas | N/A (form not used in this report) | Current version? | | Rate the quality of the report for questions 1-3 | | | | | |
| | | Y | N | Missing 0 | Poor 1 | Fair 2 | Good 3 | Very Good 4 | Excellent 5 |
| 1. For forms a) through e), as applicable: Was current version used? Is the report complete? | | | | | | | | | |
| a) On-Site Assessment Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Signature Sheet w/Narrative Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) NIST Handbook 150 Checklist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Program-Specific Checklist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Test Method Review Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the report legible? | | | | | | | | | |
| 3. Are nonconformities reported? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| If Yes, complete a) through d). | | | | | | | | | |
| a) Are nonconformities clearly stated? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are they declared against specific requirements? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Is objective evidence identified? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Are reported nonconformities valid? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Reviewer's comments: | | | | | | | | | |
| 5. Program Manager's comments and actions taken: | | | | | | | | | |
| Reviewer: | | | Date: | | Program Mgr.: | | | Date: | |



Evaluating Corrective Actions

- Potentially applies to all assessors
- You may be asked to review on-site assessment results
- Determination of whether actions taken by a laboratory to resolve nonconformities are sufficient and effective



Evaluating Corrective Actions

- Documents the Evaluator's review
- If all requirements are not met, Part 2 of the form is completed to document the further actions needed.

| NVLAP [®] | | | ON-SITE ASSESSMENT REVIEW | |
|--|----------------------------|-------------------|--|-------------|
| Instructions: See NVLAP OIM 22.03, <i>Documenting the On-Site Assessment Review</i> , for instructions on the completion and processing of this form. | | | | |
| PART 1 – to be completed and signed by the on-site assessment review evaluator for all reviews | | | | |
| Name of evaluator: | | | Program: | |
| Names of other technical experts consulted: | | | | |
| Type of review: <input type="checkbox"/> on-site assessment (enter NIS on-site type code – see legend below) _____ | | | | |
| <input type="checkbox"/> D1 review <input type="checkbox"/> D2 review <input type="checkbox"/> D3 review <input type="checkbox"/> Other _____ | | | | |
| Lab Name: | | | NVLAP Lab Code: | |
| Date(s) of assessment: | | Start date | End date | |
| Based on my review of the on-site assessment documentation and associated nonconformity responses, I have determined that the laboratory under review: | | | | |
| <input type="checkbox"/> meets all on-site assessment requirements | | | | |
| <input type="checkbox"/> does not meet all on-site assessment requirements as indicated below | | | | |
| <input type="checkbox"/> does not meet all on-site assessment requirements as indicated below and requires a follow-up assessment to determine that nonconformities have been resolved. | | | | |
| Comments: | | | | |
| Evaluator's signature: | | | Date: | |
| PART 2 – to be completed for any review where the laboratory does not meet all requirements | | | | |
| Item number | | | Action required by laboratory (for nonconformities only) | |
| NIST HB150 Checklist | Program-Specific Checklist | TM Review Summary | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NIS codes: OS = new/renewal on-site visit PT = proficiency testing on-site FOLUP = follow-up assessment MV = monitoring visit PRE = pre-assessment MOVE = on-site after lab move ADDTM = on-site to assess additions to scope | | | | |
| NVLAP ON-SITE ASSESSMENT REVIEW FORM (REV. 2009-05-27) | | | | PAGE 1 OF 2 |



What is sufficient and effective?

- Did the laboratory follow its corrective action process?
- Was the nonconformity corrected?
- Did the corrective action address recurrence?



What is sufficient and effective?

- Objective evidence must be included to support the corrective action



Examples

- The laboratory did not have a procedure defined regarding the intermediate checks that are in place within its system.
 - Objective Evidence: a copy of the procedure



Examples

- Report No. 123456 includes the use of the NVLAP symbol; however, none of the tests within this report are within the testing capabilities listed in the scope of accreditation.



Examples

- Objective evidence: a copy of the revised test report
- Handbook 150, 4.11.5: Did the laboratory perform any investigation into other reports that may have been issued for this test?
 - Were bigger issues identified?
 - If no, we are done.
 - If yes, what other corrective actions were taken?
 - Were other reports revised? Copies of the reports
 - Was there a need for training? Copies of the training records