**Date:** Click or tap here to enter text. **NVLAP Lab Code:** Click or tap here to enter text.

 **ON-SITE ASSESSMENT REPORT SIGNATURE SHEET**

Laboratory Name:

Laboratory Address:

Field(s) of Accreditation:

NVLAP Assessor(s):

*Name* *Signature*

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On-Site Assessment Dates:

Type of Assessment (check one): [ ]  Initial [ ]  Renewal [ ]  Monitoring [ ]  Other

Assessment Technique: [ ]  Onsite [ ]  Remote  [ ]  Hybrid (combination of Onsite/Remote)

**Instructions for the Laboratory**

Respond **within 30 days** of the date of this report by submitting nonconformity responses through the NVLAP lab portal, addressing all nonconformities documented by the assessor(s). All nonconformities must be satisfactorily resolved before accreditation may be granted. See page 2 for guidance and instructions on responding to nonconformities.

The On-Site Assessment Report, the information supplied by you, and the results of any required proficiency testing will be reviewed by NVLAP with the assistance of technical experts as necessary. NVLAP is solely responsible for the content of this report and reserves the right to change the findings of the assessor(s), based on the results of this review. The final evaluation of your laboratory, for the purpose of deciding whether to approve or deny an initial or a renewal accreditation, will be conducted by NVLAP. It is the responsibility of the Authorized Representative to understand and respond with sufficient information within the required timeframe. Failure to respond may result in the suspension of your laboratory's accreditation or, in the case of a new laboratory, may delay an accreditation decision. Questions concerning this response should be directed to NVLAP.

**Updated Process:** All responses to nonconformities are submitted through the NVLAP lab portal where they must be uploaded into the corresponding open nonconformities.

**Signed Statement**

The assessor(s) has discussed the contents of this report with members of the laboratory management who agree to respond in writing to NVLAP, regarding resolution or correction of any nonconformities noted, within 30 days of the date of this report.

Signature of Authorized Representative or designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

**Guidance and Instructions on Laboratory Responses**

**Resolving nonconformities**

A laboratory shall supply evidence that clearly demonstrates that the actions taken have fully resolved the nonconformities. All nonconformities must be satisfactorily resolved before initial accreditation may be granted. If the laboratory’s responses are found to be insufficient, NVLAP may request further information.

NOTE: If resolution is expected to take longer than 30 days, the laboratory may submit a corrective action plan in its initial response, which includes a list of actions, target completion dates, and names of persons responsible for discharging those actions.

All responses must be submitted through the NVLAP lab portal. This is accomplished by logging into the lab portal, opening the most recent assessment record, and selecting the assessment with the open nonconformities. Responses and evidence of resolution are required to be uploaded for each nonconformity.

**Objective evidence**

The laboratory may ask for clarification of a nonconformity either during the closing meeting or from the appropriate NVLAP Program Manager. It is required that objective evidence be submitted as proof that a nonconformity has been effectively resolved. Such evidence includes updated procedures, uncertainty analyses (where appropriate), corrected/updated sections of the quality documents associated with a stated nonconformity, copies of completed records, corrective action reports, etc. NVLAP reviews all responses, with the assistance of appropriate technical experts as necessary, and is solely responsible for the final decision regarding the resolution of a nonconformity and for the granting of initial or renewal accreditation.

# ON-SITE ASSESSMENT NARRATIVE SUMMARY

**Laboratory Personnel Present at Opening Meeting**

Please list below the names and positions of those persons in attendance at the opening meeting.

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| **Name** | **Position** |
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**Laboratory Personnel Present at Closing Meeting**

Please list below the names and positions of those persons in attendance at the closing meeting.

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| **Name** | **Position** |
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| **CHANGES TO CURRENT OR REQUESTED SCOPE OF ACCREDITATION****(Additions, Deletions, Modifications)** |

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| **4. GENERL REQUIREMENTS****4.1 IMPARTIALITY** |
| **4.2 CONFIDENTIALITY** |

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| **5. STRUCTURAL REQUIREMENTS** |
| **6. RESOURCE REQUIREMENTS****6.1 GENERAL** |

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| **6.2 PERSONNEL** |
| **6.3 FACILITIES AND ENVIRONMENTAL CONDITIONS** |

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| **6.4 EQUIPMENT** |
| **6.5 METROLOGICAL TRACEABILITY** |

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| **6.6 EXTERNALLY PROVIDED PRODUCTS AND SERVICES** |
| **7. PROCESS REQUIREMENTS****7.1 REVIEW OF REQUESTS, TENDERS AND CONTRACTS** |

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| **7.2 SELECTION, VERIFICATION AND VALIDATION OF METHODS** |
| **7.3 SAMPLING** |

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| **7.4 HANDLING OF TEST OR CALIBRATION ITEMS** |
| **7.5 TECHNICAL RECORDS** |

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| **7.6 EVALUATION OF MEASUREMENT UNCERTAINTY** |
|  **7.7 ENSURING THE VALIDITY OF RESULTS** |

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| **7.8 REPORTING OF RESULTS** |
| **7.9 COMPLAINTS** |

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| **7.10 NONCONFORMING WORK** |
| **7.11 CONTROL OF DATA AND INFORMATION MANAGEMENT** |

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| **8. MANAGEMENT SYSTEM REQUIREMENTS****8.1 OPTIONS****Please identify the option (Option A or Option B) against which the laboratory’s management system was reviewed:**  |
| **8.2 MANAGEMENT SYSTEM DOCUMENTATION**  |

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| **8.3 CONTROL OF MANAGEMENT SYSTEM DOCUMENTS**  |
| **8.4 CONTROL OF RECORDS**  |

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| **8.5 ACTIONS TO ADDRESS RISK AND OPPORTUNITIES** |
| **8.6 IMPROVEMENT**  |

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| **8.7 CORRECTIVE ACTIONS**  |
| **8.8 INTERNAL AUDITS**  |

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| **8.9 MANAGEMENT REVIEWS**  |

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| **Signatories**For each NVLAP Approved Signatory, record the following information: 1) the Signatory’s position within the laboratory, 2) physical location from which the Signatory works, 3) whether the Signatory’s performance was witnessed during the on-site assessment, and 4) whether the Signatory’s training/competency records, per ISO/IEC 17025, 6.2, were reviewed. Add additional sheets, if necessary. |
| **Name of Signatory** | **Position** | **Location****(main facility or other premise – specify)** | **Was performance observed?** | **Were records required by cl. 6.2 reviewed?** |
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| **ANNEX A.****REFERENCING NVLAP ACCREDITATION** |
| **ANNEX B.****IMPLEMENTATION OF TRACEABILITY POLICY IN ACCREDITED LABORATORIES** |

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| **ANNEX E.****USE OF THE ACCREDITED LABORATORY COMBINED ILAC MRA MARK** |