National Institute of Standards and Technology
National Voluntary Laboratory Accreditation Program (NVLAP)

ON-SITE ASSESSMENT REPORT SIGNATURE SHEET

Laboratory Name: _____

Laboratory Address: _____

Field(s) of Accreditation: _____

NVLAP Assessor(s):

Name	*Signature*
_____	_____
_____	_____
_____	_____

On-Site Assessment Dates: _____

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

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.

Name	Position

Laboratory Personnel Present at Closing Meeting

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

Name	Position

ON-SITE ASSESSMENT NARRATIVE SUMMARY

FOLLOW-UP ON PREVIOUS ON-SITE ASSESSMENT NONCONFORMITIES

Where relevant, the assessment team should follow-up on the findings from the previous on-site assessment and evaluate the effectiveness of the corrective actions taken. Please indicate on this page whether or not the outcomes of all corrective actions were reviewed, along with a brief commentary describing the team's observations with regard to the effectiveness of the actions reviewed.
(*Note: this page should not be completed if nonconformities from the previous assessment are in the rNIS and documentation of their review can be submitted there.*)

CHANGES TO CURRENT OR REQUESTED SCOPE OF ACCREDITATION
(Additions, Deletions, Modifications)

4. GENERL REQUIREMENTS

4.1 IMPARTIALITY

4.2 CONFIDENTIALITY

5. STRUCTURAL REQUIREMENTS

6. RESOURCE REQUIREMENTS

6.1 GENERAL

6.2 PERSONNEL

6.3 FACILITIES AND ENVIRONMENTAL CONDITIONS

6.4 EQUIPMENT

6.5 METROLOGICAL TRACEABILITY

6.6 EXTERNALLY PROVIDED PRODUCTS AND SERVICES

7. PROCESS REQUIREMENTS

7.1 REVIEW OF REQUESTS, TENDERS AND CONTRACTS

7.2 SELECTION, VERIFICATION AND VALIDATION OF METHODS

7.3 SAMPLING

7.4 HANDLING OF TEST OR CALIBRATION ITEMS

7.5 TECHNICAL RECORDS

7.6 EVALUATION OF MEASUREMENT UNCERTAINTY

7.7 ENSURING THE VALIDITY OF RESULTS

7.8 REPORTING OF RESULTS

7.9 COMPLAINTS

7.10 NONCONFORMING WORK

7.11 CONTROL OF DATA AND INFORMATION MANAGEMENT

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

8.3 CONTROL OF MANAGEMENT SYSTEM DOCUMENTS

8.4 CONTROL OF RECORDS

8.5 ACTIONS TO ADDRESS RISK AND OPPORTUNITIES

8.6 IMPROVEMENT

8.7 CORRECTIVE ACTIONS

8.8 INTERNAL AUDITS

8.9 MANAGEMENT REVIEWS

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 training records for the Signatory were reviewed. Add additional sheets, if necessary.

Name of Signatory	Position	Location (main facility or other premise – specify)	Was performance observed?	Were training records reviewed?

ANNEX A.
REFERENCING NVLAP ACCREDITATION

ANNEX B.
IMPLEMENTATION OF TRACEABILITY POLICY IN ACCREDITED LABORATORIES

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