

P26 – CALA POLICY ON TRANSFER OF ACCREDITATION

Revision 1.17

July 26, 2021



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1.0 SCOPE

This policy applies to all laboratories accredited fully or in part by Accreditation Bodies signatory to ILAC that request to have the accreditation issued by or transferred to CALA.

2.0 POLICY

Any laboratory currently accredited for tests by accreditation bodies that are signatory to ILAC can be recommended for CALA accreditation provided that the conditions described under section 3.0 (see below) are fulfilled. Refer to *A06 -CALA Accreditation Program Policies and Procedures*, to view accreditation requirements.

3.0 PROCEDURE

3.1 CALA-Accredited Laboratories

As many laboratories hold more than one accreditation, it is very possible that an applicant's management system and partial scope have been assessed and accredited by CALA. In this scenario, the following procedures apply:

The laboratory applies for accreditation or a transfer of accreditation by completing P04-06 - *CALA Application for Transfer of Accreditation*.

The laboratory must submit:

- Evidence that the tests to be transferred are accredited by an accreditation body that is an ILAC signatory;
- The last assessment/reassessment report, including corrective actions;
- Evidence of satisfactory Proficiency Testing (PT) participation; and,
- Any other information required during the review of the application (e.g., internal audit records, management review minutes, etc...).

Provided documents and records are deemed satisfactory, a recommendation for accreditation will be forwarded to the CALA Accreditation Council.

3.2 Laboratories not currently CALA-Accredited

In those cases where the laboratory is not accredited by CALA, the following procedures apply:

In order to avoid or minimize any gaps in accreditation, a completed P04-06 - *CALA Application for Transfer of Accreditation* should be submitted at least 6 months before the next scheduled reassessment.

The laboratory must submit the following for review:

- Evidence that the tests to be transferred are accredited by an accreditation body that is signatory to ILAC;
- Internal audit records and management review minutes;
- The last assessment/reassessment report, including corrective actions;
- Evidence of satisfactory Proficiency Testing participation;
- Documented policies and procedures to demonstrate conformance to ISO/IEC 17025; and,
- Any other information required during the review of the application.

CALA will ask the laboratory's permission to contact their current accreditation body concerning the laboratory's financial status.

Provided documents and records are satisfactory, a recommendation for accreditation will be forwarded to the CALA Accreditation Council.

The laboratory must undergo a site visit.

- If the laboratory is due for a reassessment in the same calendar year that it is applying to CALA, a full reassessment will be carried out by CALA.
- If the laboratory's next reassessment is not due until the calendar year following the year of application to CALA, the laboratory must undergo a verification visit whereby a representative sample of the quality system and accredited scope is assessed. Reasons for a full reassessment or larger sampling of the scope, include but are not limited to:
 - Review of the internal audit records indicate that methods may not have been subject to an internal audit in a systematic fashion;
 - Review of the most recent assessment/reassessment report and corrective action indicates that there are concerns affecting competence regarding specific quality system requirements such as traceability, method validation, quality control or uncertainty; or,
 - During the on-site visit, the assessor(s) identify non-conformances to the laboratory's quality system or standard that warrant further investigation (e.g., determining if the non-conformances are systemic).

For full reassessments, the complete assessment process described in the *A06 -CALA Accreditation Program Policies and Procedures* and the associated fee schedule applies. The composition of the assessment team follows normal CALA procedures.

Where a full reassessment is not required, the quality management system and a representative sample of the requested scope of accreditation are assessed; the visit may occur over several days. The tests assessed have to be representative of the whole range of tests (e.g., physical, chemical – organic and inorganic, microbiological and toxicology) performed in the laboratory so more than one (1) assessor may be assigned. The sample to be assessed will be chosen by CALA staff in consultation with the assessor(s).

During the on-site visit, the sampling size of the tests may be increased as a result of the assessor's findings. Responses to any findings (regardless of whether the full scope or a representative sample of the scope was assessed) must be completed and submitted to CALA within 45 days.

The next full CALA reassessment is as follows:

- If a laboratory underwent a verification visit, a full reassessment is carried out the next calendar year and every two (2) years thereafter.
- If a laboratory required a full reassessment, the reassessments are carried out every two (2) years thereafter.

4.0 REVISION HISTORY

Revision Number	Revision Date	Nature of Revision
1.16	August 27, 2019	Removed reference to an obsolete APLAC document.
		Removed reference to a “quality manual” per se.
		Clarified wording on the number of assessors required when a full reassessment is not required
1.17	July 26, 2021	Removed references to P02-01 Program description and replaced with A06.