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Regulations — Part 4: Requirements for approval of testing and calibration laboratories

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Foreword

The African Regional Organisation for Standardisation (ARSO) is an African Intergovernmental organization made of Member States of the United Nations Economic Commission for Africa (UNECA) and the African Union (AU). One of the fundamental mandates of ARSO is the establishment of a conformity assessment system to promote the quality of African goods and services as a means of facilitating intra-African trade as well as accessing global markets.

The ARSO Conformity Assessment Programme (ACAP) is supported by a coherent set of documents which are developed under the auspices of the ARSO Conformity Assessment Committee (ARSO CACO) which comprises experts from Member States. Member States participate in the committee on a voluntary basis and the documents developed follow the principles and procedures for the development of African Standards outlined in the African Standards Harmonization Model (ASHAM) with the exception of the stages and voting thresholds. Being conformity assessment instruments, ACAP documents are subject to dynamic adaptations which must timeously respond to changes in the conformity assessment fields.

ACAP documents will be revised on a flexible basis to fit in with changes in global conformity assessment systems.

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Introduction

This document specifies requirements, the observance of which is intended to ensure that testing and calibration laboratories conduct testing and calibration required by African Standards in a competent, consistent and impartial manner, thereby facilitating the recognition of such bodies and the acceptance of the testing and calibration results for the approval of certified products, processes and services on a national and international basis and enhancing international trade.

This document describes the procedure for the approval of National and International Testing and calibration Laboratories hereafter referred as Laboratory willing to be recognized as approved Laboratories for ACAP.

It summarizes the requirements which shall be met by a Laboratory, to be engaged in the verification and certification process for the ACAP and award of the ARSO Mark.

ARSO will grant approval or disapproval for the Laboratory to become recognized for ACAP, based on the result of the assessment.

This document includes the rules to be complied with by National and International third party Laboratories seeking accreditation under ACAP.

There are some basic principles that represent a “Must” in the development of the ACAP, in order to make a product identified with the ACAP or ECO Mark more “Robust” and acknowledgeable by the interested parties:

(a) The level of control done by ARSO on the ACAP Certification system in order to guarantee the effectiveness and integrity of the system.

(b) Independence and competence of the Laboratories involved in the process and the transparency of the all system.

(c) Clear rules in order to guarantee and assess the competence of the Laboratories to carry out the required testing verifications.

(d) Definition of sampling and testing methods and qualification of the dedicated personnel.

(e) Technical support for capacity building within all the involved parties.

(f) The Supply traceability of samples and test results.

Interested parties can expect or require the Laboratories to meet all the requirements included in the ACAP rules and applicable for testing scopes, as well as those of the specific ACAP certification schemes.

Parties that may have an interest in certification include, but are not limited to:

- the customers of the organizations whose products, processes or services are certified;
- governmental authorities;
- non-governmental organizations; and
- consumers and other members of the public.

Regulations — Part 4: Requirements for approval of testing and calibration laboratories

1 Scope

This document specifies requirements, the observance of which is intended to ensure that testing and calibration laboratories conduct testing and calibration required by the ACAP Certification Standards in a competent, consistent and impartial manner, thereby facilitating the recognition of such bodies and the acceptance of the testing and calibration results for the approval of certified products, processes and services on a national and international basis and enhancing international trade.

2 Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ACAP 1-1:2017, *Regulations — Part 1: General requirements for the certification systems*

ACAP 1-2:2017, *Regulations — Part 2: Special requirements for the certification systems*

ISO/IEC 17000, *Conformity assessment — Vocabulary and general principles*

ISO/IEC 17025, *General requirements for the competence of testing and calibration laboratories*

3 Terms and definitions

For the purpose of this document the terms and definitions in ISO/IEC 17000 and ISO/IEC 17025 standards apply.

4 ACAP laboratory license agreement

This document is the Agreement that establishes the rights and obligations of ACAP's responsible owner and coordinator and of the independent Laboratories approved for testing and calibration activities within the ACAP.

The ACAP Laboratories licence agreement, including its updates, shall be accepted and signed by the Laboratories as part of the application procedure to become and to remain an ACAP approved Laboratory and to be listed as such on the ACAP website.

The Laboratory License Agreement, includes a complementary set of rules to be continuously complied by the recognized Laboratories.

5 Laboratory approval process

In order to become a recognized Laboratory for ACAP, a series of requirements must be fulfilled for approval and confirmed in time for approval maintenance.

5.1 Preliminary entry requirements

To make an application to become a Laboratory recognized for ACAP, some basic requirements are necessary:

(a) The Laboratory shall be a Legal Entity registered with the scope of the approved activity.

(b) The Laboratory shall be operating in the field of Agri-Food Products testing.

(c) The Laboratory should be already accredited according to ISO/IEC 17025 to remove year everywhere with scope applicable for range of testing and calibration activity to be included in the ACAP qualification

(d) In case the Laboratory is **not** accredited (see 5.1(c)), it shall be working according to ISO/IEC 17025 principles, in compliance to the specific requirements listed in Annex A of the present document, for the scope included in the ACAP scope of approval.

(e) A non-accredited Laboratory has a 3 years' time to complete accreditation for the scope approved by ACAP, according to ISO /IEC 17025.

5.2 ACAP provisional entry requirements

5.2.1 Application

The Laboratory shall complete the steps listed below before entering the phase of final approval that is explained in the following chapter.

(a) The applicant Laboratory shall register in the ACAP database as an applicant Laboratory, in order to receive all the information and documentation required for the application.

(b) The application must be very clear about the field of activity (kind of testing, calibration) selected for the approval (ex: pesticide multi-residue testing on vegetables).

(c) Once the preliminary application is completed with all required information and documentation, it can be sent to ARSO Secretariat for evaluation and approval. A fee will be charged to the Laboratory for the evaluation of the application.

5.2.2 Pre-assessment

During the pre-assessment of Laboratory's provisional entry requirements, the scope of the assessment will cover the following areas, and the assessment will be carried out against the criteria indicated as follows:

An examination of the Organization and Structure of the Laboratory. This requires the Laboratory to have:

- documentation identifying its legal status;
- An organization chart, with clearly defined lines of responsibility and reporting;
- defined relationships between quality management, technical operations and support services;
- a clear description of the activities and testing carried out by the laboratory

5.3 General Requirements for ACAP Laboratories approval

In case of positive evaluation of the preliminary application and after paying the fees for the first evaluation, the applicant Laboratory will receive a request to complete the following steps:

5.3.1 Accreditation

(a) If ISO/IEC 17025 for the field of testing included in the ACAP scope and provide copy of a valid certificate (see 5.1(c)).

(b) If NOT ISO/IEC 17025 accredited for the field of testing included in the ACAP scope, documents and implement procedures and instructions, specific for not accredited Laboratories, specified in Annex A.

(c) All Laboratories will have to document and implement procedures and instructions specific for implementation and management of the test required by the ARSO Certification Schemes and selected for the scope of application.

5.3.2 Laboratories License agreement

The Laboratory shall have a legally enforceable agreement for the provision of testing and calibration activities to be carried out for ACAP certification process. The License agreements shall take into account the responsibilities of the Laboratory, and its clients and will be enforced when all the evaluation activities are completed and final approval is granted to the Laboratory.

5.3.3 ACAP Management team

The Laboratory shall demonstrate to have enough qualified resources to comply with the ACAP requirements and to effectively manage the implementation of the ACAP Testing Process. It is possible for the same person to cover more than one task, if the basic requirements for qualification are covered.

Every Laboratory recognized for ACAP Testing Process, shall nominate the following key staff, required for the implementation and maintenance of the testing process:

(a) ACAP testing administration manager

Every Laboratory recognized for the ACAP shall nominate one contact person, called the ACAP testing administration manager, who will be the representative of the Laboratory before the ARSO Secretariat for all issues regarding the testing activity related to the release of the final authorization for the use of the ARSO Mark and EMA Label. This person:

- Shall be fluent in English and/or French.
- Shall be available in-house; i.e. not hired occasionally by the Laboratory, and be part of the operational and/or management decision-making process of the Laboratory.
- Shall attend the annual Admin Manager (Update) meeting carried out directly by ARSO
- Shall be responsible for receiving and implement actions according to specific requests coming from ARSO and to update interested parties about changes or amendments related to the ACAP. This also includes registered Producers, when required.

(b) ACAP Technical Manager

All recognized Laboratories shall have a Technical Manager or a personnel with overall responsibility for the technical operations and the provision of the resources needed to ensure the required quality of laboratory operations.

The technical manager shall

- be available in-house; i.e. not hired occasionally by the Laboratory.
- take into consideration the specific requirements stated in the ACAP license agreement as well as in the ACAP testing specification while implementing the Laboratories internal quality and testing procedures
- The ACAP Technical Manager, to qualify, needs to attend the specific Laboratory Technical Manager training, organized by ARSO, and passes the final exam.

— After qualification, a “refresh” one day training must be attended every two years or more often if required by ARSO or in case of a significant review of the Certification Scheme.

The Technical Manager shall be responsible for:

— Provide accurate and updated technical interpretation of the requirement of ACAP

— Support other Laboratory functions involved in testing for ACAP certification for any issue related to technical interpretation of the Standards (including ARSO Admin Manager)

— Assure that all the personnel involved with the ACAP testing program complies with the internal qualification criteria approved by ARSO.

— Organize and deliver training to all the Laboratory personnel about ACAP requirements (based on ARSO documentation, guidelines and training material)

— Cooperate with and support the Laboratory’s ARSO Sampling and Testing Responsible

— Where required, evaluate and provide experts opinion for request of sanction to be applied by certified Producers (example: Suspension or withdrawal of use of ACAP or ECO Mark, related to analytical issues)

(c) ARSO Sampling Program Manager

Sampling capability: The Laboratory can agree and coordinate with the Laboratory about carrying on the sampling services, to be delivered on-site during ACAP certification process.

In this case, the Laboratory shall have the necessary resources to carry out all activities associated with the sampling services. The sampling staff shall be technically qualified and have the ability to apply the necessary statistical techniques in sampling work.

The recognized ACAP Laboratory must have a person responsible for implementation of the sampling activity, as a part of the testing activity carried out by the Laboratory. The ARSO sampling and testing responsible is in charge for:

— Plan and coordinate the sampling of products in agreement with the ACAP certification body in charge for the specific Producer’s certification, and according to specific requirements from the different certification Schemes and Standards.

— Supervise the correct implementation of the sampling procedures, including conservation and transportation of the products and traceability of the samples.

— Prepare sampling reports and deliver copy to the Producer, the Laboratory and the Laboratory operational site.

— It is required, for the sampling program manager, to receive specific training on ACAP and on the specific ACAP Certification Scheme, as well as the specific sampling methods to be applied when sampling for an ACAP certification.

(d) Laboratory technical and administration team

Verification capability: The Laboratory shall have the necessary resources to carry out all activities associated with the testing and calibration services.

— In order to carry out testing for ACAP, the Laboratory shall employ/contract only personnel that fulfil the requirements set for internal qualification set by the Laboratory and approved by ARSO according to specification from accreditation and/or Annex A.

— Every Employee shall comply with the requirements set for the operations under their responsibility.

— The Laboratory shall have documented procedures to assess the working team competence.

— Where the testing work is sub-contracted to an outside Laboratory, the ACAP qualified Laboratory shall be responsible for selecting either another Laboratory ACAP approved for the specific tests sub-contracted or a Laboratory ISO / IEC 17025:2005 accredited for the scope subcontracted. The verification of the competency of the sub-contractor must be documented and evidences of this verification available on ARSO request.

— Where a testing activity is subcontracted to a different laboratory, this has to be agreed with ARSO and communicated in writing to the Laboratory responsible for certification and to the Producer. The test subcontracted and the name of the Laboratory must be specified.

— If the subcontracted test implies additional costs, above what the ACAP fee table established for specific testing, this shall not increase the cost for the Producer. Special situations can be discussed with ARSO Secretariat on case-by-case bases.

— Laboratories shall commit on respect of rules for independence, impartiality as part of a written contract. They shall also assure the same for all the internal and external personnel relevant for ACAP certification and under the Laboratory's responsibility.

— A review of the Laboratory personnel, including a validation of their performances and technical knowledge, for tasks relevant for ACAP testing, is part of the approval process.

— To be approved, the Laboratory shall provide detailed evidences for qualification of at least 2 technical staff able to carry out the testing activity and to validate and verify testing results.

5.4 Verification and approval for ACAP

The final approval of a Laboratory for delivering testing and calibration testing within ACAP, depends on the successful finalization of the following steps:

(a) Document review: the ACAP committee verifies and approve the compliance of the documentation provided by the Laboratory. All Non Conformities and Observations raised during the document review must be satisfactory closed and approved by ARSO before proceeding with the approval process.

(b) On-site verification: the ACAP Inspector verifies and approves the Laboratory by verification of the laboratory management and testing and calibration activity done by the laboratory on each one of the testing methods applied, as required by ACAP Standards.

a. All Non Conformities and Observations raised during the on-site verification must be satisfactory closed and approved by ARSO before proceeding with the approval process.

(c) In case of successful completion of the previous steps or after closure of all Nonconformities and Observations, ARSO ACAP Administrator communicates to the Laboratory the formal approval as ACAP qualified Laboratory, for the required set of tests.

(d) After approval, the Laboratory signs the ACAP – Laboratory Licence agreement.

5.5 Termination of approval for an ACAP Laboratory

5.5.1 Termination done by the Laboratory

In case an ACAP recognized Laboratory requests the termination of ACAP Licence agreement, the following actions shall be taken:

(a) The Laboratory shall send a formal termination request to ARSO with specification of the timeframe for closing the contract. The minimum given timeframe is of 90 days from the formal communication to ARSO.

(b) The Laboratory shall inform all clients and Laboratories of the termination of the ARSO Licence and that it will not be any more approved for delivery of testing and calibration service for ACAP certification. The minimum timeframe to be given for communication to the clients and Laboratories is 90 days.

(c) From a specific date onwards, the Laboratory shall be removed from the ARSO system and will not be allowed to accept new samples for ACAP testing.

(d) The certificates of analysis release by the Laboratory during the period of validity of the ARSO Licence, remain valid for evidence of compliance of the certified products.

6 Management System requirements for ACAP implementation

The Laboratory shall establish and maintain a management system that is capable of achieving the consistent fulfilment of the requirements of the ACAP Standards, in accordance with requirements in ISO/ IEC 17025.

It is the responsibility of the laboratory to carry out its testing and calibration activities in such a way as to meet the requirements of the ACAP Standards and to satisfy the needs of the customer, the regulatory authorities or organizations providing recognition.

The management system shall cover work carried out in the laboratory's permanent facilities, at sites away from its permanent facilities, or in associated temporary or mobile facilities.

(a) The management system of the Laboratory shall include the scope ACAP and all the related testing and calibration activities approved for the Laboratory. The following shall be addressed:

(i) general management system documentation and records (e.g. manual, policies, definition of responsibilities)

(ii) control of documents

(iii) control of records

(iv) contract review

(v) Purchasing services and supplies. Incoming of materials

(vi) sub-contracting of tests and calibration work

(vii) complaints management

(viii) Control of nonconforming testing and/or calibration work

(ix) corrections and corrective actions

(x) internal audit

(xi) Management Review

7 Additional requirements for ACAP implementation

Where applicable, specifications regarding ACAP testing activity special provisions shall be included in the standard ISO/ IEC 17025, such as:

— duties and responsibilities of the staff;

- test and calibration methods and method validation,
- equipment
- measurement traceability
- sampling
- Handling of test and calibration items
- Assuring the quality of test and calibration results
- Reporting the results

8 Assessment process for Laboratory approval

8.1 Document review and on-site verification preparation

Prior to carrying out the assessment of Laboratory for first approval for ACAP accreditation, the ARSO Secretariat:

(a) Will assign to an ACAP Team Leader and the Panel of Assessors the evaluation of any observations resulting from the review of the Application Form and the supporting documentation submitted by the Laboratory.

(b) The ARSO Secretariat will brief the ACAP Team Leader on any logistics of the operation.

(c) The ACAP Team Leader, and other nominated members of the Panel of Assessors, will review the documentation prior to carrying out the assessment, and will update the audit documentation according to the information received.

(d) The Team Leader will produce a Program for the on-site verification, and this will be submitted by the ARSO Secretariat to the applicant Laboratory, at least two weeks before the scheduled date of the commencement of the assessment.

8.2 Laboratory approval assessment

Following the review of the Laboratory documented system (the System Assessment), the next important phase of the assessment is to observe the Laboratories activity on-site. This will be carried out in two basic areas.

8.2.1 Assessment at the QMS of the Laboratory

During the QMS assessment, the assessors will verify the implementation of the Laboratory QMS, the effectiveness of the system, the competence of its administrative staff, and in particular, its ability to meet the Rules of the ACAP Certification System.

8.2.2 Closure of QMS non-conformities

(a) After the QMS assessment and within a timeframe that cannot exceed 3 months, the Laboratory will provide an action plan with proposal of possible corrective actions to be implemented for the findings raised during the audit.

(b) The ARSO Team Leader will evaluate the action plan and, according to evaluation may approve the proposed corrective actions or require further improvements.

(c) Within 3 months from the closure of the QMS assessment, a follow up is carried out to verify the implementation of the corrective actions. According to the number and kind of findings and corrective actions to be evaluated, the ACAP Team Leader will decide if a follow up on-site is required or it will be possible to verify documental evidences with a desk review.

(d) In case a follow up on-site is required, only after all non-conformities have correctly addressed it is possible to proceed with the assessment of the technical implementation of the testing and calibration activity

In case of Laboratory already accredited for ISO / IEC 17025, the specific ACAP requirements shall be assessed with consideration of the integration of the ACAP rules and commitments within the QMS of the Laboratory

8.2.3 Verification of technical activities during on-site inspection

The ACAP auditor will verify the implementation of the testing activity in relation to the specific management and execution of the analytical verifications included in the scope of accreditation.
If the Laboratory is already accredited for the specific test and method required by the ACAP Standard, the verification will be limited to specific aspects related to the implementation of specific ACAP standards requirements, such as sampling, traceability and documentation and presentation of the final results.

8.3 Final evaluation and classification of findings

A final Report, including a list of all the findings with specific references to the requirements that have been infringed, is prepared by ACAP Team Leader to record failures to comply with the Rules of ACAP.

Non-conformances are classified into two types identified as major and minor.

Other type of non-compliances or deviations can be highlighted for continual improvement but without having an immediate impact on the final evaluation of the Laboratory.

8.3.1 Major non-conformance

A Major non-conformance is allocated for a significant failure to comply with the ACAP Rules, or with the Laboratory's own Quality Manual.

Examples would be:

- Lack of independence and transparency of the third party testing program;
- Non-availability of procedure and instructions for a specific ACAP test operated by the Laboratory
- Failure to adequately qualify subcontractors performing testing on behalf of the Laboratory.
- Failure to demonstrate competence of the key staff.

This kind of deviation results with the stop of the approval process at any step it is identified and requires for the Laboratory to prepare a corrective actions action plan to be to approve by ARSO committee.
After the approval of the action plan, an on-site follow-up audit is carried out.

During the approval process, it is not possible to progress to the next step with an open Major NC. (example: if one Major NC is raised during QMS assessment, it is not possible to proceed to the technical activities verification without previously closing the Major NC)

8.3.2 Minor non-conformance

(a) A Minor non-conformance is raised for an individual failure to comply with the ACAP Rules, or with the certification Laboratory own Quality Manual, or if a series of minor but related

discrepancies are observed, which together are judged to be an unacceptable quality risk, without constituting an overall system failure in the area concerned.

(b) This kind of deviation results with the stop of the final approval process and require for the Laboratory to prepare a corrective actions action plan to be to approved by the ARSO committee.

(c) After the approval of the action plan, it is possible to proceed to the next step for approval. Minor non conformities do not require the repetition of the audit

(d) During the approval process, it is possible to progress to the next step with an open Minor NC. The closure of all Minor NCs will be necessary before receiving final approval (example: if one Minor NC is raised during QMS assessment, it is possible to proceed to technical activities verification without previously close the Major NC).

8.3.3 Observation

(a) One or more partial failures to fulfil requirements of the following types:

- Formalities / documentary (in the interpretation of a requirement of ACAP and / or in the formalisation of the quality records);
- Operational (in the application of the requirements of ACAP and / or the documentation of the system); these should not, however, raise doubts about the real effectiveness of the system (the ability of the system to provide a product in compliance with the major and minor Control Points and relate Compliance Criteria)

(b) This kind of deviation results with the stop of the approval process and requires and the LABORATORY shall prepare a corrective actions action plan to be sent for approval of the ACAP Team Leader.

(c) After the approval of the action plan, the implementation of the corrective actions will be checked during the Laboratory's subsequent surveillance verification.

(d) During the approval process, it is possible to progress to the next step with an open Observation. The approval of the action plan for all open Observation will be necessary before receiving final approval

8.4 Rules for non-conformances closure

The rules for management and closure of findings, including the timeframe to be applied are reassumed in table 1.

Table 1 — Rules for non-conformance closure

Activity	**Management of findings**		
First Laboratory Approval	**Major NC**	**Minor NC**	**Observation**
Document Review	Follow up 90 days	Follow up 90 days	Action Plan 90 days
QMS verification	Follow up 90 days	Action plan 90 days	Action Plan 90 days
Technical verification	Follow up 90 days	Follow up 90 days	Action Plan 90 days
Subsequent Surveillances	**Major NC**	**Minor NC**	**Observation**
QMS verification	Follow up 30 days	Follow up 90 days	Action Plan 90 days
Technical verification	Follow up 30 days	Follow up 90 days	Action Plan 90 days

8.5 First Laboratory approval verification

The final report, including the team's overall conclusions and recommendations, is prepared by the Team Leader, and is submitted to ARSO.

If requested, the Team Leader will attend a meeting with the ARSO Secretariat, to answer any points of clarification concerning the report.

8.5.1 Factors affecting first approval

In deciding on his recommendation, the Team Leader will first consider the adequacy of the Laboratory's management systems and how it is implemented, with regard to the ACAP.

He will report on the range of knowledge and experience on the part of the Laboratory staff, in the light of their scope of operations. The Team Leader will also take into account the number and seriousness of the individual non-compliances found during the assessment.

Where competence is established, and no non-conformances are found, or where they are few and have been closed out before the Final Closing Meeting, the Team Leader will normally recommend the approval of the Laboratory for the specific ACAP testing scope for the requested certification scheme.

Where this is not the case, and some non-conformances are still outstanding at the Final Closing Meeting, a date for their close-out will be agreed. The period allowed is specified in Table 1.

If the ARSO Secretariat has some concern over the report findings, they can request an extraordinary extension of the assessment, which is then taken into account with the initial report, or he can increase the normal frequency of periodic assessments/surveillances until he is satisfied that the Certification Body's performance is totally acceptable.

Where competence is not established, or where the number and seriousness of the non- compliances found is such that the whole of the Certification Body's certification system and facilities are demonstrably inadequate, the ARSO Secretariat will not include the LABORATORY among the ARSO recognized LABORATORYs.

8.6 Maintenance of the status of recognized Laboratory.

8.6.1 Laboratory annual surveillance

The status of recognized Laboratory, needs to be re-confirmed annually by mean of the following activity:

(a) The recognized Laboratory re-confirms the validity of the ISO/IEC 17025 accreditation also for the subsequent year for the specified scopes.

(b) The Laboratory will have to comply with the requirements to maintain qualification of staff or any other requirement specified in the general rules of the ARSO certification schemes that are in the scope of the ARSO approval and are not clearly specified in the present document.

(c) For the Laboratories that are not accredited for ISO/IEC 17025:2005, ARSO will carry out an annual surveillance audit including QMS and technical activity implementation.

8.7 ARSO Sanctioning system

The ARSO Secretariat, together with the ARSO Committee has established the types and levels of sanctions described here. The most severe ones include the withdrawal of the ACAP Licence agreement and the impediment for the Laboratory to carry out ARSO Certification.

The sanctioned Laboratory can appeal against a sanction applied by ARSO Committee within 10 days after the receipt of the sanction notification. The ARSO committee evaluates the appeals.

The second appeal against a re-confirmed sanction by the ARSO follows the arbitration procedure as described in the License and Certification Agreement and in Annex A of ACAP 1-1:2017.

The termination of the ACAP - Laboratory Licence agreement, is the consequence of the application of a sanction to an ARSO approved Laboratory.

Two types of non-conformances can lead to sanctioning of Laboratories.

8.7.1 Contractual non-conformances

Contractual non-conformances are at hand in the case that the Laboratory is not in compliance with contracts signed with ARSO. These may include, but are not limited to:

(a) Misleading or false communication on ACAP testing and logo use.

(b) Refusal to sign the License Agreement

(c) Neglecting to pay any of the ARSO fees (e.g. Laboratory license fee, training fee).

(d) Confirmed fraud.

(e) Loss of accreditation (based on AB decision).

8.7.2 General rules on non-conformances

General Rules or Standard non-conformances are at hand in the case that the Laboratory does not comply with the rules set out in the General Rules or do not give a correct interpretation of the Standard’s requirements. Example:

(a) Not participating in annual compulsory trainings.

(b) Not comply with the staff qualification

(c) Incomplete or late delivery of test’s certificates.

(d) Unreliable testing or calibration data.

(e) Conflict of interest (e.g. consultancy for implementation and testing).

(f) Inadequate internal training.

(g) Do not carry out the external inspections.

(h) Not obeying Laboratory operational requirements and deadlines.

The ARSO Secretariat, shall be responsible for addressing these types of non-conformances.

Annex A
(informative)

Special additional requirements for non-accredited testing and calibration laboratories
(Modified from ISO/IEC 17025:2005)

For laboratories not accredited against ISO/IEC 17025:2005, the Quality Management System and Scope specific technical requirements, as summarized in chapters 5 and 6 of the present document, must be documented and implemented according to requirements in ISO/IEC 17025:2005.

The following ISO/IEC 17025:2005 chapters to be implemented for ACAP qualification.

4 Management requirements

4.2 Management system

4.3 Document control

4.4 Review of requests, tenders and contracts

4.5 Subcontracting of tests and calibrations

4.6 Purchasing services and supplies

4.7 Service to the customer

4.8 Complaints

4.9 Control of nonconforming testing and/or calibration work

4.11 Corrective action

4.13 Control of records

4.14 Internal audits

4.15 Management reviews

5 Technical requirements

5.2 Personnel

5.3 Accommodation and environmental conditions

5.4 Test and calibration methods and method validation

5.5 Equipment

5.6 Measurement traceability

5.7 Sampling

5.8 Handling of test and calibration items

5.9 Assuring the quality of test and calibration results

5.10 Reporting the results

