



# Overview of A2LA DoD ELAP Program and Common Issues

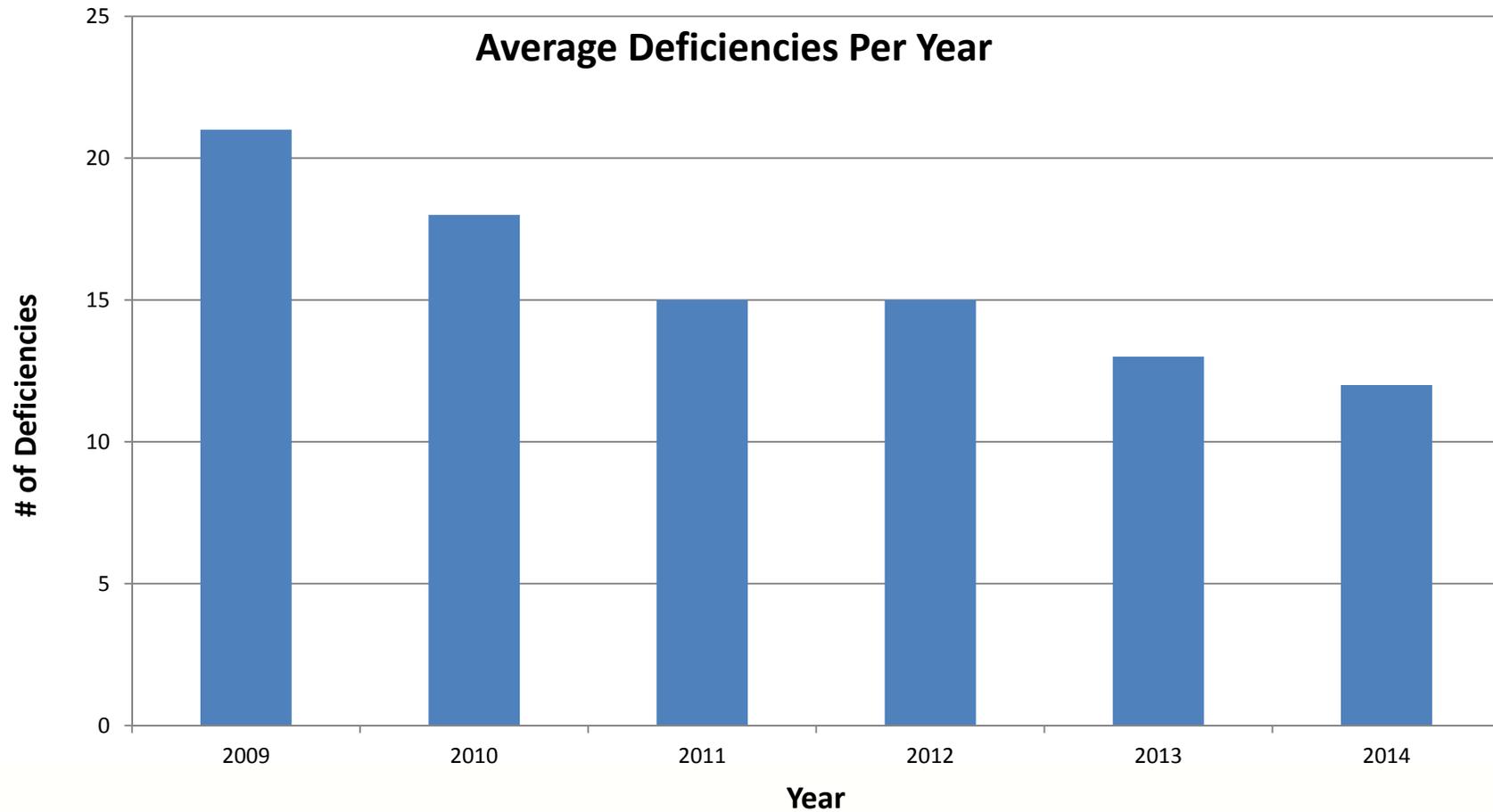
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# A2LA DoD ELAP Program

- A2LA was recognized in 2009 as an ILAC signatory and mutually recognized Accreditation Body (AB) to provide accreditation to labs seeking to work under the Defense Environmental Restoration Program.
- Currently have 27 labs in the program.
- 11 highly qualified and trained assessors specifically for the ELAP program allowing for a rotation of assessors throughout the assessment cycles so that assessors do not visit a lab for consecutive assessments.
- Several dedicated full time in office accreditation officers to help labs throughout the process.



# Progress on Deficiencies



# Top Ten NCs for All Labs 9054 NCs from 1292 Assessments

1.	Specific tests or calibrations	18%
2.	5.5 Equipment	14%
3.	Other standards	13%
4.	4.3 Document control	11%
5.	Traceability policy	10%
6.	5.4 Methods & validation	10%
7.	4.14 Internal audits	6%
8.	4.13 Records control	6%
9.	4.6 Purchasing service/supply	6%
10.	5.9 Assuring quality of results	5%

# Top Ten NCs for Environmental Labs from 36 Assessments

1.	Other standards	36%
2.	5.4 Methods & validation	14%
3.	5.5 Equipment	8%
4.	4.13 Control of records	8%
5.	4.14 Internal audits	8%
6.	Traceability policy	7%
7.	4.3 Document control	6%
8.	Specific tests	5%
9.	4.11 Corrective action	4%
10.	4.2 Management system	4%

# Most Common Issue

- Laboratory practice or SOP does not match published method or lab is not following own SOP.
  - Why? – Labs are relying on technical staff to review SOP's with no emphasis on checking what the published method states.
  - Undeclared changes are often found during assessments and when staff is questioned on it they are unaware of what the published method states.
  - How to avoid? – Periodic review of in-house SOPs against published methods.
  - Remember – Deviation from test methods shall occur only if the deviation has been documented, technically justified, authorized, and accepted by the customer (5.4.1).



# More Common Issues

- Labs not determining LOD/LOQ quarterly.
- Labs running multiple CCVs and assessing whether they adhere to criteria.
- Determining what constitutes a change in stoichiometry and therefore a method modification.
- TCLP analysts using less sample than required.
- Assessing and qualifying data when LCS fails.
- Special handling and processing of QC samples (CCV and CCB).



# Problem Prevention

- A robust corrective action process starting with root cause analysis is essential.
- Root cause analysis, if used effectively, can be a powerful tool to prevent problems from happening again.
- Tools include, five why's, interviews, checklists, fishbone diagrams, and investigation of audit trails just to name a few.
- Effective corrective actions help your laboratory run more efficiently by saving time, staff resources, and money.



# A2LA Transfer Policy

- Transferring lab must be accredited by an MRA partner.
- Lab submits most recent full on-site assessment report which must have been performed within the last 24 months.
- A copy of the corrective action responses initiated for the last assessment is submitted.
- A copy of the lab's current valid Scope of accreditation is submitted along with a copy of the official letter from the current Accreditation Body announcing the accreditation.



# A2LA Transfer Policy

- The decision to accept the MRA partner accreditation in lieu of an on-site assessment is made on a case-by-case basis.
- If accreditation is transferred, the expiration date is set at a maximum of 24 months for the date of the most recent full on-site assessment.
- The lab will then be placed into the standard A2LA schedule of full, bi-annual assessments.
- If the transfer is not fully accepted, A2LA may choose to perform a full on-site assessment or partial on-site surveillance assessment to enable the lab to become A2LA accredited.



# Scope Expansion Requests

- A laboratory may request an expansion to its scope of accreditation at any time.
- A2LA does not charge a flat fee for scope expansions.
- The previous assessor is consulted to see if the expansion can be accepted with a desk audit or an on-site assessment.
- An on-site assessment is needed when a new technology is added to the scope.
- Assessors are expected to donate 2 hours of gratis time for this purpose. Time spent above this may be invoiced.
- In the event that an on-site visit is needed, the CAB is responsible for the assessor time.



# Conclusion

- What are the basic reasons for accreditation?
  - Data defensibility.
  - Customer confidence and satisfaction.
  - Labs need to operate as if the data they produce could end up in litigation (detailed audit trail).



# For Further Information

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