# Policy on Resolving Findings During the Assessment

In an effort to foster a laboratory's continual improvement, changes and corrections made by the laboratory during the assessment will no longer be considered "resolved during assessment." This change is in effect for all AASHTO re:source laboratory assessments taking place on or after November 23, 2020. Below are further details explaining the rational for this decision and how it may impact your next assessment.

***Why are we making this change?***

To truly prevent recurrence of an issue, laboratory management must go through a corrective action process to determine and eradicate the root cause of the issue. Laboratories are not likely to effectively go through this process for findings that are resolved during the assessment. In addition, if the action taken to resolve the issue includes changes to a quality management system policy or procedure, it is unlikely that the laboratory went through the appropriate steps that are needed in order to communicate the change to personnel and ensure that the changes are carried out effectively.

***How will this impact my assessment with AASHTO re:source?***

Assessors will not accept any documentation and records that are created or altered during the assessment as a resolution to a finding. Likewise, equipment that is found to be out of tolerance during the assessment and is subsequently repaired, discarded, or replaced during the assessment will not be accepted as a resolution to a finding during an assessment. Laboratories are required resolve any issues noted in the assessment report through the AASHTO Accreditation Program (AAP).

Assessors may remove a finding from a report if they are provided additional evidence of conformance during the assessment. Assessors will only remove findings from a report if the evidence presented indicates that no systemic issue that is contrary to the requirements of a standard test method, standard practice, AASHTO R 18, other applicable quality system standards, or the AASHTO Accreditation Procedures Manual exists. Additional evidence of conformance cannot be submitted to the assessor after the assessment has ended.

Before an assessment, the assessor will establish a "drop-dead" date by which quality system documentation must be received in order for it to be considered presented during the assessment. If items are not provided by the established date, findings indicating these documents were not presented will remain on the final report. In cases where little to no quality system documentation is presented, the laboratory may be required to have a supplemental assessment before accreditation will be granted.

***Does this policy apply to the Cement and Concrete Reference Laboratory (CCRL)?***

This policy change applies only to AASHTO re:source assessments. CCRL is part of ASTM International and therefore has separate policies for their Laboratory Inspection Program.

***Additional Information***

You may find the article, *Get to the Root of the Problem: Root Cause Analysis (RCA) Explained*, helpful as laboratories work on resolving the nonconformities in their assessment report. RCA is a powerful tool that can help prevent recurrence of these issues and foster continual improvement.