



AASHTO Accreditation Policy and Guidance on Addressing Falsified Record Issues

The expansion and clarification of this policy is based on the content in Sections 4.4.4 and 4.6.2 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#).

- 4.6.2. Revocation of Accreditation - A laboratory may have its accreditation revoked if the laboratory fails to meet program requirements or it is concluded that the nonconformities are too major and/or too numerous to be corrected in a reasonable time frame. Generally, the decision to revoke a laboratory's accreditation is based on normal programmatic procedures such as not resolving a suspension within the required timeframe. However, in some cases the Chair of the ATG or the AASHTO Executive Director may unilaterally revoke the accreditation of a laboratory if the laboratory acts in such a manner as to bring AASHTO into disrepute or the laboratory makes any statements relative to its accreditation that AASHTO considers false or misleading. The laboratory will be notified of the reasons for the revocation. If the revocation is based on falsification of records, test reports, or other documentation identified through programmatic means or by entities identified in 4.8, the registered specifiers that are monitoring the laboratory in question will be notified of the reason for the revocation. The laboratory may appeal the revocation as outlined in Section 4.6.3.

Terminology

The AASHTO Accreditation Program (AAP) considers a record to be falsified when it has been produced, altered, or changed to make it appear to conform to requirements when it does not accurately reflect the activities or outcomes of the activities that are being recorded.

Falsification often includes activities such as:

- making untrue statements, entering false data points, details, or times or dates of activities;
- making incomplete statements;
- redrafting information that was provided by a third party; or
- deletion of information.

A record can be:

- hand-written on a form or unformatted paper;
- entered electronically and may result in a printed page, an electronic file, a spreadsheet, or a database entry; or
- a document that was issued by another party that has been altered by the laboratory after it was issued (ex. a calibration record).

Policy

The AAP takes falsified records seriously and expects the owners of AASHTO Accredited laboratories to do the same. If falsified records are found, the laboratory will be presented with seven days to submit a preliminary corrective action report to show it has addressed the situation directly and has taken responsibility for the problem. In most cases, a responsible laboratory should be able to resolve the situation and have its preliminary corrective action accepted. However, if a laboratory submits a preliminary corrective action that conflicts with the evidence that has been collected or observed, or the laboratory refuses to acknowledge the problem, the corrective action is likely to be rejected. If this occurs, the AAP will suspend accreditation and is likely to require a surveillance on-site assessment. Even if the problem is resolved, a surveillance assessment may be required to monitor the ongoing effectiveness of the corrective action. In severe cases, a falsified records situation could lead to refusal of service (See Section 6 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#)).

As with any accreditation actions, the laboratory has a right to appeal the decision per Section 4.5 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#).

Falsified Record Identification and Communication

The AAP may find falsified records during the course of an AASHTO re:source on-site assessment, a Cement and Concrete Reference Laboratory (CCRL) on-site assessment, or through the corrective action and supporting documentation review process following the on-site assessment (see Section 4.4.4 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#)).

The assessment provider (AASHTO re:source or CCRL) is expected to directly issue a nonconformity about this situation in the final assessment report, but in some cases, the assessment provider will notify the AAP about falsified records outside of the formal report. In situations where the report does not clearly identify a nonconformity, the AAP will include a nonconformity in the Accreditation Events system under the referenced assessment report.

When falsified records are identified during an on-site assessment, the Laboratory Assessor should communicate this problem to the Laboratory Manager or other responsible party and explain the process for resolving the issue. The Laboratory Assessor will also notify the AAP of the extent of the situation. The AAP Manager or assigned Quality Analyst will send an email to the Laboratory Manager or other responsible party at the laboratory stating that the laboratory has seven calendar days to submit a preliminary corrective action report in order to maintain accreditation.

When falsified records are found through the review of supporting evidence in an existing Accreditation Event, the Quality Analyst will notify the laboratory of the problem through the Accreditation Event and will notify the AAP Manager. The Quality Analyst and/or AAP Manager will send an email to the Laboratory Manager or other responsible party at the laboratory stating that the laboratory has seven calendar days to submit a preliminary corrective action report in order to maintain accreditation.

Responsibility for Taking Corrective Action

When the AAP, AASHTO re:source, or CCRL notifies an AASHTO Accredited laboratory about falsified records, the laboratory management team is required to perform an investigation into the issue and generate a preliminary corrective action report that details their findings. This report is required to explain why this situation occurred and what the plan is for resolving it.

At this point, the laboratory does not need to have resolved the nonconformity, but the laboratory needs to have a firm plan in place for resolving the nonconformity along with an explanation as to why this occurred. The laboratory will then deliver the preliminary corrective action report to the AAP within seven calendar days of being notified by email.

If the preliminary corrective action report is accepted, the laboratory is still required to submit the final corrective action and supporting documentation in the Accreditation Event by the normal review deadlines (see Section 4.4.4 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#)).

Review of Preliminary Corrective Action Reports

The AAP will review the preliminary corrective action report and determine if the laboratory can proceed with the normal corrective action process.

If the laboratory submits an acceptable preliminary corrective action report, the AAP Manager or assigned Quality Analyst will notify the laboratory that the immediate concern has been addressed and that they can carry out their corrective action process. The correspondence with the laboratory will be included in the On-Site Assessment Accreditation Event for future reference by the Quality Analyst who has been assigned to the event.

If the laboratory does not comply with the request for a preliminary corrective action report or if the preliminary corrective action report is determined to be unacceptable, the laboratory's AASHTO Accreditation will be suspended. If the laboratory resolves the nonconformity by submitting an acceptable corrective action report and supporting evidence between the time of suspension and the deadline for resolving the nonconformities, accreditation may be reinstated. A surveillance on-site assessment may also be required to confirm that the corrective action process is effective. The laboratory is responsible for any fees associated with any assessment.

Notification of Specifiers

The AAP will always notify the laboratory about the reasons for suspension and revocations, but in most cases, will not release this information to the specifying agencies if the laboratory takes effective corrective actions to resolve the situation. The AAP reserves the right to notify any registered specifier about the reasons for a suspension or revocation that stems from wide-spread occurrences or managerial disregard of falsified records. In more extreme cases, the AAP also reserves the right to notify any known project owner that works with the laboratory.

Intent to Falsify Records

Falsification is a concern because it either represents a failure in the implementation of the quality management system, or it represents an ethical concern about the party that produced or directed the production of the falsified record. The AAP, AASHTO re:source, and CCRL are not responsible for determining the intent of the falsification. The laboratory's corrective action process should result in a determination of the intent and the cause of the falsification. The AAP will decide if the laboratory can maintain its AASHTO Accreditation based on how the laboratory investigated and addressed the problem.

Preventive Measures

This document focuses on what happens when falsified records are found by the AAP or its designated assessment providers, but laboratories should implement preventive measures to avoid the situation from occurring in the first place.

Communication and effective training are two of the most important preventive measures. The records most commonly falsified are those generated by someone who does not understand how to perform the task correctly. If a laboratory takes the time to thoroughly train its staff, those tasks are likely to be performed the correct way. Even after training, there can be gaps in someone's understanding. Having open communication that promotes asking questions can help reduce risk of falsification.

If preventive measures are not effective, a laboratory can identify and resolve the issue on its own through the internal audit and management review processes. An internal auditor should be aware of all training activities, resource availabilities, and competencies of staff. The auditor will also be able to have open discussions with those who performed the tasks that are documented on the records.

During the management review process, the laboratory's top management must be made aware of internal audit findings, external audit findings, corrective actions, and other quality management system activities. If falsified records are discovered during the internal audit process, this should also be discussed during the management review. The hope is, if the laboratory's management knows of changes that could be made to reduce the risk of potentially severe issues like falsification of records, they may be more apt to allocate resources appropriately to avoid the issue. Ultimately, the internal audit and management processes should ensure that the laboratory's records accurately and factually reflect the activities that are performed.

Despite a laboratory's best efforts to implement an effective quality management system and take preventive measures, a person may still falsify a record. An AASHTO Accredited laboratory shows its commitment to quality by taking responsible corrective actions and documenting the resolution of the problem. If the falsification is believed to have an impact on the work being completed for a client, it is also important to notify the client immediately to minimize the damage done by the falsification.