



AASHTO Accreditation Policy and Guidance on Accreditation Decisions

Policy taken from Section 4.4 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#).

- 4.4. **Accreditation Decisions** - AASHTO uses a management council approach in reaching decisions on accreditation. AASHTO re:source acts as the technical advisor in compiling all necessary information resulting from the on-site assessment(s), quality management system evaluation(s), proficiency testing, and communications from the laboratory which describe steps taken to correct identified nonconformities. The accreditation decision is made by the Chair, AASHTO re:source Administrative Task Group of the AASHTO Committee on Materials and Pavements, who has been designated by the Committee to act as a Management Council for the AAP.

All accreditation decisions are confined to those matters specifically related to the scope of the accreditation being considered. AASHTO evaluates a laboratory's accreditation status after AASHTO re:source, CCRL, and AAP ISO/IEC 17025 assessments; every 12 months after the initial accreditation; and whenever there is evidence to question a laboratory's conformance to accreditation requirements.

- 4.4.1. **Initial Accreditation** - AASHTO accreditation is initially granted on a test-by-test basis after successful completion of a process which includes submission of an application and payment of fees, on-site assessment and quality management system evaluation of the laboratory, enrollment in the required proficiency testing programs, and resolution of identified nonconformities. If a laboratory has a nonconformity in a specific test, it may choose to withdraw accreditation for the test rather than respond to the nonconformity. AASHTO re:source staff review the documents submitted by the laboratory and prepare a report for review by the Chair of the AASHTO re:source Administrative Task Group. If accreditation is denied, the laboratory is notified of the reason for the denial and given an opportunity to respond or appeal the decision. If a laboratory satisfies all AASHTO accreditation criteria, the Chair of the AASHTO re:source Administrative Task Group approves the laboratory's request for accreditation, and AASHTO re:source prepares a certificate of accreditation for the signature of the Chair, AASHTO Committee on Materials and Pavements and the Executive Director of AASHTO. The certificate is sent to the laboratory, and the laboratory's information is entered in the AAP Directory of Accredited Laboratories (see Sections 6 and 7).
- 4.4.2. **Annual Accreditation Review** - The accreditation status of a laboratory is reviewed annually. The annual accreditation review determines whether the laboratory has received all applicable on-site assessments and quality management system evaluations. The review also includes an evaluation of updated personnel information. An Annual Review Form must be completed and submitted online with supporting documentation during the anniversary month in which the laboratory was first granted accreditation or during the month that precedes the anniversary month. The laboratory has a total of 60 days from the issuance of the first reminder email to submit the Annual Review Form and supporting documentation for review.

The AASHTO re:source sends an email to the laboratory's accreditation and laboratory contacts that instructs them to submit the Annual Review Form 30 days prior to the first day of the laboratory's annual review month. Another reminder is sent on the first day of the laboratory's anniversary month if the Annual Review Form has not yet been submitted. Once the laboratory submits the documentation, the AASHTO re:source staff completes the review to ensure compliance with personnel criteria defined in this document and in any quality management system specifications included in the scope of the laboratory's accreditation. If the laboratory does not submit the document during the month of their anniversary date, or if a review indicates that the laboratory has not complied with accreditation requirements, action will be taken to suspend accreditation in appropriate areas, and the laboratory will be notified of the unresolved criteria.

4.4.3. Periodic On-Site Assessments and Quality Management System Evaluations of Accredited Laboratories - An accredited laboratory must have AASHTO re:source or CCRL conduct an on-site assessment(s) of their test facilities at routine intervals (see Section 4.2). Each on-site assessment and quality management system evaluation of an accredited laboratory provides the laboratory with an opportunity to change the scope of its accreditation. In addition, laboratories recognized for compliance to ISO/IEC 17025 must receive an AAP ISO/IEC 17025 assessment (see Section 3.6.3). The process which follows each periodic on-site assessment and quality management system evaluation of an accredited laboratory is similar to the process followed after the initial on-site assessment and quality management system evaluation described in Section 4.4.1, except that: (1) the report prepared by AASHTO re:source staff is not forwarded to the Chair of the AASHTO re:source Administrative Task Group if it indicates full compliance with AAP criteria and no change in the scope of the laboratory's accreditation; and (2) a new accreditation certificate is not issued. The directory will reflect any changes in the scope.

4.4.4. Nonconformity Resolution Following an On-Site Assessment - If notified of a nonconformity resulting from an on-site assessment, a laboratory shall provide the AAP with satisfactory evidence that all nonconformities noted were either resolved or that action has been taken to resolve the nonconformities within 60 calendar days of the issuance of the final report. The response must include a specific description of the corrective action taken (also known as a corrective action report) and substantiating evidence, such as records, copies of newly prepared or revised documents, equipment packing slips, videos demonstrating conformance to standard requirements, or photographs. If there is a nonconformity that is identified as a repeat issue, a root cause analysis is required as part of the corrective action report.

Once the nonconformities have been resolved, the accreditation shall be granted or maintained with changes being made to the scope of standards based on the content of the on-site assessment report and any observations made by the laboratory assessor.

If the laboratory does not complete this action before the 60-day deadline, the laboratory accreditation will be either denied or suspended based on the unresolved nonconformities; however, the laboratory may receive an additional 30 days to submit evidence of resolution of a nonconformity 1) if the laboratory provides the AAP with a written plan for resolving the remaining nonconformity including an estimated completion date and any evidence of action taken such as equipment purchase orders, or 2) if only minor changes are required.

Requests for extensions of deadlines due to workload, attempts to submit incomplete corrective actions or minimal supporting evidence, and arguments regarding the validity of the accreditation process will not be considered as grounds for permitting additional time to resolve a nonconformity.

If the laboratory receives the additional 30 days to complete the resolution to any remaining nonconformity, and the laboratory does not resolve the nonconformity by the end of this 30-day period, the laboratory accreditation will be either denied or suspended based on the unresolved nonconformities.

In order to resolve the suspension or denial, the laboratory will be granted additional time to resolve the remaining nonconformities. The standard amount of time is 30 days, but consideration will be made for extenuating circumstances.

If a laboratory does not resolve a nonconformity within 120 calendar days of the issuance of the final report, and desires to maintain its accreditation, an additional on-site assessment may be required.

4.4.5. Nonconformity Resolution Following Notification of Unresolved Criteria - When notified of unresolved criteria a laboratory is given the opportunity to respond to the conditions specified in the notification. Responses will be reviewed and will result in accreditation being granted, reinstated, denied, suspended, or revoked.

Guidance

If there is a nonconformity that requires the submission of a calibration, standardization, or check record, the laboratory must submit completed records. Blank templates or incomplete records will not be accepted as a resolution to the nonconformity.

If there is a nonconformity that requires the submission of a policy or procedure, the laboratory must ensure all substantiating documents are submitted as attachments. Proposed wording will not be accepted as a resolution to the nonconformity.

Records will be reviewed for conformance with all applicable standards.