

**Testing and Calibration Laboratory
Accreditation Program (LAP)**

Program Overview

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Testing and Calibration Laboratory Accreditation Program (LAP): Program Overview

SCC accreditation helps laboratories deliver services with confidence and attract new customers. SCC accreditation provides confidence in the laboratory's competence to manage and perform activities on their scope of accreditation. Through SCC accreditation, laboratories obtain independent, third-party, credible measurement and test results for themselves and for their customers to make decisions.

Laboratories are accredited to ISO/IEC 17025. This standard includes management system requirements which contain principles of ISO 9001 (Quality Management Systems) in addition to specific technical requirements.

1. Accreditation Program Requirements

ACCREDITATION REQUIREMENTS <i>(SCC is a signatory to ILAC and APAC for this accreditation program)</i>	PARTNER, SCHEME OWNER, REGULATOR
All Laboratories	
<ul style="list-style-type: none"> • ISO/IEC 17025:2017 – General requirements for the competence of testing and calibration laboratories • SCC Requirements and Guidance for the Accreditation of Testing Laboratories • SCC Requirements & Guidance – Proficiency Testing for Testing and Medical Laboratories • SCC Requirements and Guidance for Method Verification and Validation in Testing Laboratories • SCC Guidance for the Presentation of Laboratory Scope of Accreditation • ILAC P8:11/2023 ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements for the Use of Accreditation Symbols and for Claims of Accreditation Status • ILAC P9:01/2024 ILAC Policy for Proficiency Testing and/or Interlaboratory comparisons other than Proficiency Testing • ILAC P10:07/2020 ILAC Policy on Traceability of Measurement Results • ILAC P14:01/2020 ILAC Policy for Measurement Uncertainty in Calibration 	<ul style="list-style-type: none"> • Calibration Laboratory Assessment Service (CLAS) for calibration laboratories • Bureau de normalisation du Québec (BNQ)
Laboratories performing forensic testing	
<ul style="list-style-type: none"> • SCC Requirements and Guidance for the Accreditation for Forensic Testing Laboratories 	Immigration, Refugees and Citizenship Canada (DNA testing labs)
Laboratories performing Information technology security evaluation & testing	
<ul style="list-style-type: none"> • SCC Requirements and Guidance for the Accreditation of Information Technology Security Evaluation and Testing Facilities including Cryptographic Module and Algorithm Testing Facilities 	The Canadian Centre for Cyber Security (CCCS), a branch of the Communications Security Establishment,
Laboratories performing mineral analysis testing	
<ul style="list-style-type: none"> • SCC Requirements and Guidance for the Accreditation of Mineral Analysis Testing Laboratories 	
Laboratories performing Test Method Development & Evaluation and Non-Routine Testing	
<ul style="list-style-type: none"> • SCC Requirements and Guidance for Accreditation of Laboratories Engaged in Test Method Development and Non-Routine Testing 	
Laboratories performing food analysis	
<ul style="list-style-type: none"> • Final Rule on Laboratory Accreditation for Analyses of Foods (LAAF) 	United States Food and Drug Administration (US FDA)

2. Accreditation Cycle Requirements

Upon initial accreditation, each accredited laboratory will be subject to regular reassessment activities. The due date for the first reassessment is twelve months after the laboratory is granted accreditation, or two years after the assessment visit, whichever comes first. Subsequent reassessments will take place every two years following the first reassessment.

A reassessment is like an initial assessment. The reassessment is a comprehensive evaluation to confirm conformance with all the clauses of the applicable standard and with applicable program requirements, conducted to maintain accreditation. During the reassessment, the entire or representative sample scope of accreditation is reassessed. Each discipline for which the laboratory is accredited is reviewed. The reassessment team is composed of a Lead Assessor, and additional assessors competent to perform the technical assessment of the laboratory. The actual date of the reassessment visit should be as close as possible to the due date based on availability of SCC team members and organization's staff. The visits should take place within 3 months of the due date.

In the years between reassessment years, the laboratory is required to complete a Surveillance Questionnaire to provide confirmation that the assessed quality management system and accredited activities continue to meet the requirements of accreditation. The laboratory will be required to identify any significant changes that have been made to the quality management system, key staff, procedures, facilities, and equipment, and to submit a summary of its participation in proficiency testing activities. Completing the Surveillance Questionnaire in a timely manner is essential as it is one of the conditions of maintaining accreditation. The Surveillance Questionnaire is then reviewed by SCC staff or an SCC service partner who would confirm if the information provided is acceptable. If deficiencies are identified, SCC staff will follow-up with the laboratory. The Surveillance Questionnaires will be sent 1 to 3 months before the due date. Responses are to be received by SCC on or before the due date.

For calibration laboratories with CLAS, as a condition of maintaining accreditation is to notify CLAS, without delay, of any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:

- Its legal, commercial, ownership or organizational status;
- The organization, top management and key personnel;
- Main policies;
- Resources and premises;
- Scope of accreditation; and,
- Matters that may affect the ability of the laboratory to fulfil requirements for accreditation.

Changing the Scheduled Due Dates

The organization will be notified of the initially scheduled due date at the same time as they are notified that accreditation is granted. Organizations will be reminded of their due date every time maintenance of accreditation is confirmed (after the approval of a reassessment visit report). The due date may be changed upon request any time after the organization has been granted accreditation. However, some restrictions apply:

- **Advancing Due Dates:** Due dates may be advanced (where the revised due date is sooner) by any number of months. However, once approved, future requests for a change in due date will be based on this advanced due date. Requests for advancing the due date must be submitted, at the latest, three (3) months before the new proposed due date.
- **Delaying Due Dates:** Due dates may be delayed (where the revised due date is later) by up to three (3) months only once within a 5-year period. Five (5) years from the new due date, the organization may request a further delay.

3. Partner Organizations

Certain portions of SCC's Laboratory Accreditation Program are provided in partnership with other organizations that are qualified and monitored on a regular basis by SCC.

In these cases, the Partner processes accreditation applications and conducts accreditation assessments as per required by the accreditation program. Once the accreditation assessment is completed, the Partner forwards an accreditation recommendation to SCC. SCC makes the decision as to whether to accredit the organization based on the Partner's assessment and recommendation. Applications and fees for accreditation through a Partner are processed directly by the Partner and not by SCC.

The Calibration Laboratory Assessment Service (CLAS) of the National Research Council of Canada (NRC) is the Partner Organization for calibration laboratories. In addition to accreditation by SCC, CLAS certifies specific measurement capabilities of calibration laboratories of successful applicants in support of the Canadian National Measurement System and allows the use of the CLAS logo. For more information about this program see the NRC CLAS information via nrc.canada.ca.

Bureau de normalisation du Québec (BNQ) is the Partner Organization for those organizations located in Québec who may wish to obtain SCC testing, medical or proficiency testing provider accreditation through BNQ. Please consult the BNQ website for details: www.bnq.qc.ca.

Complaints, appeals, and suspensions related to SCC accreditation are processed exclusively through SCC and the requirements of this document. The mandatory withdrawal or suspension of a laboratory's accreditation (full or partial scope) may only be authorized by SCC.

4. Group Accreditation

Accredited laboratories seeking to add other laboratories to group accreditation must make the request with their respective Account Manager. First time applicants can request group accreditation when applying for accreditation. In general, organizations best suited for group accreditation carry out the same or similar testing and/or calibration activities at all locations. To be considered for Group Accreditation, organizations must:

- Demonstrate that all (at least two) locations within or seeking group accreditation (“the Group”) are part of the same legal entity;
- Demonstrate that the Group operates under the same management system (as defined in ISO/IEC 17025) with a central office;
- Identify to SCC:
 - a contact person for the Group having defined responsibility and authority for ensuring that the management system related to quality is implemented and followed at all times; and
 - a central contact person for the Group for the purpose of billing by SCC;
- Document fully the relationships between all locations which are part of the Group and the extent of interaction (e.g., allocation of testing and/or calibration work, transfer of samples between locations, movement of technical staff and/or equipment and centralized or otherwise rationalised arrangements for reporting of results);
- If applicable, have mechanisms in place to track progress of work throughout the locations of the Group, regardless of any transfer of work between locations;
- Ensure that customers are aware and agree with any transfer of work between locations; and,
- Clearly identify the tests and/or calibrations to be included on the scope of accreditation which can be carried out at each location for which accreditation is to be maintained or sought.

Note that location may not hold more than one SCC laboratory accreditation. SCC may terminate a laboratory’s individual accreditation when the same laboratory is brought into a group accreditation.

4.1 Assessment and accreditation processes

All SCC accreditation requirements and processes apply to all locations part of the Group. All locations are assessed. Before a new location (which does not hold accreditation from SCC) can be brought into an existing Group, SCC must conduct a full assessment of the new location and findings must be closed prior to the new location joining the Group. In addition, there shall be no outstanding required actions from previous assessments of the other locations in the Group.

SCC will make every effort to schedule assessments of Group locations within 6 (six) months of each other. Reassessment due dates for each Group location will be aligned accordingly.

SCC will make efforts to assign the same Lead Assessor to the assessment of all Group locations. The same assessors and/or technical experts may be used at the different locations when the same or similar type of testing and/or calibration activity is performed.

For reassessment visits, the full quality management system will be reassessed across the Group's locations. SCC may reduce the assessment time needed at specific locations if it can be demonstrated that there is enough similarity between the scope of accreditation and operations of multiple locations. Organizational structures and inter-relations can differ considerably between Group locations. SCC will take this into consideration when planning the upcoming assessments.

Some Group locations may have an abbreviated assessment time provided that:

- 1) the entire scope of tests and/or calibrations is reassessed at each location;
- 2) the reassessment is thorough enough to allow a reliable determination of the collective conformity of the management system throughout the Group;
- 3) the reassessment plan considers such factors as past performance and complexity of tests or calibrations; and,
- 4) the activities sampled for reassessment vary between locations and from one visit to the next.

The assessment team will prepare a findings report and present them to each Group location. The individual findings reports will clearly identify the findings applicable to specific locations. A corporate Group report will also be prepared where findings that are common to all locations will be summarized (i.e., finding(s) pertaining to the overall quality management system). The corporate Group report will be presented at the last Group location's assessment.

The assessment team will make recommendations for SCC accreditation in a Group accreditation report covering all Group location assessments. The Group accreditation report describes the scope of assessment activities carried out and which accreditation requirements were assessed at each Group location.

4.2 Scopes and certificates of group accreditation

Each Group location has a unique SCC accreditation file number.

SCC issues individual scopes of accreditation and certificates to each Group location.

The scope of accreditation of each Group location will contain references to Group locations.

4.3 Suspension, reduction, and withdrawal of accreditation

Suspensions, reductions, and withdrawals of one or more Group locations, will have implications for the remaining Group locations. SCC will assess the impact which may result in the suspension, reduction of scope or withdrawal of all or some of Group locations' scopes of accreditation. Requests can be made to suspend or withdraw specific Group locations.

In the event of withdrawal of group accreditation, if any Group location which was included in group accreditation wishes to continue to be accredited, the location will need to apply for individual accreditation, and to pay an application fee.

5. Routine Tests Conducted Infrequently

The definition of 'Routine Tests Conducted Infrequently' is found in SCC Requirements and Guidance for the Accreditation of Laboratories Engaged in Test Method Development and Non-Routine Testing.

To retain listing of "Accredited routine tests conducted infrequently" the testing laboratory shall comply with the following critical elements:

- *Test Equipment:* Provide the latest documentation of test equipment and instrumentation utilized for all the standards listed in their accredited scope. In addition, critical reagents or supplies required to perform the test(s) shall be readily available to perform the test(s).
- *Qualified Staff:* Have qualified testing staff (not including trainees) that can perform all the tests listed in the accredited scope. The training records shall indicate the various qualified level(s) of competency achieved by the individual in performing the test(s). This also includes any retraining or demonstration of proficiency in advance of performing or reinstating a test(s).
- *Documentation:* Provide and have available the latest test report(s) or representative test report(s) for the all the tests listed in its accredited scope.
- *Note:* The testing laboratory must keep itself informed of changes to industry requirements, regulations, and improvements to technology used in the test. The laboratory may need to revalidate a non-standard test procedure when changes occur.
- *Provide a documented procedure* for re-instating an infrequently used or archived test, including any necessary validation/verification, calibration of equipment, training, or proficiency demonstration of analyst.

- *The laboratory* shall participate in external proficiency testing, or inter-laboratory comparison, or external quality assessment where it is available and have appropriate quality control procedures to assure the quality of the test results (refer to SCC Requirements & Guidance – Proficiency Testing for Testing and Medical Laboratories).

6. Sampling

Sampling in general is specified in SCC Requirements and Guidance for the Accreditation of Testing Laboratories (RG-Lab).

Accreditation of offsite sample preparation locations is specified in SCC Requirements and Guidance for the Accreditation of Mineral Analysis Testing Laboratories.

Revision History

VERSION	DESCRIPTION OF CHANGE(S)	APPROVED DATE
1	<ul style="list-style-type: none"> • Initial Release • Separating program-specific content out of the ASB Program Overview • International recognition • Added Scheme Owner(s) or Regulator(s), if applicable • Reorganized content • Revised Group Accreditation description • Clarified Sampling section • Removed LAP relocation and renovation section, as it is found in the Accreditation Services Overview and details are in the scope modification application form 	2024-04-02