NVLAP ON-SITE ASSESSMENT SUMMARY

Please complete this summary and attach it to the original On-Site Assessment Report.

DO NOT LEAVE THIS SUMMARY WITH THE LABORATORY.

Laboratory Name: _____ Lab Code: _____

Fields of Accreditation: _____

Assessor Name(s): _____

Date of **Pre-assessment** Review of Quality Manual: _____

Date(s) of On-Site Assessment: _____

This report contains changes to the laboratory's Scope of Accreditation: ☐ additions; ☐ deletions; ☐ modifications. (Please describe in the On-Site Narrative Summary.)

SUMMARY AND RECOMMENDATIONS:

☐ The laboratory has no nonconformities and no written response to NVLAP is required.

☐ The laboratory has nonconformities in the following area(s). I have notified the laboratory of these nonconformities and the requirement to respond to NVLAP in writing about their resolution.

4 General requirements
☐ 4.1 Impartiality
☐ 4.2 Confidentiality

5 Structural requirements
☐ 5.1 to 5.7

6 Resource requirements
☐ 6.1 General
☐ 6.2 Personnel
☐ 6.3 Facilities and environmental conditions
☐ 6.4 Equipment
☐ 6.5 Metrological traceability
☐ 6.6 Externally provided products and services

7 Process requirements
☐ 7.1 Review of requests, tenders and contracts
☐ 7.2 Selection, verification and validation of methods
☐ 7.3 Preventive action
☐ 7.4 Handling of test or calibration items
☐ 7.5 Technical records
☐ 7.6 Evaluation of measurement uncertainty
☐ 7.7 Ensuring the validity of results
☐ 7.8 Reporting of results
☐ 7.9 Complaints
☐ 7.10 Nonconforming work
☐ 7.11 Control of data and information management

8 Management system requirements
☐ 8.1 Options
☐ 8.2 Management system documentation
☐ 8.3 Control of management system documents
☐ 8.4 Control of records
☐ 8.5 Actions to address risks and opportunities
☐ 8.6 Improvement
☐ 8.7 Corrective actions
☐ 8.8 Internal audits
☐ 8.9 Management reviews

☐ Annex A. Referencing NVLAP accreditation
☐ Annex B. Implementation of traceability policy in accredited laboratories
☐ Annex E. Use of the Accredited Laboratory Combined ILAC MRA Mark
☐ Other (Specify) _____

☐ Based on my findings regarding nonconformities, staff competence, and laboratory procedures, I recommend that another on-site assessment be performed before this laboratory is granted accreditation.

Signature of Lead Assessor:	Date: