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| Date(s) of Assessment |  |
| Accreditation cycle of Laboratory (Year) |  |
| Assessor/Technical Expert & MS |  |
| Laboratory |  | Testing/Calibration field |  |
| Laboratory Reference Number |  |
| Representative of Laboratory |  |
|  |
| **REQUIREMENTS & COMMENTS** Compliance = C, Non-compliance = NC, Not applicable = NA Comment below on adequacy of how requirements have been addressed, documented and/or implemented | C NCNA |
| **TECHNICAL REQUIREMENTS** |  |
| Proficiency Testing:Has the laboratory participated in Proficiency Testing (PT) or Inter Laboratory Comparisons (ILC)?If the laboratory has not participated in PT activities either because PT is either not practical or because none exist, has the laboratory taken appropriate steps to assure the Quality of Test and Calibration Results?*(NB: The laboratory shall provide valid verifiable reasons of not participating in PT activities) What alternative means of monitoring the validity of results are in place?* |  |
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| Provide detail of PT activity or where appropriate alternative methods (e.g. Inter/Intra laboratory comparisons; Use of reference materials; testing blind samples, replicate testing as per Clause 7.7.1) to ensure the validity of test and/or calibration results. |

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| **Appropriateness of PT Activity:** *How are the following addressed/ implemented?* |
| Is the frequency of PT Activity (or alternative activities) appropriate to the volume and associated risk for the testing and/or calibration activities of the laboratory? |  |
| Comment on Appropriateness |
| **Analysis of Results of PT/ILC or data from alternative methods of comparison of results**: *How are* the *following addressed/ implemented?* |
| Has the laboratory analyzed the results of the PT/Interlaboratory results (or alternative methods), perform trend analysis and have appropriate steps been taken when results are not satisfactory (En>1, or Z score > 3) or trends have been identified. |  |
| Comments on analysis of results |
| Is the laboratory experiencing any problems with participating in Proficiency Testing? |  |
| Comment on details and corrective action measures taken |
| Signed:Assessor/Technical Expert & MS |  | Date: |  |

**Please attach a copy of the PT Plan of the laboratory**