P02-01 – CALA Program Description
Revision 7.15 – January 16, 2017

Accreditation Program for Testing Laboratories

Proficiency Testing (PT) Program

Training Program for Laboratory Staff and Other Professionals

CALA

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CALA PROGRAM DESCRIPTION

1.0 INTRODUCTION

CALA was formed by the combined interests of public and private sector laboratories and is incorporated as a not-for-profit association. A principal objective of the association is to promote and maintain a high level of confidence in test data. To this end, CALA offers accreditation, proficiency testing and training programs that are tailored to meet the specific needs of testing laboratories.

1.1 The Accreditation Program

The Accreditation Program provides formal recognition of the competence of a laboratory to manage and perform specific tests or types of tests listed in the scope of accreditation. As part of the accreditation process, laboratories undergo a site assessment where conformance to ISO/IEC 17025:2005 (*General Requirements for the Competence of Testing and Calibration Laboratories*) is assessed. Accreditation itself is based on satisfactory participation in an assessment, plus satisfactory compliance with P02-03 - *CALA Program Description – Proficiency Testing Policy for Accreditation*.

Ontario MOE/CALA Accreditation Agreement: The Ontario *Safe Drinking Water Act* (OSDWA), 2002, and related regulations provide requirements for drinking water testing in the Province of Ontario. One of the requirements under the Act is that laboratories testing Ontario drinking water samples must be licensed, and one of the conditions of licensing is accreditation. Section 66(1) of the Act allows the Minister to enter into an accreditation agreement for this purpose. To this end, the *Agreement for the Accreditation of Drinking-Water Testing Laboratories* between the Ontario Ministry of the Environment and CALA came into effect on August 01, 2008. Those pursuing a license may apply for accreditation by CALA using one of the applicable "P04 – CALA *Application Form*" Series documents.

Canadian Food Inspection Agency (CFIA/CALA Accreditation Agreement: The Canadian Food Inspection Agency (CFIA) is an agency under the Canadian Ministry of Agriculture and Agri-Food. The agency is dedicated to safeguarding food, animals and plants, which enhances the health and wellbeing of Canada's people, environment and economy. The CFIA is responsible for the administration and enforcement of numerous Acts and Regulations (http://www.inspection.gc.ca).

Many laboratories in Canada conduct testing in response to legislation that is enforced by the CFIA. Accreditation of testing in these laboratories is governed by the *Agreement Between the CFIA and CALA for the Accreditation of Testing Laboratories*, which came into effect on February 01, 2012. Under this agreement, the CFIA recognizes CALA as an Accreditation Body for the accreditation of laboratories conducting analyses and tests in all technical fields

related to food, feed and fertilizer as per the appropriate Legislation enforced by the CFIA. The responsibilities of each organization are detailed in the Agreement.

Laboratories applying for accreditation of this field of testing generally follow the same procedure for assessment and accreditation, with the following notable differences:

- The CFIA may specify Proficiency Testing (PT) requirements;
- Assessors either work for or are approved by the CFIA; and,
- There are some applications of ISO/IEC 17025 that are specific to this field of testing.

Disclaimer: Accreditation under ISO/IEC 17025:2005 is a demonstration of confidence in the laboratory's technical competence. It is not a guarantee. It does not imply the acceptance by CALA of any responsibility toward any person or organization for the effects of the services provided by an accredited laboratory.

1.2 The Proficiency Testing (PT) Program

The PT Program targets testing in the major disciplines of inorganic chemistry, organic chemistry, toxicology, occupational health and microbiology. This program currently includes matrices for water, waste oil, soil/sediment, and air collection media. Section 3.0 describes the CALA Proficiency Testing Program; this section will be of interest to laboratories participating in only the Proficiency Testing Program, as well as laboratories participating in the Accreditation Program.

1.3 The Training Program

The Training Program is of interest to all CALA members. Good laboratory quality systems support a laboratory's ability to consistently produce technically valid results. The services provided by the CALA Training Program facilitate the laboratory's implementation of sustainable, enduring, and effective quality systems that work for the laboratory and its staff. CALA training courses focus on motivating laboratory staff in the attainment of this goal.

Training is aimed at producing laboratory teams that believe in the goals stated above and the methods used to attain them. Quality system solutions that come from within the team are the desired outcome. The CALA Training Program delivers understanding, rationale and principles underlying quality system approaches as the means to motivate widespread laboratory team use of quality systems and foster support for the system and its implementation and maintenance. To learn about CALA training options, refer to the CALA web site (http://www.cala.ca/training_program.html).

1.4 The Application Process

To facilitate application for these services, the application package available on the CALA web site includes the following:

- P02-01 – CALA *Program Description*;
- P02-02 – CALA *Program Description – Fee Schedule*;
- P02-03 – CALA *Program Description – Proficiency Testing Policy for Accreditation*;
- P02-04 – CALA *Program Description – PT Catalogue*;
- P02-05 – CALA *Program Description – List of Approved PT Providers*;
- P04 – *CALA Application Form* Series of documents*;*
- T33 – CALA *Training Course Request Form*;
- F14 – CALA *Training Course Registration Form*; and,
- F15 – CALA *Online Training Selection Form*.

2.0 THE ACCREDITATION PROGRAM

To attain and maintain accreditation, applicant and accredited laboratories must conform to ISO/IEC 17025:2005 and any CALA-specific accreditation requirements as documented in:

- A06 – *Accreditation Program, Policies and Procedures*;
- P02-03 – *CALA Program Description – PT Requirements for Accreditation*;
- A61-01 – *CALA Traceability Policy*;
- P19 – CALA *Measurement Uncertainty Policy*;
- A96 – *Use of IT in Accredited Laboratories*;
- PT15-02 – CALA *PT Program – Policies*; and,
- P03 – CALA *Publicity Policy*.

For a description of how CALA applies various clauses from the standard, please refer to P07 – *CALA Application of Requirements in ISO/IEC 17025:2005*.

Please note that the working language at CALA is English, and policy documents are only available in English. Some checklists are available in French or Spanish. The following sections provide a general overview of the accreditation requirements and process.

2.1 Application

Laboratories may apply for accreditation by forwarding the appropriate completed P04-CALA *Application Form* Series document to CALA.

As part of the application process, applicant and accredited laboratories must:

- Agree to the terms and conditions of accreditation;
- Provide key documentation according to the timelines specified; and,

- Provide summary information on all tests for which accreditation is sought. This summary information is used to identify the Proposed Scope of Testing and includes information on the matrix, the analyte, the test method and the test method reference.

CALA will comply with Government of Canada imposed restrictions on trade, financial transactions or other business that may be in force from time to time. Additionally, CALA reserves the right to decline applications for services to laboratories in countries where travel by staff, volunteers or other agents on behalf of CALA would put individuals at risk. At any point in the application or initial assessment process, if the laboratory provides false information, conceals information, or there is evidence of fraudulent behaviour, CALA reserves the right to reject the application.

2.2 Pre-assessments

Applicants to the CALA Accreditation Program may request a pre-assessment, which is generally conducted by CALA staff. A document review is performed and the laboratory undergoes a site visit. The objective of the pre-assessment is to provide an opportunity for the laboratory to gain an understanding of their state of readiness for accreditation. It is not a substitute for an initial assessment and although major gaps between the laboratory's operation and the requirements of ISO/IEC 17025:2005 may be identified, direct advice on how to meet the requirements will not be provided.

2.3 Assessment Team

A team of qualified professionals, drawn mostly from member laboratories, conducts site assessments. For testing conducted under legislation enforced by the CFIA, assessors are either drawn from or approved by the CFIA. All candidate assessors participate in a formal training program to ensure fair and equitable application of the rating criteria used in the assessment process. The training program includes participation in a course on the Assessment of Laboratory Quality Systems (or equivalent), together with biennial (refresher) courses on the application of A02 - *Rating Guide*. All assessors must commit to adhering to Q05 – *CALA Code of Ethics* and Q14 – *Conflict of Interest and Confidentiality Code.*

2.4 Assessment Process

The site assessment process is based on the assessment of conformance to the requirements of ISO/IEC 17025:2005 (*General Requirements for the Competence of Testing and Calibration Laboratories*), CALA-specific accreditation requirements in the documents listed at the beginning of this section, and the laboratory's documented procedures.

> Note: Where there are inconsistencies among the documentation sources noted above, the provisions of ISO/IEC 17011:2004 and ISO/IEC 17025:2005, shall prevail.

Assessors perform the assessments by interviewing staff, examining laboratory records, reviewing technical documentation, and inspecting facilities, equipment and the conduct of laboratory testing. In all cases the assessment is made relative to specific requirements and

as a part of the assessment, any non-conformances are noted. These non-conformances may be either non-test-specific (A02 - *Rating Guide*) or test-specific. The document, P07-*CALA Application of Requirements in ISO/IEC 17025:2005*, provides guidance for some requirements of the standard.

New laboratories (applicants) will generally have all appendices on a proposed scope of testing assessed.

During reassessments, a representative sample of accredited appendices will normally be assessed in detail. Sampling will ensure that all areas of competency are assessed, and may include spot-checks of appendices not being assessed in detail. Any new appendices being added to the scope will be assessed, as well as any appendices licensed under the Ontario *Safe Drinking Water Act* (OSDWA). CALA reserves the right to assess 100% of the scope; even if an appendix was not initially selected for assessment, the team does have the authority to assess other appendices while on-site.

At the end of the assessment, the Assessment Team provides the laboratory with a copy of an assessment report that summarizes the results of the assessment. CALA staff review and edit this report for consistency and validity, and a final report is issued. All changes resulting from this review are identified on the final report.

The final report definitively identifies the non-conformances that must be addressed in the required timeframe prior to a recommendation for granting or maintenance of accreditation.

New (applicant) laboratories have a maximum of 90 days and accredited laboratories have a maximum of 45 days to:

- Provide evidence that all Required Action *A* non-conformances have been addressed; and,
- Document the action taken or planned action for Required Action *B* non-conformances.

  Note: If a Required Action at an accredited laboratory is deemed a serious non-conformance and calls the accreditation into question, the Advisory Panel may require a response sooner than 45 days, or recommend suspension.

Implementation of Required Actions may be subject to on-site verification by CALA or, in serious cases, a reassessment for cause may be carried out.

A surveillance visit is carried out one (1) year after the initial visit. Reassessments are carried out every two (2) years from the initial assessment (refer to A06 – *Accreditation Program, Policies and Procedures* for restrictions and exceptions to this frequency). Therefore, applicants to the program will undergo an initial assessment, a surveillance visit one (1) year later, a full reassessment the following year, and reassessments every two (2) years thereafter.

2.5 Evaluation and Approval

The Advisory Panel reviews and reports to the Accreditation Council on the results and information provided by the laboratory in response to the site assessment. The Accreditation Council then takes the decision on the granting or maintenance of accreditation.

2.6 Notification

CALA formally advises the laboratory of the decision as to whether or not accreditation has been granted. An approved scope of testing is issued to the laboratory and posted on the CALA website at the time of accreditation, subsequent to each re-assessment, and in the event of scope changes due to extensions, suspensions or withdrawals. Scopes will be copied to the appropriate regulatory authority, as required.

2.7 Certificates of Accreditation

Certificates of Accreditation are issued by CALA as the result of a decision by the Accreditation Council, following an assessment or reassessment, and are valid for 2.5 years.

2.8 Scope Extensions

Accreditation of additional tests or matrices in the interval between regularly scheduled site assessments may occur by a review of documentation and records, or an abbreviated assessment. Staff and/or the CALA Advisory Panel will make the determination as to the process required for the scope extension. Please refer to A06 – *Accreditation Program, Policies and Procedures* for the procedure to apply for a scope extension.

2.9 Changes at an Accredited Laboratory

As per P04-01 – CALA *Terms and Conditions of Accreditation and/or Proficiency Testing,* a laboratory must notify CALA of any changes to ownership or organization including changes in location. A change in location requires submission of a plan for the move and a verification visit within three (3) months of the move; refer to A06 – *Accreditation Program, Policies and Procedures* for more details on relocations. Other types of changes may also be subject to on-site verification.

2.10 Surveillance Questionnaire

In the intervening year between biennial site assessments, laboratories must complete and submit a surveillance questionnaire by a required due date. The questionnaire covers activities or changes related to the accredited scope of testing since the last site assessment.

2.11 Suspension and Withdrawal of Accreditation

Accreditation will be suspended automatically, in whole or in part, subsequent to its having been granted:

i) if a laboratory fails two successive PT studies for a specific analyte in those cases where the laboratory is meeting the CALA PT Policy with option (i) or (ii)*;

ii) if a laboratory fails to submit a satisfactory PT corrective action report within the specified timeframe;
iii) if a laboratory fails to pay all fees that are owed to CALA;
iv) if a laboratory fails to respond to requests for information related to non-conformances identified on an assessment report; or,
v) upon expiration of the accreditation certificate.

*Note: If a laboratory fails to achieve an acceptable PT score on the third set of successive PT samples, CALA accreditation will be automatically withdrawn. Reinstatement of accreditation will only be considered following a formal request for reinstatement. An acceptable Corrective Action Report (CAR), recent re-validation data, satisfactory participation in PT, and any other information required to make a decision on reinstatement must support a formal request for reinstatement.

Accreditation may be recommended for suspension subsequent to its having been granted, when:
vi) a laboratory fails to comply with the terms and conditions of accreditation;
vii) a laboratory fails to submit a satisfactory response or additional information required to complete a response within the timeframe pre-determined by CALA, as communicated to the laboratory; or,
viii) CALA receives substantiated information on the lack of validity of a test method.

In severe cases of non-compliance, the Accreditation Council may immediately suspend or withdraw the accreditation, in whole or in part. Such cases might involve, though may not be limited to: failure to comply with the requirements of the latest version of ISO/IEC 17025; failure to demonstrate competency in those tests for which accreditation has been granted; misrepresentation of the laboratory's accreditation status; violation of the CALA Code of Ethics; evidence of fraudulent behaviour; provision of false information; or, concealing information.

If suspended, the laboratory receives written notice from CALA that accreditation for the test in question is suspended, and the CALA web site is updated accordingly. Amended scopes will be copied to the appropriate regulatory authority, where required.

If the laboratory is not re-instated in whole, or in part, after 90 days, a recommendation for withdrawal of accreditation will be forwarded to the CALA Accreditation Council.

2.12 Termination of Accreditation

Accreditation is deemed terminated if it is either withdrawn or voluntarily relinquished. If a laboratory wishes for whatever reason to voluntarily relinquish its accreditation, either in whole or in part, it may do so by providing written notice to CALA. Termination of accreditation, either in whole or in part, does not preclude a laboratory from applying for accreditation at a later date. Any re-application is evaluated under the same requirements

and procedures applicable to every other applicant laboratory. If voluntarily relinquishing accreditation, adherence to all requirements, including participation in Proficiency Testing (PT), must be maintained up until the date of termination.

2.13 Transfer of Accreditation

Any laboratory currently accredited by an accreditation body other than CALA, can apply for accreditation by CALA providing that the conditions described under P26 - *CALA Policy on Transfer of Accreditation* are fulfilled.

2.14 Joint Assessments

A laboratory may request a joint assessment if they are accredited by or are seeking to be accredited by more than one accreditation body. Every effort will be made to accommodate this request. If the other accreditation body is signatory to ILAC (International Laboratory Accreditation Cooperation), there may be opportunities to streamline the process further by one accreditation body assessing the management requirements. In this case, if a coordinated visit can be arranged, the laboratory must still meet all CALA requirements.

3.0 THE PROFICIENCY TESTING (PT) PROGRAM

All laboratories participating in the CALA Proficiency Testing Program must comply with the CALA policies detailed in PT15-02 - *CALA PT Program - Policies*. Laboratories are encouraged to review this document, and the other PT15 documents, as they contain details not included in this *Program Description*.

A complete list of PT that is offered by CALA, is found in P02-04 – *CALA Program Description - PT Catalogue*.

3.1 General

This program is designed for testing laboratories that typically have dedicated facilities and fully trained analysts, whose primary responsibility is the analysis of samples.

3.2 Frequency

PT samples are generally sent to participating laboratories twice per year. The exact shipping schedule is published on the CALA web site; http://www.cala.ca/pt_ship_schedule.html With each sample shipment, laboratories receive detailed instructions for analyzing samples and reporting results to CALA. Laboratories must generally analyze four (4) distinct concentration levels per analyte, and provide results directly to CALA by the due date and in the manner specified in the relevant instruction sheet.

3.3 Scoring System

Laboratory performance is evaluated for each proficiency testing sample by a method that is consistent with ISO/IEC 17043:2010 *Conformity assessment – General requirements for proficiency testing* and the *International Harmonized Protocol for Proficiency Testing of (Chemical) Analytical Laboratories (2006).* A z-score is calculated for each PT result as follows:

$$z = \frac{(x - \overline{X})}{s}$$

where:

x = participant's result;

$\overline{X}$ = the assigned value for the sample; and

s = an estimate of the variability.

The assigned value, $\overline{X}$, is usually determined as the mean (consensus) value from participating laboratories with outliers removed.

The estimate of the variability, *s*, is usually determined from a regression equation between sample concentration and inter-laboratory standard deviation from historic studies (see PT15-05 – *CALA PT Program – Regression Equations* for details). If the laboratory has opted to report their detection limit, it will be accounted for in the determination of variability.

Since each PT study involves four separate samples of distinct concentrations for each analyte, it is necessary to calculate a composite PT score for each analyte to determine overall performance. The composite score is normalized to a scale from 1 to 100.

Note: Acceptable PT Scores equal or exceed 70

Detailed evaluation procedures are provided as part of the PT reports issued with each study.

3.4 Proficiency Testing Report

A preliminary report is issued within one (1) week of the reporting deadline. Within four (4) weeks of the reporting deadline, CALA issues a final Proficiency Testing Report that contains both a confidential report on the individual laboratory's performance, and an inter-laboratory comparison report.

3.5 Notification of PT Recognition

CALA grants recognition for proficiency testing following a successful PT study. After each PT study, laboratories are notified in writing of any changes to their proficiency status.

3.6 Suspension and Withdrawal

Once recognition has been granted, a laboratory that fails to achieve an acceptable PT score for a specific analyte is notified by CALA in writing of a *Possible Suspension* and if the laboratory is accredited by CALA, it is required to complete and submit to CALA, a Corrective Action Report form. Failure to provide a satisfactory corrective action response within the specified timeframe will result in *Suspension* or *Withdrawal* of PT recognition. Although laboratories are required to indicate the root cause and corrective action implemented, CALA will not typically judge the appropriateness of these. Emphasis will be placed on whether or not a thorough investigation has been conducted.

If the laboratory fails to achieve an acceptable score on the second successive set of samples, the laboratory receives written notice from CALA that PT recognition for the analyte in question is *Suspended*. If the laboratory fails to achieve an acceptable PT score on the third successive set of PT samples, CALA PT recognition is *Withdrawn*. If PT recognition is *Withdrawn*, the laboratory will continue to receive PT samples unless a request is made by the laboratory to remove registration.

If a laboratory is also in the CALA Accreditation Program, each notice of a *Suspension* or a *Withdrawal* will be accompanied by a Suspension /Withdrawal fee. (See P02-02 – *CALA Program Description - Fee Schedule* for details).

3.7 Proficiency Testing for Microbiology-Presence/Absence

Presence/absence testing does not lend itself to statistical evaluation. In this case a PT score is not assigned and acceptable or non-acceptable performance is based on whether or not the expected response is observed for all four samples.

3.8 Proficiency Testing for Asbestos Analysts

Asbestos PT samples are sent to participating laboratories four times annually. The samples are shipped directly by the Asbestos Quality Assurance Program (AQAP) to the analysts.

The analyst must analyze two (2) PT samples:

- one (1) asbestos reference (REF) slide with relocatable fields (prepared from chrysotile, amosite or field samples) and
- one asbestos filter wedge.

For the REF slide, the analyst records the numbers of the fibres counted in the pre-designated fields. For the filter wedge, the analyst follows the NIOSH 7400 or the DMF/Euparal analytical method of fibre analysis and the fibre counting rule A of the NIOSH 7400 method. The analyst submits the results by email and returns the slide to the reference laboratory within 30 days. Note: Web data entry is not available for asbestos.

Approximately four (4) weeks after the deadline for submission of results, the analyst receives a preliminary report from the reference laboratory, including the fibre discrepancies for each field. The analyst has five (5) days to review this preliminary report and provide any feedback to the reference laboratory (i.e., advise the reference laboratory of any transcription errors made by the reference laboratory). The reference laboratory will submit the final results to the CALA office. CALA then prepares and issues a final Proficiency Testing Report, including the fibre discrepancies for each field.

For the REF slide, the reported fibres (RF) in each designated field are compared with their respective Verified Fibres (VF) [1]. The sum of absolute discrepancies (|VF-RF|) of fibre counts in designated fields is calculated.

1 Note: Verified fibres of the REF slide are based on the fibre counts, which may be any appropriate combination of inter-laboratory consensus value or value provided by the reference laboratory with demonstrated accuracy.

The PT score is expressed as a function of the number of absolute discrepancies and the number of verified fibres:

$$\text{PT Score} = \left(1 - \frac{\text{No. of discrepancies}}{\text{No. of verified fibres}}\right) \times 100$$

One (1) point is assigned if the score is equal to or exceeds 50. Zero (0) points are assigned if the score is less than 50.

For the filter wedge, the Z score is calculated from the fibre count result, the mean and the standard deviation, which have all been square root transformed:

$$\text{z Score} = \frac{|\textit{fibre count} - \textit{mean}|}{\textit{Standard Deviation}}$$

One (1) point is assigned if the z score is less or equal to 3. Zero (0) points are assigned if the z score is greater than 3.

The PT score is then calculated as follows:

$$\text{PT Score} = \frac{\text{Total points}}{\text{No. of PT samples}} \times 100$$

Note: Acceptable PT scores equal or exceed 50.

3.9 Proficiency Testing for PCB Aroclors

PCB aroclors are evaluated as a combination z-score and presence/absence procedure. Each of the four samples in the test group is spiked with a single aroclor. For the aroclors that are not spiked into the sample, a threshold concentration is estimated as a fraction of the spiked aroclor concentration. For each aroclor, if a laboratory reports a false positive at a concentration above the relevant threshold value, then the aroclor is assigned an *UNACCEPTABLE* evaluation regardless of any calculated z-scores. If there are no unacceptable false positives, then the PT score is evaluated based on the z-score(s) of the sample(s) that were spiked with the aroclor.

3.10 Proficiency Testing Catalogue

The complete catalogue of PT samples offered by CALA, including schedules, analytes covered, volume provided and general concentration ranges is contained in P02-04 – *CALA Program Description - PT Catalogue.*

4.0 THE TRAINING PROGRAM

4.1 General

The CALA Training Program provides support primarily to CALA members and to the Accreditation Program.

The Training Program provides three types of training to laboratory staff and other professionals:

- Non-technical training dealing with general accreditation and quality system matters;
- Technical training dealing with technical matters that affect laboratory competence; and,
- Technical training dealing with specific matters that require a special skill set.

4.2 Assessor Training

The Training Program arranges for the training of all CALA assessors.

4.3 National and International

The Training Program also delivers training to other agencies inside and outside of Canada, in support of Canadian and international efforts to develop and implement accreditation programs and systems that recognize competence in laboratory testing.

4.4 Priority of Effort

The priority of the training effort is as follows:

- Facilitate the training of assessors to meet CALA operational assessment needs; and
- Develop and deliver training based on needs identified by CALA members.

4.5 Cost of Training

The Training Program has a mandate to be fully self-sustaining and therefore it recovers all costs. Training is offered on a fee-per-session basis. Training that may be delivered to non-member agencies is not subsidized by CALA members in any way.

Training costs are directly affected by the costs associated with the venue (paid versus free accommodation). The Training Service encourages members to host public training at their site, in order to reduce the cost of delivered training.

4.6 CALA Training Options

Participants in the training program can undertake learning for most courses with one of the following options:

- In-Class;
- Online;
- Virtual or,
- Purchasing publications.

The following courses are available in one or more of these formats (see http://www.cala.ca/training_program.html for more details):

- Understanding ISO/IEC 17025:2005;
- Root Cause Analysis;
- Continual Improvement in the Laboratory;
- Preventive and Corrective Actions;
- Measurement Uncertainty for laboratory staff (Chemistry and Microbiology);
- Internal Calibration for Laboratories;
- Introduction to Control Charts;
- Beyond the Basics of ISO/IEC 17025;
- Quality Manual Template;
- Laboratory Training The Trainer;
- Internal Auditor Course for ISO/IEC 17025:2005;
- Lead Auditor for ISO/IEC 17025:2005;
- Method Validation;
- Management for Laboratory Managers;
- Advanced Concepts for Control Charts; and,
- ISO/IEC 17025 Refresher.

4.7 Training Dates and Venues

The CALA Training Program delivers training in as many venues as possible. Where in-class training is not financially feasible, online training and virtual training courses are available. See CALA Training Options above.

The training schedule can be found at http://www.cala.ca/t_sched.html

5.0 DISPUTES / APPEALS

All decisions (e.g., PT scores, assessment findings) may be disputed/appealed by participants. Refer to Q28 – *Disputes and Appeals Within CALA Programs*, on the CALA web site for details on the disputes and appeals process.

5.1 Disputes

Within 30 days of receiving an unacceptable PT evaluation, or within 10 business days of receiving the official site visit report, the laboratory has the right to dispute its case to CALA in writing.

5.2 Appeals

A laboratory has the right to appeal any CALA decision in writing, under the following circumstances:

- Within 30 days of receiving a notice of suspension or withdrawal of accreditation; or,
- Within 30 days of resolution of a dispute.

An Appeal Panel shall be constituted to review the evidence provided by the appellant and program staff. Appeal decisions are final.

6.0 PUBLICITY POLICY

Please refer to P03 – *CALA Publicity Policy* available at http://www.cala.ca/P03-Publicity_Policy.pdf

7.0 CONFIDENTIALITY

All CALA officials (including but not limited to Board members, members of the Accreditation Council, staff, members of the Advisory Panel, members of the Program Committee, and members of Assessment Teams) are required to sign a confidentiality agreement (Q14-*CALA Conflict of Interest and Confidentiality Code).*

8.0 DEFINITIONS

The following is a brief list of definitions. More thorough lists of definitions are contained in PT15-01 – *CALA PT Program – Scheme* and A06 – *CALA Accreditation Program, Policies and Procedures*.

Accreditation: Formal recognition by CALA of the competence of a conformity assessment body (laboratory) to carry out specific conformity assessment (testing) activities. Competence is demonstrated when the laboratory also demonstrates that it has: the people with the skills and knowledge; the environment with the facilities and equipment; the quality control, and the procedures required to produce technically valid results.

Accreditation Council: Reviews and takes final action, subject to the rights to appeal otherwise provided for in the CALA Quality System, concerning:

- accreditation applications,
- maintenance of accreditation, and
- suspension or withdrawal of accreditation once granted.

Advisory Panel: Reviews relevant information provided by laboratories in support of proficiency testing and / or accreditation and provides recommendations to the Accreditation Council on the granting and/or maintenance of accreditation.

Analyte: A substance or chemical constituent that is determined in an analytical procedure. Historically, the word “parameter” has been used interchangeably with analyte.

Appeal Panel: A panel that is duly constituted from time to time to adjudicate appeals in accordance with published CALA appeal policies.

Appendix: A unique matrix-test method combination that may contain more than one analyte. If the appendix is done outside the scope of the main laboratory (e.g., a field test, mobile unit, etc.), it is considered as a separate appendix. Each mobile unit is considered as a separate unit.

Assessment: Examination of competence of a body, against specified requirements, by representatives of other bodies in, or candidates for, an agreement group. (ISO/IEC 17000, 4.5)

Proficiency Testing: Evaluation of participant performance against pre-established criteria by means of inter-laboratory comparisons.

Scope of Accreditation: Specific tests for which accreditation is sought or has been granted. This term is interchangeable with "Scope of Testing."

9.0 REFERENCE DOCUMENTS

Documentation sources relevant to the CALA Programs are available on the website and can be downloaded at http://www.cala.ca/library.html

The following documents can be obtained (some at cost) at the web address http://www.global.ihs.com/ :

- ISO/IEC 17043:2010, *Conformity assessment - General requirements for proficiency testing*.
- ISO/IEC 17025: 2005, *General Requirements for the Competence of Testing and Calibration Laboratories*.
- ISO/IEC 17011:2004, *Conformity Assessment – General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies*.

Further guidance and policy documents are found at http://www.aplac.org and http://www.ilac.org