

P04-03 – CALA Application For New Accreditation  
Revision 1.1 – December 01, 2011



CALA

Laboratory Accreditation

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# CALA APPLICATION FOR NEW ACCREDITATION

## 1.0 INSTRUCTIONS

This application is to be used only by laboratories that are seeking accreditation for the first time by CALA. If the applicant laboratory will be using CALA PT to support all or part of their PT requirements, there is no need to submit a separate PT application. The relevant information will be obtained from Annex 1 The Scope of Testing Templates.

The following steps must be completed for the application to be considered complete.

### **Step 1 Complete Section 2.0 Laboratory Identification**

This section must be completed with care. The information contained in this section will be used for all communication between CALA and the applicant laboratory. If the laboratory is using the CALA Proficiency Testing Program in partial or complete support of their accreditation, the PT samples will be shipped to the shipping address. The laboratory may include more than one email contact if they desire.

### **Step 2 Complete Section 3.0 Laboratory Specifics**

This information is one of the pieces of information that is retained on file by CALA. It provides a general overview of the size of the laboratory, staffing levels and workload.

### **Step 3 Complete Section 4.0 Documentation Required for Accreditation**

This section provides a list of documentation that must be available in order for a site visit to be scheduled. Please check off all of the documents that your laboratory currently has in its possession.

The Quality Manual, Analytical Methods, supporting Procedures (work instructions), and Method Validation Data must be provided to CALA no later than eight (8) weeks prior to the assessment. In addition, the laboratory must have completed one (1) Internal Audit and one (1) Management Review prior to the site assessment and these records must also be submitted no later than eight (8) weeks prior to the visit. All of these must be provided in a CD-ROM format or via FTP (not emailed). As well, one (1) hard copy of the quality manual must be submitted and a completed copy of *A02-CALA Rating Guide*. Please keep in mind that the assessment will be facilitated if the assessment team reviews the versions of documents that will be in place at the time of the assessment. Failure to provide these in the required timeframe may result in a postponement or cancelation of the assessment and the laboratory is responsible for any associated costs.

If method validation records and a person familiar with the method are not available at the time of the site assessment, the method will not be assessed. Method validation records must include evidence that actual samples reflective of typical matrices have been analyzed in a typical run, to demonstrate that the method has been implemented as documented, and that the method is fit-for-purpose. The actual samples need not be client samples.

#### **Step 4 Complete Section 5.0 Preferred Date of Assessment**

In section 5.0, enter the dates that your laboratory is available for an assessment.

#### **Step 5 Complete Section 6.0 Terms and Conditions of Accreditation**

CALA Accreditation Program participants must comply with the terms and conditions ([http://www.cala.ca/P04-01-Terms\\_and\\_Conditions.pdf](http://www.cala.ca/P04-01-Terms_and_Conditions.pdf)). An assessment will not be scheduled if these terms are not signed by an authorized laboratory official and returned to CALA.

#### **Step 6 Complete Annex 1: Scope of Testing Template**

Section 7.0 provides instructions on the completion of Annex 1 The Scope of Testing Template. A separate template is required for each appendix for which the laboratory is seeking accreditation. If you need further assistance in completing the Scope of Testing, please contact a CALA Accreditation Officer.

Email: [assessments@cala.ca](mailto:assessments@cala.ca)

Phone: (613) 233-5300

Fax: (613) 233-5501

#### **Step 7 Submit Your Application**

Completed applications may be submitted by mail, fax or scanned and emailed. The application sections that must be included in the application are:

Section 2;

Section 3;

Section 4;

Section 5;

Section 6; and,

Annex 1: Scope of Testing Template(s). One for each Method to appear on the scope.

For an estimate on the length of time to complete the process, please refer to A125 - CALA *Accreditation Program Target Timelines*. Submit your completed application to:

CALA

Attention: Erinn Cummins

310-1565 Carling Avenue

Ottawa, ON K1Z 8R1

Telephone: (613) 233-5300

Fax: (613) 233-5501

Email: [ecummins@cala.ca](mailto:ecummins@cala.ca)

## 2.0 LABORATORY IDENTIFICATION

CALA Membership No. (existing members only)		<input type="checkbox"/> OSDWA	
Name of Laboratory			
Name of Parent Institution			
List other accreditations (if applicable):			
<b>LOCATION OF FACILITY</b>			
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>MAILING ADDRESS</b>		SAME AS (check, if applicable) <input type="checkbox"/> "Location of Facility"	
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>PT SAMPLE SHIPPING (COURIER) ADDRESS</b>		SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility"	
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>BILLING ADDRESS</b>		SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility"	
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>MANAGEMENT</b>			
Laboratory Manager/Director		Email	
Quality Assurance Officer		Email	
<b>LANGUAGE OF PREFERENCE (SITE VISIT ONLY)</b>		<b>CLIENTS SERVED</b>	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish		<input type="checkbox"/> All Interested Parties <input type="checkbox"/> Specified Clients <input type="checkbox"/> Internal	
How did you hear about CALA? (Please check all that apply) <input type="checkbox"/> Internet Search <input type="checkbox"/> Conference			
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Email from CALA <input type="checkbox"/> Other _____			

**Directory of Accredited Laboratories.** This on-line Directory provides information on laboratories in the Accreditation Program and the specific scope of testing for which they have been found to be competent, conforming to the requirements of ISO/IEC 17025: Any fields left blank will appear blank in this directory; The *Location of Facility* address, as provided on the previous page, is the one that will appear on the Scope; and, It is the responsibility of the laboratory to contact CALA should address/contact information change.

Please provide information regarding contact information to appear on the Scope of Accreditation.

INSTITUTION NAME	
Name of Laboratory	as listed on previous page
Name of Parent	<input type="checkbox"/> include "Name of Parent Institution" as listed on previous page
DIRECTORY OF ACCREDITED LABORATORIES <span style="float: right;"> <input type="checkbox"/> SAME AS (check, if applicable)                     <input type="checkbox"/> "Location of Facility"                 </span>	
Contact	Email
Phone Number	Facsimile Number

### 3.0 LABORATORY SPECIFICS

Please provide figures, as specified, on laboratory staffing, sample and testing volume, floor area and bench space.

1.	Number of Staff	Management	_____
		Professional and Technical	_____
		Other	_____
		Total	<b>_____</b>
2.	Total Analysts	Testing*	_____
		Other	_____
		Total	<b>_____</b>
3.	Sample Volume	Total Samples per year	<b>_____</b>
		% Water and Wastewater	_____
		% Airborne Materials	_____
		% Plant and Animal Tissues	_____
		% Soils, Sediments and Sludges	_____
		% Solid Waste	_____
		% Other	_____
4.	Testing Volume	Total Tests per year	<b>_____</b>
		% Inorganic Chemistry	_____
		% Organic Chemistry	_____
		% Microbiology	_____
		% Toxicology	_____
		% Occupational Health	_____
		% Radiochemistry	_____
		% Physical Measurement	_____
		% Other	_____
5.	Floor Area (m <sup>2</sup> )	Testing	_____
		Other	_____
		Total	<b>_____</b>
6.	Bench Space (m)	Testing	_____
		Other	_____
		Total	<b>_____</b>

\* Includes all staff involved in the pre-treatment, preparation or analysis of samples.

## 4.0 DOCUMENTATION REQUIRED FOR ACCREDITATION

The following documents must be received at CALA no later than eight (8) weeks prior to the assessment.

Laboratory Quality Manual.

A completed A02-CALA Rating Guide.

Test methods and supporting operational procedures.

Method Validation Data.

Internal Audit Records.

Management Review Records.

In addition, the following documents must be available at the time of the assessment. Please confirm which of them are currently available.

A copy of ISO/IEC 17025:2005 (<http://www.global.ihs.com/>)

Organization chart(s) including staff names, job titles and reporting relationships.

Job descriptions for key management and supervisory positions.

List of proficiency testing participation.

List of certified reference materials used.

Inventory of equipment used.

Inventory of test methods used.

Key laboratory policies and procedures relating to review and assessment, including:

- |  |                          |                           |                          |
|--|--------------------------|---------------------------|--------------------------|
| internal quality control                 | <input type="checkbox"/> | staff training            | <input type="checkbox"/> |
| document control                         | <input type="checkbox"/> | method validation         | <input type="checkbox"/> |
| sample management                        | <input type="checkbox"/> | confidentiality           | <input type="checkbox"/> |
| data management including record keeping | <input type="checkbox"/> | equipment maintenance     | <input type="checkbox"/> |
| workload management                      | <input type="checkbox"/> | test organism maintenance | <input type="checkbox"/> |
| procurement of goods and services        | <input type="checkbox"/> | complaints                | <input type="checkbox"/> |
| sub-contracting (if applicable)          | <input type="checkbox"/> | authorizations            | <input type="checkbox"/> |

All supporting work instructions, including:

- sample history requirements
- sample pre-treatment procedures
- test organism history requirements
- test organism culturing and/or holding conditions
- labware cleaning/sterilization procedures

All supporting forms used for sample and/or and data management.

Example test reports.

Laboratory records, including, as appropriate:

- reagent preparation logs
- equipment maintenance logs
- test organism maintenance logs
- logs documenting gravimetric, temperature and volumetric traceability and assessment
- logs documenting reagent and/or dilution water characteristics
- analyst notebooks
- data validation records
- records of non-conformances
- records relating to review
- Proficiency testing reports

## 5.0 PREFERRED DATE OF ASSESSMENT

Attempts will be made to schedule the site visit at a time that is convenient to the applicant laboratory.

List dates that the laboratory is available during Mar. 1 - Nov. 30, 2012

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## 6.0 TERMS AND CONDITIONS OF ACCREDITATION

\_\_\_\_\_  
Name of Laboratory

\_\_\_\_\_  
CALA File No.

hereby applies to CALA for accreditation. As an Authorized Representative of this laboratory, I agree that I have included a signed copy of Revision 1.0 of *P04-Terms and Conditions of Accreditation and/or Proficiency Testing* with this application. Failure to conform to the terms and conditions may result in suspension or withdrawal of accreditation.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date DD/MM/YY

## 7.0 COMPLETING THE SCOPE OF TESTING TEMPLATE

A separate scope of testing template is required for each method (appendix) for which the laboratory is seeking accreditation. If the applicant is using CALA PT to support all or part of its PT requirements, a separate PT application is not required. This information will be obtained from the submitted Scope of Testing Templates.

Laboratories may apply to be accredited for any routine analytical test. Calculations and stand-alone preparation methods cannot be accredited.

Use the attached *Scope of Testing Template* to prepare an analytical Scope of Testing. Each method (appendix) requires a separate page. Make sufficient photocopies of the template and sequentially number all submitted template pages.

### 7.1 Explanation of Terms on Scope of Testing Template

In completing a *Scope of Testing Template*, use the following definitions to provide the required summary information:

**Analyte:** The parameter that is the quantified output of the method (e.g., Phosphorus, Dichloromethane, etc.).

**Analytical Technique:** Measurement method (e.g., AA, graphite AA, cold vapor AA, flame emission, ICP/MS, ICP, GC/MS, GC/ECD, GC, HPLC, SIE, IC, colorimetric, auto-color, gravimetric, titrimetric, acute lethality, membrane filtration, etc.). For microbiology tests, the analytical technique is further defined by media type (e.g., membrane filtration (mEndo)).

**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.

**Field of Accreditation:** A broad category of accreditation generally differentiated by required expertise (e.g., environmental, mineral, petroleum, food, etc...).

**Matrix:** A substance or material analyzed for the target analyte. Typical matrices include: (i) water, including fresh water (may include drinking water, ground water, surface water, and precipitation), marine water, and waste water (may include industrial effluent, municipal effluent and process water), (ii) soil, including sediment, (iii) plant tissue, (iv) animal tissue, (v) specific solid or liquid wastes (e.g., oils, sludges, etc.), (vi) airborne materials (in air emissions, the ambient air or workplace), collected by filter or other means, (vii) minerals, rocks, tailings, etc...

Commonly used matrices are: water; fresh water; wastewater; biological tissue; plant tissue; animal tissue; soil; sediment; air filters; charcoal tubes; and waste oil.

**Method Reference:** Agency or journal method reference abbreviated to the maximum extent possible (e.g., ASTM D1067-70B, EPA 310.1, SM 403, BC MOE D047A007, Anal. Chem 64, 371 (1192), NAQUADAT 19105, etc.). If the method employed by the applicant has been modified from the reference method, include this clarification (e.g., Modified from EPA 624).

**OSDWA Check Box:** Check this box if you are seeking licensing under the Ontario *Safe Drinking Water Act*.

**Proficiency Testing Option:** This refers to the *CALA Proficiency Testing Policy for Accreditation (PO2-03)*. If CALA PT will be used to support these requirements, the applicant will automatically be registered for the relevant PT. Note that if option (i) is chosen and a PT provider is not designated, the default is the CALA PT and the laboratory will be automatically registered in the CALA PT Program for the applicable analyte(s).

**PT Provider:** This is the name of the PT Provider that will be used to support the applicant's PT requirements.

**Sample Preparation:** All procedures such as purging, aeration, pH adjustment, extraction, clean-up, digestion, distillation, etc. carried out on samples (or standards) prior to analysis.

**Test Method:** Defined, as appropriate, in terms of analytical technique and sample preparation. When sample preparation plays a defining role in recovery, please specify. Examples of analytical technique/sample preparation combinations include ICP - digestion, GC/MS - extraction, Colorimetric - distillation, Hydride AA - digestion, etc.

**Test Method I.D.:** Unique laboratory I.D. assigned to a test method as part of laboratory document control.

## 7.2 Laboratories Performing Drinking-Water Testing in Ontario

Laboratories intending to test Ontario drinking water samples must: Apply to the Ontario Ministry of the Environment for a license, and ensure that accredited methods are in the *Protocol of Accepted Drinking Water Testing Methods* ([http://www.ontario.ca/drinkingwater/stel01\\_046886.pdf](http://www.ontario.ca/drinkingwater/stel01_046886.pdf)) or are approved by the MOE Director; Check off the box labeled *OSDWA* on the Scope of Testing template (Annex 1).

For questions relating to the licensing program, please contact the MOE Laboratory Licensing Administrator at (416) 235-6370.

### 7.3 Specific Notes

**Toxicology Appendices:** Please refer to A110 - *Guidelines on Assessment and Accreditation of Toxicology Methods* ([www.cala.ca/A110-Toxicology\\_References.pdf](http://www.cala.ca/A110-Toxicology_References.pdf) ).

**CCME Reference Method for Total Petroleum Hydrocarbons in Soil:** Please note the following:

- If the reference method is followed exactly, indicate *CCME* in the method reference field;
- If all the prescriptive elements are followed and the listed performance-based choices are validated according to the criteria in Appendix 2 and the performance meets the objectives in Section 8, indicate *CCME* in the method reference field; and,
- If any prescriptive elements are modified, *CCME* reference cannot be used at all in the method reference field.

### 7.4 Proficiency Testing

If option i or option ii Proficiency Testing (PT) is chosen, the Web Data Entry system will be set up so that the laboratory can immediately enter any option i or option ii PT study results. It is incumbent upon the laboratory to do this in a timely manner, as satisfactory PT must be demonstrated before granting of accreditation and not entering the PT results may delay accreditation. It is preferable that this data is entered at least six (6) weeks prior to the assessment.

# ANNEX 1: SCOPE OF TESTING TEMPLATE

(Also available in Word format on the CALA Web site [www.cala.ca](http://www.cala.ca).)

## GREY BOXED AREAS FOR CALA USE ONLY

<input type="checkbox"/> Check and identify if laboratory address is different than "Location of Facility" identified in Section 2.0. Facility Name:						
CALA File No. (existing members only)		Field of Accreditation (e.g. Environmental, Mineral, Petroleum)			Page	of
Appendix Number		Appendix Name (e.g., VOCs)			PT Test Group	Status
Matrix (e.g., Water, Soil, Oil, etc.)				Matrix	Test Method (e.g., Purge and Trap/GCMS)	
Method Reference (e.g., EPA 6024) <input type="checkbox"/> "modified from"				Test Method I.D. (e.g., SOP 101.2)		
Analytes	OSDWA	Proficiency Testing Option (circle one)	PT Provider	Analytes	OSDWA	Proficiency Testing Option (circle one)
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
	<input type="checkbox"/>	i, ii, iv, v, vi			<input type="checkbox"/>	i, ii, iv, v, vi
<p><b>Instructions:</b> Ensure that ALL requested information is complete and accurate. This information will appear in your accredited Scope of Testing. When providing the requested information, refer to the instructions in the specific CALA application and use the following guidelines:</p> <ol style="list-style-type: none"> <li><b>Appendix Identification:</b> Analytes having a unique matrix – test method combination must be assigned to separate appendices (i.e., separate pages of the template).</li> <li><b>Analytes:</b> An appendix may contain one or more applicable analytes.</li> <li><b>Method Ref:</b> Add the words <i>modified from</i> if your method does not follow the Method Reference exactly.</li> <li><b>Proficiency Testing Option:</b> refer to P02-03-CALA Program Description-Proficiency Testing Policy for Accreditation. NOTE: If option (i) is chosen and a PT Provider is not designated, the default is the CALA PT and the laboratory will be automatically registered in the CALA PT Program for the applicable analyte(s).</li> </ol>						