

Key to Breakout Sessions:

A = Asbestos (Bulk)
 C = Calibration and Traceability
 I = Inorganic
 IN = Interpretations
 L = Lead Assessor Training (March 30)
 M = Mineral
 MB = Microbiology
 O = Organic

OP = Opening Plenary
 P = Process Auditing
 Ph = Philosophy of Assessing
 R = Report Writing
 RC = Root Cause
 S = Sampling
 T = Toxicology
 V = Method Validation and Control
 Charting

Session	Consensus/Recommendation	Follow-up Task and Status
C	Determine whether labs can use verification of a pipette over 7 days for calibration.	Under review.
C	Daily verification of pipettes may not be needed if lab has history showing biweekly checks are never out of tolerance – it becomes a risk analysis issue. The lab may show that the contribution to uncertainty is so small that the particular pipette may not need to be verified daily.	
C	Micropipettes need calibration upon receiving.	Yes; A61 will be updated.
I	Frequency of duplicates is dependent on the laboratory's assessment of risk.	
I	True duplicates required for BOD.	Complete. Updated P07 – Interpretation Document (Rev. 2.5).
I	Develop a test-specific checklist for microtox. (Dave Wong volunteered to lead this activity).	
I	For data validation, consensus was that human intervention is needed and/or computer-based data validation must be verified.	Will ask Advisory Panel and/or Program Committee for guidance/interpretation on data validation requirements of ISO/IEC 17025, Section 5.4.7.1. Validation of software used to validate data is already covered under ISO/IEC 17025, Section 5.4.7.2.

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IN	Add guidance in P07 on outdated methods, specifically, “fitness for purpose decided by lab and verified by assessor”.	
L	Consider re-naming the “final report” generated by the audit software to “closing meeting report”.	Complete.
L	Modify audit software instructions to detail how to add a new (unplanned) appendix.	
L	Revise Site Visit Evaluation form to be more parallel to the assessor monitoring forms.	
L	Include in information package for assessments sent by CAEAL, the number of assessments performed by the other assessors.	Complete; posted on assessor-protected part of web site. May 01, 2007.
L	CAEAL to look at starting a list of on-site considerations for Leads to take into account.	This issue is covered in Section 1 (page 3) of A04 (Tab 2 of the Assessment binder); will expand on this section in the next version of the document.
L	Leads to have New Leads or New Assessors complete the Quality System Review with them to gain experience and foster mentoring.	
L	CAEAL staff to monitor New Leads so they can act as a resource for them.	
L	Send out preaddressed Purolator bags for speedier return shipment of assessment materials.	Investigated, and it is not cost-effective to do this. It’s more cost-effective for assessors to courier and expense CAEAL.
L	Provide guidance document for validation after a lab move.	
L	Provide an anonymous summary of comments for monitoring to each assessor.	
L	Inform assessors when a required action has been removed from the Assessment Report and why, so that assessors know for future assessments.	
M	Take the issue of remote site sample preparation facilities to APLAC and/or ILAC.	
M	Have an MRA partner assessor assess the remote preparation facility?	Complete. Option incorporated into proposed policy on assessment of remote preparation sites.

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MB	Laboratories using IDEXX (quantitray) must do duplicates.	Complete. Revision 3.10 of A24-Microbiology Checklist completed on April 11, 2007.
MB	Confusion on whether checks of biosafety cabinets are an ISO/IEC 17025 issue or a health and safety issue.	The intent of this requirement is that if a laboratory does have a biosafety cabinet, there has to be some checks in place to ensure the equipment is available and functioning properly, as per ISO/IEC 17025. Therefore, this item is in Rev. 3.10 of the Microbiology Checklist (A24).
MB	Under storage of supplies, it was suggested that the words (e.g., 2-8 degrees C) be removed, as this is often applied as a prescriptive requirement (even though it is written as an example only).	Complete. Removed example from A24 – Microbiology checklist (Rev. 3.10).
MB	Requirement for laboratory to analyze a minimum of 60 samples and obtaining results of “not detectable” prior to making the decision to not do duplicates on non-detects.	
MB	Change the term “direct plating techniques” to “quantification techniques”.	Complete. Removed term from A24-Microbiology Checklist (Rev. 3.10).
MB	Change wording on microbiology checklist to be broader, with respect to humidity requirements. Currently it specifies adequate humidity in the 44.5 degree C incubator only.	Complete. Removed reference to 44.5 degree C incubator from A24-Microbiology Checklist (Rev. 3.10).
MB	Update P07 to give guidance on “adequate humidity”.	Complete. Updated P07 – Interpretation Document (Rev. 2.5).
MB	For conductivity checks of reagent water, change wording from “daily or continuously” to “daily or as-used”.	Complete. Updated A24-Microbiology Checklist (Rev. 3.10).
MB	Checklist indicates that autoclaves must be checked a minimum of monthly using spores/ampoules. A general feeling was that this should be done every load. Need to review.	

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MB	Develop a specific checklist for Cryptosporidium and Giardia.	
MB	Develop a specific checklist for PCR methods.	
MB	Organize a 2-3 day training for micro assessors in PCR, Crypto and Giardia, mould testing, etc...	
MB	If labs are using drop off locations, they should be covering these drop-off locations as part of their internal audit, and ensuring that samples are being kept cool.	Complete. Updated P07 – Interpretation Document (Rev. 2.5).
O	Make changes to A03 (Appendix to the Rating Guide) on requirements for data validation, esp. for organics.	Have already made over 2000 copies of the appendix for the 2007 cycle of assessments! For 2007, guidance can be added to P07 (Interpretations document); can revise A03 (appendix) for 2008.
O	Assessors should look at sample and reference chromatograms or relative peak times when assessing.	
O	Ensure labs list a reference method that is the same as the test method (e.g., if method is GC/MS Headspace, then reference method is not GC/MS P&T).	
O	If lab variations deviate too much from the reference method, then lab must fully validate the method, but even then, the lab's method may not be able to reference the reference method.	
O	Keep method listings as is – do not expand listings to include confirmatory techniques.	
O	Allow modifications to PCB methods under CEPA Disposal regulations only if relevant part in the reference method is not in BOLD.	
O	Labs do not need to plot all parameters, but only a selection (e.g., at low, medium and high retention times). Trending must be done in real time. Labs need to have rules for assessing trends.	
OP	Investigate if it is possible to send electronic copies of the cover sheets to the appendices to the lead (or lab).	Complete; May 01, 2007.

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OP	CAEAL to develop, document and implement a procedure to (randomly) check the web site of laboratories. Is this something that can be done at the staff level? as part of the assessment?	Complete. New procedure implemented June 2007. Randomly checking 15 accredited labs per month (and PT labs are randomly checked quarterly).
OP	Include the <i>Correlation Proviso</i> categories on page (i) of A03.	Complete. This information does appear on the front page of the cover page to the appendix (on those cover sheets that have been populated by the database).
OP	Should the CD of the test methods be sent back to the CAEAL office, or left at the laboratory? If it is to be sent to the CAEAL office need to update the Completion Report (A19).	Complete. The decision is to send the CD of test methods to the CAEAL office with other assessment documents. The Completion Report (A19) has been updated.
OP	Apply the same rules for PT to all the options listed under the <i>Correlation Proviso</i> .	
OP	Ask RABQSA if there is an alternative approach to verify that an assessor was at a specific laboratory.	
P	Can similar appendices be attached together?	Complete. Decision is “yes” but just make clear notes as to why this is being done so it is evident that any “blank” appendices attached to another were assessed.
P	Revise the Appendix to the Rating Guide (A03) (and A24?) so that there is less “jumping around” and they are more process-based.	
R	Confirm with assessors if the audit.txt file can be e-mailed to jfournier@caeal.ca	Complete. Confirmed that lab information is not in the audit.txt file – just the appendix numbers and actions.

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R	Add ability to note observations in the software and then be able to sort items by whether they were non-conformances or not, and only have the non-conformances show up on the reports. This would meet the requirement to have a record of conformances, too, without using hard copies of checklists.	
R	Develop a mechanism so that assessors could use Blackberries on assessments.	Not cost-effective at this point in time.
S	Revise guidance in P07 (pg. 39) with respect to the applicability of sampling requirements.	
S	Add a definition of “sampling” to P07.	Complete. Updated P07 – Interpretation Document (Rev. 2.5).
T	Finalise method validation minimum requirements after comments received from toxicology assessors.	
T	Define non-routine testing as tests that are performed less than once per year. For revalidating non-routine tests, both a reference toxicant and a negative control are needed for revalidation; the reference toxicant and negative control must be run before (within 14 days of the start) or concurrently with the test samples.	
T	Review uncertainty calculations for toxicology and post on website.	
T	Develop a generic cross-reference between the Environment Canada (EC) checklist and the Rating Guide Appendix.	
T	Assessors will submit the EC checklist with the Rating Guide Appendix	
T	Develop method to inform users of lab data of the difference between “based on” and “identical to”.	
T	Species are to be added as parameters; only the applicable species should be listed.	
V	Does P19 (CAEAL Policy on Uncertainty) need to be revised with respect to the direction to determine the MU at 3 different levels?	

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?	Provide a list of available PT providers (not just approved ones).	Discussed at the April 26, 2007 Program Committee; decided that CAEAL will provide a list of links to other PT providers (approved or not) .