

Note on application of the assessment report based on ISO/IEC 17025

- This assessment report is to be used by **all assessors** (LA, A, TE) for initial assessments and reassessments as well as for surveillance assessments and assessments on extension of scope. This report must be completed within three weeks after each assessment. In addition, the assessment checklist based on ISO/IEC 17025 must be completed in full during the initial assessments and reassessments and submitted to DAP. For surveillance assessment and assessment on extension of scope, the checklist is to be used as appropriate.
- The report must be legible. Handwritten reports are acceptable as long as they are legible. If an accreditation decision is hampered due to the illegibility of the report, the DAP Office reserves the right to reject the report and that a type written report (via PC) must be submitted.
- For **additional requirements** e.g. legislation, technical regulations (e.g. BBSchVO, IndiVO, TwVO and Technical Modules) that the laboratory must fulfil, these will be assessed during the assessment and must be specified on the first page of the report in the space provided after **“and on”**
- In order to put a cross in the box , place the cursor directly on the box and click the left mouse button twice or click the right mouse button and go to “properties” and click the **default value** to activate as follows: .
- **Assessed area:** Information on this is to be provided on page 1 of the report but only by the respective assessor and not the entire scope (unless this has been completely covered by the assessor).
- **Appraisal categories (Note 3):** When no non-conformity has been raised, put a cross in column for appraisal category 1. When a non-conformity is identified, the requirement of the standard for the specific clause is not met, therefore it cannot be appraised as “1”. When there is one or are more than one non-conformity raised, the appropriate columns for the appraisal categories must be crossed.
- For **initial accreditations and reaccreditations**, detailed comments and explanations on the implementation of clauses in the standard must be provided in the space given as described in **Note 4**, as these form the basis for the decision on accreditation. For every clause of the standard there is an indication as to whether the lead assessor (LA) or the technical assessor (A) or both need to provide the details.
For **surveillance assessments**, **shorter comments** can be provided, e.g. “no change since the last assessment”; more attention has to be paid instead to comments that should address the **development or changes** that have taken place between assessments.
Here the assessor may provide recommendations or suggestions (without directly affecting the accreditation status of the laboratory).
The **“Objective Evidence and Reviewed Documents”** can also be included throughout all phases of an accreditation procedure. Alternatively the form sheet “ON-ED-00” can be used as before.
- In the **Summary** do **not** include the comments already written for the individual clauses but provide additional information and conclusive remarks according to the items mentioned. On **“fulfilling additional requirements”** when applicable, it is only necessary to provide comments as to whether the laboratory meets the additional requirements as given on page 1 of the report, e.g. the compliance with the requirements of the Technical Modules.

LA – Lead Assessor
A – Assessor
TE – Technical Expert

The **grading of non-conformities** shall be carried out by personnel of DAP GmbH in accordance with the following criteria:

Grading	Criteria	Possible Consequences	Time frame for implementation of C.A.
<p style="text-align: center;">2</p> <p style="text-align: center;">Minor</p>	<ul style="list-style-type: none"> • non-conformities, which do <u>not</u> affect the technical competence • single non-conformities concerning deficiencies in documentation 	<ul style="list-style-type: none"> • Continuation of the accreditation process, but issue of the accreditation certificate not until implementation of all corrective actions • Documentation to be re-sent for review 	<p>Within a specified time interval, up-to-date and not exceeding:</p> <ul style="list-style-type: none"> • 2 months in case of surveillance, extension and re-accreditation • 5 months in case of initial accreditation
<p style="text-align: center;">3</p> <p style="text-align: center;">Significant</p>	<ul style="list-style-type: none"> • <u>Occasional</u> non-conformities in the technical field, which may threaten the validity of test results • <u>in some sections</u> unsatisfactory competence of personnel, <i>e.g. lack of staff training</i> • <u>incomplete</u> documentation, e.g. <i>missing job descriptions for some staff members</i> 	<ul style="list-style-type: none"> • Continuation of the accreditation process, but only after corrective actions are implemented • Documentation to be re-sent for review • Follow-up on-site assessment visit • In case of non-implementation of corrective action: restriction of the scope or suspension of the accreditation • <u>Imposed conditions</u> set on a defined time frame <u>possible</u> <i>e.g. conducting training, further education, participation in proficiency tests</i> 	<p>Within a specified time interval, up-to-date and not exceeding:</p> <ul style="list-style-type: none"> • 2 months in case of surveillance, extension and re-accreditation • 5 months in case of initial accreditation
<p style="text-align: center;">4</p> <p style="text-align: center;">Very serious indeed</p>	<ul style="list-style-type: none"> • <u>serious</u> non-conformities in the technical area, e.g. lack of or incomplete test method validation • <u>obvious / serious</u> deficiency in staff competence, <i>e.g. no professional experience</i> • <u>extreme</u> deficiency in documentation, <i>e.g. no traceability of test results, no standard operating procedures and/or quality assurance guidelines</i> • Loss or impending loss of other basic prerequisites for an accreditation 	<ul style="list-style-type: none"> • Continuation of the accreditation process, but only after corrective actions are implemented • Follow-up on-site assessment visit • Shortened interval for surveillance visits • Restriction of the scope of accreditation • Suspension or withdrawal of accreditation • <u>Imposed conditions</u> set on a defined time frame <u>not possible</u> 	<p style="text-align: center;">immediately</p>