White Paper

THE PROCESS OF ACHIEVING ISO/IEC 17025:2017 ACCREDITATION

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1 Introduction

This article discusses the process of achieving accreditation to the International Organisation for Standardisation (ISO) International Standard ISO/IEC 17025:2017 General Requirements for the Competence of Testing and Calibration Laboratories[1]. This paper is intended to provide laboratories seeking accreditation to the ISO/IEC 17025:2017 International Standard, the activities that need to be carried out to achieve accreditation, and what will happen at each stage of the assessment process.

This article is primarily targeted at laboratories seeking accreditation for the first time. However, parts of it will also be of interest to laboratories that are already accredited and are seeking reaccreditation.

The ISO/IEC 17025:2017 International Standard establishes a set of requirements that form a framework for individual testing and calibration laboratories to construct a quality management system (QMS) to meet their specific needs. Accreditation of a testing or calibration to the ISO/IEC 17025:2017 International Standard provides objective, impartial and independent evidence that a laboratory is both technically competent to perform the tests or calibrations and maintains a quality management system that is designed to assure the quality of the tests or calibrations carried out.

Because ISO/IEC 17025:2017 is recognised as the gold standard for laboratory quality management systems, the results delivered by laboratories that have achieved ISO/IEC 17025:2017 accreditation are internationally recognised, and such laboratories have access to the global marketplace.

2 Selecting an Accrediting Organisation

Accrediting organisations carry out assessment and accreditation to the ISO/IEC 17025:2017 International Standard. Such organisations must be a party to the International Laboratory Accreditation Cooperation (ILAC) mutual recognition agreement or one of the regional mutual recognition agreements. Such as European Co-operation for Accreditations (EA) in Europe, Inter American Accreditation Cooperation (IAAC) North and South Americas, Asia Pacific Accreditation Cooperation Incorporated (APAC), Arab Accreditation Cooperation (ARAC) and African Accreditation Cooperation (AFRAC). Some countries have several organisations that are party to the ILAC mutual recognition agreement. In contrast, other countries have appointed a specific body to carry out all accreditations within their jurisdiction, as is the case in Europe, where the European Union Regulation 765/2008[2] requires member states to appoint a single national accrediting body. In the United Kingdom Statutory Instrument 2009 No. 3155[3], establishes the United Kingdom Accreditation Services (UKAS) as the sole official accrediting body of the United Kingdom.

When selecting an accrediting body, it is important to consider the following:

1. Does the organisation have experience with your type of testing or calibration? This can be checked by reviewing the accreditation certificates issued by the body. These should be on the body's website.
2. Is the accrediting body recognised for its accreditation program? This can be checked by reviewing either the International Laboratory Accreditation Cooperation website (www.ilac.org.) or the regional accreditation cooperation website.

3. Does the accrediting body have assessors qualified to conduct assessments in your particular scope of calibration or testing? Where are the assessors located?
4. Is the accrediting body willing to provide you with a complete description of its accreditation process? What are their policies or contractual restrictions that may affect you?
5. Is the accrediting body allowed to operate in your jurisdiction?
6. Is the company financially stable? Will the accrediting body still be in business during the period that your accreditation certificate is valid?

3 The Accreditation Process

Although some of the details of the accreditation process may depend on the accrediting body you choose, the overall process will be the same irrespective of the body you use and consists of the following steps.

1. Prepare for Accreditation
2. Filing an Application
3. Preliminary Assessment (Optional)
4. Document Review
5. Onsite Assessment
6. Corrective Actions

The timings of these activities will depend on the accrediting body you have selected. Some bodies require applicants to have at least implemented the quality management system and be able to submit a quality manual and procedures at the time of submitting their application. In contrast, other accrediting bodies will allow you to submit your application without these documents and are happy to wait until the applicant is ready to send them.

4 Preparing for Accreditation

Your laboratory will be ready for accreditation after:

1. You have implemented an ISO/IEC 17025:2017 compliant quality management system,
2. Your employees have become familiar with the system, and
3. You have developed a sufficient evidentiary trail of documents and records that can be assessed.

Documentation should include the following:

Quality Manual: Outlining how your laboratory conforms to each clause of the International Standard;

Procedures: Describing how the activities required by the QMS are carried out consistently;

Work Instructions: Defining specific job activities affecting the quality of calibration or testing;

Quality Documentation: Documents, which explain how quality will be managed for individual calibration or testing projects or contracts,

The following records will also be required:

Quality Records: Various records such as testing or calibration records, assessment results, and any other records which provide objective evidence that you are conforming with the requirements of the ISO/IEC 17025:2017 International Standard

Internal Audit Reports: Recording the areas, documents and records that have been examined to ensure conformance with the QMS. Together with any nonconformity reports.

Records Supporting the Validity of Test or Calibration Results: This should include results of performance tests or inter-laboratory comparison studies, together with the results of intralaboratory performance monitoring studies.
Staff Training Records: Including all training undertaken, together with a plan of intended training activities
Equipment Calibration and Maintenance Records: This should include calibration certificates and maintenance records, together with a calibration and maintenance program.

5 Filing an Application

Filling an application for assessment for accreditation to the ISO/IEC 17025:2017 International Standard, after you have selected your accrediting body, will usually involve completing an application form and usually entail providing information about your laboratory, including the following:

1. What is your desired time frame for accreditation?
2. What is your laboratory's scope of testing or calibration? You will probably also be asked to provide information about your laboratory's capability, such as measurement ranges and the associated uncertainty.
3. What is the legal status of your laboratory?
4. Is your laboratory freestanding or part of a larger facility?
5. What is the status of your existing laboratory management system implementation?
6. What is the state of your laboratory management system documentation?

You may also be asked to submit uncontrolled copies of some or all of the following documents:

1. Quality Manual
2. Set of quality procedures
3. Quality policy
4. Test or calibration methods you wish to be accredited for

If these documents are not required at the application stage, they will be needed later on before the initial document assessment.

The information you provide must be as complete and as accurate as possible, as this will allow the accrediting body to provide you with the best estimates of cost and the likely time frame involved.

After you have completed and submitted the application package, the accrediting body will send either a quote or an estimate of the costs for the assessment. If you have submitted your application to several accrediting bodies (this will not always be possible), it is important to compare the estimates or quotes carefully and ensure you are clear about what you are being offered for your money and what you are being offered meets your requirements.

You will be required, at some time, to sign some documents establishing a contract between your laboratory and the accrediting body. You may be required to do this during the application or after you have received an estimate of costs.

6 Preliminary Assessment

Many accrediting bodies will offer applicants an optional preliminary assessment of their laboratory management system before the accreditation assessment. Preliminary assessments are not required for ISO/IEC 17025:2017 accreditation and are strictly optional, depending

upon a laboratory's needs. The extent of the preliminary assessment is also up to the laboratory.

The principal advantage of a preliminary assessment is that it allows the laboratory to identify and correct any potential problems before the accreditation assessment begins. A preliminary assessment also enables the accrediting body to recognise, in advance, any weaknesses that may exist in the laboratory quality management system.

During the preliminary assessment, the accrediting body will send an assessment team to the applicant's laboratory. This team comprises competent assessors and will assess the laboratory's QMS, records and other documentation, alerting the applicant to any concerns that may interfere with a successful accreditation assessment.

7 Stage 1 Review – Laboratory Management System Documentation

The first phase in the assessment consists of reviewing the documentation associated with the quality management system. Consisting of, at a minimum, a review of:

1. Quality manual
2. Quality policies
3. Quality Procedures

However, depending on your selected accrediting body, the following may also be reviewed:

1. Internal audit schedule
2. Plan of activities to ensure the validity of test or calibration results
3. Test or calibration methods
4. Method validation or verification reports

This review will determine that your QMS meets the ISO/IEC 17025:2017 International Standard requirements, together with any policies established by the accrediting body or relevant mutual recognition agreements. Any deficiencies discovered during the stage 1 review will be reported to you, and you will need to correct these before the onsite assessment.

8 Preparation for an onsite assessment

Before your onsite assessment, you should ensure you have sufficient records available, as evidence, to show that your laboratory is operating following your quality management system and the ISO/IEC 17025:2017 International Standard. In particular, you should have the following evidence available.

8.1 General Requirements

8.1.1 Impartiality

You should have evidence to show that you have endeavoured to identify threats to your laboratory's impartiality. This could be in the form of a list of potential threats you have considered, including:

1. Ownership
2. Governance,
3. Management,
4. Personnel,
5. Shared resources,
6. Finances,

7. Contracts,
8. Marketing (including branding),
9. Payment of a sales commission or other inducement for the referral of new customers
10. Limited customer base
11. Product value is dependent on the content of an analyte

You need to be able to explain how your management is structured to safeguard the laboratory's impartiality.

Where a threat to the laboratory's impartiality has been identified, you need to have records of the actions taken to eliminate or minimise such risk

8.1.2 Confidentiality

You should have copies of example contracts or other legally enforceable documents available as evidence that you can ensure customer information can be kept confidential

You should be able to show how you protect your customer's confidentially interests and how you confidentially ensure your staff work. This could include evidence of training activities which you provide for your staff.

It is also recommended you take steps to protect your customers' confidentiality interests when storing and working on customer samples.

8.2 Structure

Your laboratory's legal nature, together with the management structure and the interrelationships between personnel, should have been discussed in the quality manual submitted with the application and, therefore, would not be expected to be addressed during the onsite assessment.

8.3 Resources

8.3.1 General Requirements

You need to have records to show that you have identified the resources necessary for the laboratory to achieve its objectives. This needs to include:

1. Personnel
2. Accommodation
3. Equipment
4. Facilities
5. Utilities

8.3.2 Personnel

All personnel need to know their respective responsibilities, duties and authorities. This information needs to be communicated to staff, for example, in the form of a job description.

You need to have records to show that you have identified competency requirements for each role within your laboratory. This needs to include education, skills, training and experience. You also need to have a documented training program and have training records that are up to date.

You also need to identify the activities for which specific authorisation is required, criteria for authorisation and records to show who has been authorised to carry out these activities.

8.3.3 Facilities and Environmental Conditions

You need to have written records describing your laboratory's accommodation and utility requirements. You also need to identify any environmental conditions that could affect the results or calibrations delivered by the laboratory and have the means to control, measure, monitor and record these

You need to have appropriate security controls, together with adequate contamination control, such as removing waste and arrangements to clean surfaces.

You also need to show an adequate separation of incompatible activities.

8.3.4 Equipment

You need to have a set of user, functional and operational requirements, including specifications for the accuracy and uncertainty, for each item of measuring equipment in the laboratory, together with evidence that the equipment meets those specifications. These needs include records of activities carried out when commissioning new equipment, together with calibration and maintenance records, together with a calibration and maintenance plan.

Also, you need to have evidence that all equipment can achieve the accuracy and precision required to provide accurate results. This needs to include records of period checks carried out on equipment and where appropriate evidence, such as equipment suitability or quality or control checks, which are carried out as an integral component of a test or calibration, to support the validity of the results provided by the equipment.

In particular, you need to pay specific attention to the following:

1. Purified water supply needs to conform to, and be operated following, the requirements of ISO 3696 Water for analytical laboratory use —Specification and test methods[4].
2. Volumetric glassware needs to conform to and be operated following the requirements of the UKAS guidance document Lab 15 Traceability: Volumetric Apparatus[5]
3. Laboratory balances need to conform to and be operated following the requirements of the UKAS guidance document Lab 14 Guidance on the calibration of weighing machines used in testing and calibration laboratories (Edition 6, October 2019)[6]

Also, you will need to have the following records available, where applicable:

1. The identity of equipment, including software and firmware version;
2. The manufacturer's name, type identification, and serial number or other unique identification;
3. Evidence of verification that equipment conforms with specified requirements;
4. The current location;
5. Calibration dates, results of calibrations, adjustments, acceptance criteria, and the due date of the next calibration or the calibration interval;
6. Record relating to reference materials, results, acceptance criteria, relevant dates and the period of validity;
7. The maintenance plan and maintenance carried out to date, where relevant to the performance of the equipment;
8. Details of any damage, malfunction, modification to, or repair of, the equipment

8.3.5 Externally Provided Products and Services

You need to have records of appropriate specifications for all critical products or services. You should have evidence to show that you have evaluated all your suppliers who provide critical products or services, together with records of ongoing evaluation of suppliers and, where appropriate, actions taken as a result of continuing performance evaluation.

8.4 Resources

8.4.1 Review of Requests, Tenders and Contracts

Your laboratory needs to have evidence that customers' requirements are clearly defined, recorded and understood and that any ambiguities are clarified before testing or calibration activities commence. If changes are made to requirements after work has started, there needs to be evidence that such changes are communicated to personnel.

You need to have records of all communications with your customers.

8.4.2 Methods

You need to have written copies of the methods you use for each test or calibration. These must be in sufficient detail to enable them to be performed consistently by different staff members over a long time.

You need to have objective evidence to convince an expert that your laboratory can properly perform each test or calibration evidence. This can include comparisons with other laboratories.

You need to have evidence of method validation If any of the methods you are using are non – standard methods or standard methods but used outside their scope or have been modified. Such evidence must provide a high level of confidence that the test can consistently deliver valid results. Also, such evidence must be convincing to an expert.

8.4.3 Sampling

If your laboratory carries out sampling activities, you need to have sampling plans and methods which must address the factors that need to be controlled to provide valid test or calibration results. You need to be able to explain how the controls you have implemented will address the factors and potential issues you have identified.

Also, you need to have records of all sampling operations you have carried out.

8.4.4 Handling of test or Calibration Items

You need to have records of all samples or calibration items received by your laboratory. You need to be able to explain how your sample or calibration item management system prevents sample or calibration items from being confused either physically or when referred to in records.

Further, you need to be able to explain how you prevent samples or calibration items from being damaged or contaminated and how you protect them from deterioration.

Also, you need to be ready to demonstrate your sample or calibration item handling procedure.

8.4.5 Technical Records
You can expect to be asked to show a sample of your records of testing or calibration.

8.4.6 Ensuring the Validity of Results.
You need to have a plan of activities to monitor the validity of the results you deliver. You should ensure that you have carried out all of the monitoring activities you have planned to undertake.

It is ILAC policy that a laboratory seeking accreditation for the first time must have carried out either a performance test or an interlaboratory comparison study for each test or calibration it is seeking accreditation. Also, laboratories must carry out at least one performance test or interlaboratory comparison study for each test or calibration for each test it is accredited for during each four-year reaccreditation cycle.

However, the results from such performance tests or interlaboratory comparison studies must convince an expert that the laboratory is competent to perform the tests or calibrations. If the results show a questionable or unsatisfactory performance, further performance testing or interlaboratory comparison studies will be required.

The requirement is that you must have sufficient evidence from performance tests or interlaboratory comparison studies to convince an expert of your competency to perform the tests or calibration. Therefore, a single performance test or interlaboratory comparison might be sufficient for calibrating a meter by comparison with a primary calibration meter, but it probably would not be for the calibration of a primary pH calibration buffer using the Harned cell.

8.4.7 Complaints and Nonconforming Work
You will need to have records of all complaints you have received and nonconformities that have been identified. Although if you are seeking accreditation for the first time, it will be recognised that you might not have many complaints or nonconformities to report.

It is important that you do report all nonconformities identified. If a nonconforming event is identified during the onsite assessment that was not reported when it occurred, that is a nonconformity itself.

You will also need to have records of the corrective actions and be able to explain how those corrective actions will prevent the issue from reoccurring.

When any laboratory introduces new systems and working practices, mistakes will be made as staff become familiar with working in a new environment. Therefore, the assessors will be expecting you to have some nonconformities. Therefore, if you report having no nonconformities, it will probably mean you are not correctly identifying nonconforming events. Alternatively, you are not paying enough attention to the identification of nonconformities.

8.4.8 Control of Data and Information Management
You will need to have evidence that provides a high level of confidence that all computers and other information management systems used in connection with testing or calibration, such as computers controlling measuring equipment, can perform their assigned functions. If

your systems have been in use for some time, you can use that fact as evidence. However, you will need to explain how you are using that evidence to support your conclusions.

Also, you will need to have evidence to show that your information management systems are;
1. Secure from unauthorised access
2. Protected against tampering and loss of data
3. Operated following provider and laboratory requirements
4. Maintained in a manner to assure the integrity of data and information stored

Further, you will need to have records of any system failures or outages, together with the corrective actions taken.

You will also need to have records to show that all calculations and data transfers are systematically checked.

8.5 Management System

8.5.1 Documents and Records

All your documents and records must be readily available and quickly retrievable. Generally, you should be able to supply any document or record within 30 minutes of it being requested, if the document is onsite, and within 24 hours if the document is offsite. However, it would be prudent to have all documents or copies of readily available during the onsite assessment

8.5.2 Management of Risks and Opportunities

You need to have records of the risks and opportunities you have identified, together with the actions you have taken to address them. In particular, this needs to include threats to the impartiality of laboratory operations.

8.5.3 Improvement

You need to have records of the customer feedback you have received and the analysis you have carried out, together with records of any actions you have taken. You need to have evidence of proactively seeking feedback from your customers.

8.5.4 Internal Audits

You need to have a schedule for internal audits. All planned audits must be carried out on time. You will need to have records of the audits that have been carried out, together with records of corrective actions that have been implemented. For a laboratory implementing a quality management system for the first time, it can be expected that mistakes will be made as staff adjust their working practices to working in the new environment.

8.5.5 Management Review

A laboratory seeking accreditation for the first time needs to have records of at least one management review. There need to be records of management reviews, including agendas and minutes, together with records of actions that need to be taken.

9 Onsite Assessment

The onsite assessment will be carried out by a team of two or three assessors, depending on the size of your laboratory, consisting of a lead assessor and one or two other assessors. At least one of the assessors will be an expert in your field of testing or calibration.

The lead assessor will work with you to devise a schedule for the onsite assessment and will send you an agenda before the visit, together with any accommodation needs. The assessors will usually accommodate any requests to make changes to the agenda before the assessment.

The onsite assessment will consist of the following three phases:
1. Opening Meeting
2. The assessment or audit
3. Closeout Meeting

9.1 Opening Meeting

The assessment will start with an opening meeting which will be chaired by the lead assessor, covering the following:
1. **Introductions** are the opportunity for the assessment team and the laboratory's staff to be identified
2. **Objectives** confirming the objectives of the assessment
3. **Scope**. A confirmation of the scope of the assessment
4. **Documented system**. A confirmation that all documents you have supplied assessors are still current.
5. **Schedule**. Reconfirm the agenda. It may be possible to make some changes to the agenda to accommodate changing business needs.
6. **Guides/hosts**. Confirm who will accompany the assessors and who will sign any nonconformity reports.
7. **Logistics** Addressing access to office/meeting facilities and is also an opportunity for you to advise the assessment team of any fire precautions or evacuation procedures, especially if there are any evacuation drills planned.
8. **Confidentiality and security clearance** is an opportunity to discuss any specific confidentiality or security issues. The lead assessor will state that all information collected during the visit will be treated as confidential. No laboratory documents should be taken offsite by the assessors.
9. **Safety equipment**. The assessment team should be made aware of any requirements for safety equipment during the planning stages but confirm any necessary arrangements have been made, including any instructions or training.
10. **Reporting methods**. The lead assessor will explain the accrediting body's arrangements for reporting assessment findings.
11. **Restrictions**. This can be used to appraise the assessment team of any sensitive labour relations, ethnic or language issues the team need to be aware of. In particular, if anyone is particularly sensitive or under stress.
12. **Limitations**. The lead assessor will confirm that as the assessment is based on the examination of a sample of records and a snapshot of time, any issues identified are based on that sample or snapshot. There can be no guarantee that all nonconformities have been identified, and the absence of nonconformities is no guarantee that none exist.
13. **Clarification** is your opportunity to ask questions.
14. **Closeout meeting** will confirm the time and place of the closeout meeting and who will attend.

9.2 Assessment

The purpose of the onsite assessment is to collect evidence of technical competency, and the laboratory is conforming to the requirements of its quality management system and the ISO/IEC 17025:2017 International Standard. This will be done by:

1. **Reviewing training records:** Ensure all your records are up to date and all training requirements have been completed.
2. **Looking at the laboratory facilities and environmental controls**: Clause 6.3.2 requires you to document your requirements for facilities and environmental conditions. You should have this information readily available. It is also recommended that you document your current facilities, including accommodation (laboratory and sample storage space, controls to prevent contamination, and separation of incompatible activities), utilities (including the capacity of electric circuits), and access controls.
3. **Reviewing equipment calibration and maintenance records**: Ensure all your calibrations are current and all maintenance activities have been carried out. If any equipment is outside its calibration period, ensure it has been taken out of service or appropriately labelled.
4. **Reviewing your records for external providers**
5. **Tender and contract reviews**.
6. **Witnessing the performance of specific tests or calibrations**: One of the objectives of the onsite assessment is to determine that the laboratory is competent to perform the tests it is seeking accreditation. Ideally, this will be done by observing laboratory staff performing their routine work. However, the assessors can request a demonstration of a specific test if it is not currently being carried out. You may be asked to explain how you select a suitable method to test specific samples or calibrate a particular item
7. **Witnessing sampling procedures**: The assessors will probably want to observe sampling taken place, including a demonstration of the sampling processes. The assessors will ask you to explain the controls necessary to ensure the validity of the results.
8. **Witnessing the handling of samples or calibration items**: The assessors will need to see how samples are handled as they arrive in the laboratory. This will include:
    i. Inspecting the samples for deviations from specified conditions
    ii. Recording the samples or calibration items into the laboratory's sample or calibration item management system. Including identifying the specific sample or calibration item
    iii. Storing the samples or calibration items
9. **Reviewing technical records**: The assessors will review a sample of the records created during testing or calibration activities to ensure all the required information has been captured contemporaneously together with the identity of the person performing the task and the date the entry was made. You can expect to be asked to reconstruct the calibration or test from the records.
10. **Reviewing the results of activities to ensure the validity of results**: The assessors will review the results of the proficiency tests or interlaboratory comparisons you have participated in, together with your intralaboratory activities. The assessors will review your analysis of data from monitoring activities and any action you have taken as a result of that analysis. *NOTE: You should have sufficient evidence from proficiency testing or interlaboratory comparisons to convince an expert of your competency to perform each test or calibration you wish to be accredited.*
11. **Reviewing your reports or certificates**: The assessors will review your reports or certificates to ensure they conform to the requirements of the International Standard.
12. **Reviewing complaint and nonconformity records**: The assessors will ask to see your complaint and nonconformity records to ensure complaints and nonconformities are being handled correctly. The assessors can be expected to ask to see evidence to demonstrate you have sought to identify any trends or reoccurrences and have taken actions to address them.

13. **Checking your information management systems**: The assessors may ask you to demonstrate or discuss the controls you have in place to ensure your computer systems are secure and the data is protected against tampering, corruption and loss.
14. **Discussing the actions, you have taken to identify and address risks and opportunities**. The assessors may wish to discuss with you the risk and opportunities you have identified. In particular, you should have discussed any risks to the laboratory's impartiality.
15. **Discussing your improvement activities**: In particular, the assessors will wish to see your customer feedback.
16. **Reviewing internal audits reports**: The assessor will review your internal audit reports. You should have reports for each audit carried out, and you should carry out all audits on schedule.
17. **Reviewing management review records**: The assessors will review the outputs from your management reviews. You should have carried out at least one management review before your onsite assessment.

The assessors may identify nonconformities with either the ISO/IEC 17025:2017 International Standard or with your laboratory's quality management system during the assessment. These should be discussed with the assessors at the time. Any evidence that corrects or mitigates nonconformities should be presented as soon as possible and before the closing meeting.

You may wish to perform corrective actions on simple nonconformities during the assessment and present that to the assessor during the assessment. Although you can do this, the assessor may be reluctant to consider this during the assessment as it requires time to consider which could be spent carrying out the assessment. The nonconformity will still appear in the record of the assessment. Many accrediting bodies have now established a policy of not accepting corrective actions during assessments. Any nonconformity raised during the audit will require a written response after the assessment.

9.3 Closing Meeting

A closing meeting will be held at the end of each assessment consisting of a meeting between the assessment team and the laboratory's management. You can decide who in your laboratory will attend. This meeting communicates the findings of the assessment and the recommendation to be made to the accrediting body. It is not intended to be a training session for your laboratory staff.

The closing meeting will discuss the following:

1. **Introductions**. Only necessary if any of the attendees have not previously met.
2. **Objectives**. outline the objectives of the assessment
3. **Scope**. A confirmation of the scope of the assessment
4. **Reporting**: The lead assessor will explain the accrediting body's arrangements for reporting the assessment and is often a written report. The lead assessor will provide an estimate of the time when it will be available.
5. **Limitations**. The lead assessor will confirm that as the assessment is based on the examination of a sample of records and a snapshot of time, any issues identified are based on that sample or snapshot. There can be no guarantee that all nonconformities have been identified, and the absence of nonconformities is no guarantee that none exist.
6. **Presentation of all findings**. Including an explanation of all nonconformities identified during the assessment. All nonconformities identified during the assessment should have

been discussed, and any evidence that may mitigate or remove a nonconformity presented when the nonconformity was raised. The closing meeting is not the place for discussions on evidence that should have been made available during the assessment. Any information supplied during the closing meeting will be considered later.

7. **Summary**. Including the recommendation for accreditation.
8. **Clarification**. Your opportunity to ask questions.

10 Corrective Actions

If any nonconformities are identified during an assessment, you will be required to correct the nonconformity and take corrective actions to prevent a reoccurrence, if appropriate. All nonconformities require a written response, including how you have corrected the nonconformity and your actions to prevent a reoccurrence. As your proposed corrections and corrective actions must, in fact, correct and prevent a reoccurrence of the issue, you should explain how your actions will achieve this. You will usually have between sixty and ninety-day to provide your response. Once the assessors are satisfied with your response, the nonconformity(ies) will be closed, and the accrediting body will make its accreditation decision.

11 References

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