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1. INTRODUCTION

1.1. PREAMBLE

A forensic service provider delivering covered services may participate in one or more of the ANSI National Accreditation Board (ANAB) forensic accreditation programs to demonstrate that its technical operations and overall management system meet ISO/IEC 17025 and/or ISO/IEC 17020 requirements, applicable ANAB accreditation requirements, and applicable additional requirements. The ANAB accreditation programs consider the conformance, competence, and effectiveness of the overall management system when granting accreditation.

This document explains the operational activities and responsibilities of ANAB and forensic service providers seeking or maintaining accreditation. Unless specified, all references to ANAB documents and documents from other entities are to the current versions. Most ANAB documents are accessible at anab.org. ILAC documents are accessible at ilac.org.

1.2. ACCREDITATION REQUIREMENTS

A forensic service provider may seek accreditation in more than one ANAB accreditation program based on the services provided to its customers. The forensic service provider must demonstrate conformance to the applicable requirements in ISO/IEC 17025 General requirements for the competence of testing and calibration laboratories and/or ISO/IEC 17020 Conformity assessment –Requirements for the operation of various types of bodies performing inspection, as well as the applicable ANAB accreditation requirements, additional requirements where applicable, and the forensic service provider’s own documented management system. Conformance to all applicable requirements is mandatory in order to achieve and maintain accreditation. If a requirement does not apply to the work conducted by the forensic service provider, the requirement will be determined to be “not applicable” during the assessment activity.

Additional requirements that a forensic service provider has incorporated into its management system will also be assessed (e.g., The FBI Quality Assurance Standards for Forensic DNA Testing Laboratories, The FBI Quality Assurance Standards for DNA Databasing Laboratories, ABFT Forensic Toxicology Laboratory Accreditation Checklist). During assessment activities, a nonconformance to any of these additional requirements will be correlated to an applicable requirement in ISO/IEC 17025, ISO/IEC 17020, or an ANAB accreditation requirement. Based upon a Memorandum of Understanding between the FBI and ANAB and in accordance with ANAB’s designated status as an approved accrediting agency by the National DNA Index System (NDIS) Procedures Board, a forensic service provider seeking to participate or participating in NDIS must be assessed by ANAB to all applicable FBI Quality Assurance Standard Audit Documents during initial assessments and reassessments.

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1 Appropriate language from ILAC-G19, as published by the International Laboratory Accreditation Cooperation (ILAC) was considered and included in developing the ANAB Accreditation Requirements.
1.3. ACCESS TO ANAB DOCUMENTS

Access to ANAB forensic accreditation program documents is provided on ANAB’s website at www.anab.org under Forensic ISO/IEC 17025 Documents and Forensic ISO/IEC 17020 Documents. Forensic service providers are encouraged to review all relevant documents related to the program(s) for which they are accredited or seeking accreditation which include: this Accreditation Manual, Application Documents (including a form to request changes to the scope of accreditation), Requirement Documents, Guidance Documents and Other Documents.

1.4. DOCUMENT REVISIONS

ANAB will notify accredited and applicant customers of changes to an ISO/IEC standard or ANAB accreditation requirements.

ANAB will specify a timeframe and the mechanism for transitioning to new and/or revised accreditation requirements. ANAB’s intent is to give customers a reasonable amount of time to implement any required changes.

The customer is responsible for monitoring other relevant forensic accreditation documents (e.g., Accreditation Manual, guidance documents, forms) posted on www.anab.org to ensure that they are using the most current version.

1.5. SCOPE OF ACCREDITATION

A forensic service provider may apply for accreditation in the fields of Forensic Science Testing, Forensic Science Calibration, and/or Forensic Science Inspection.

Disciplines of testing, calibration and inspection for which accreditation is offered can be found in Forensic Draft Scope of Accreditation (FA 3068). Forensic service providers seeking accreditation in a discipline or type of test, calibration or inspection not currently listed on the draft scope of accreditation should contact ANAB to discuss the availability of accreditation for that service.

Within each discipline, the forensic service provider will identify a complete listing of the types of testing, calibration, or inspection in which accreditation is being sought.

The forensic service provider must demonstrate competence for all requested services on the draft scope of accreditation. This demonstration of competence must cover personnel who are currently authorized to perform the work, use methods currently approved by the forensic service provider, and cover the range of results reported for the scope of accreditation. Competence can be demonstrated through records and reports, mock work, monitoring activities (proficiency testing, other interlaboratory comparisons, intralaboratory comparisons or observation-based performance monitoring) or a combination of these. It is preferable to see work completed within the last twelve months, but older work may be considered for relevance on a case-by-case basis.

When published on a forensic service provider’s Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. The forensic service provider may add or modify test, calibration and
inspection methods without formal notice to ANAB for item(s) and key equipment/technology already listed within a single activity (row) on the provider’s published Scope of Accreditation. Any changes to the published Scope of Accreditation, including the addition of item(s) and key equipment/technology will be evaluated by ANAB. Information regarding scope changes is available in sections 4.7 – 4.9 of this manual and in the Request for Changes to Scope of Accreditation (FM 3035) form. Please contact your Accreditation Manager/Director or email QualityMatters@anab.org to discuss your specific situation.

Forensic service providers seeking accreditation may elect to not include an area of testing, calibration, or inspection services on their scope of accreditation; however, they must not claim or imply accreditation in any area for which accreditation is not granted.

2. PREPARING FOR THE ASSESSMENT

2.1. PREPARING FOR APPLICATION

A required part of the forensic service provider’s preparation for an assessment is the determination and documentation by the forensic service provider that it meets all applicable accreditation requirements. To make this determination, ANAB requires several actions prior to application for accreditation.

Any forensic service provider preparing for ANAB accreditation should be in possession of the applicable and most current version of the following program documents:

- ISO/IEC 17025 and/or ISO/IEC 17020 (licensed copy)
- MA 3033 Accreditation Manual for Forensic Service Providers
- ANAB Accreditation Requirements (AR 3125 for testing/calibration, AR 3120 for inspection)
- Forensic Service Provider Application for Accreditation (FA 3067) (including required draft scope of accreditation)
- If applicable, additional requirements (e.g., FBI Quality Assurance Standards, ABFT requirements)

ISO standards may be purchased from national standards bodies, including the American National Standards Institute (ANSI) at ansi.org. Other authorized distributors may also be found by searching the internet.

Once a forensic service provider has obtained a licensed copy of ISO/IEC 17025 and/or ISO/IEC 17020, notification must be sent to ANAB by submitting an ISO/IEC Document Ownership Certification (FM 3058) form to QualityMatters@anab.org. After a completed certification form is on file with ANAB, the forensic service provider will be given access to the appropriate checklist(s) used to document conformance with applicable accreditation requirements in preparation for assessment.

All other documents listed above are available for download on the ANAB website at www.anab.org. General questions about preparing for ANAB accreditation may be directed to QualityMatters@anab.org or 414-501-5494.
The forensic service provider is expected to complete an internal audit (refer to the applicable ISO/IEC requirements related to internal audits) that evaluates its compliance with all accreditation requirements and its own management system requirements and includes witnessing of a sampling of the proposed scope of accreditation. Following the internal audit, and prior to making application for accreditation, the forensic service provider should implement appropriate correction(s) and corrective action(s) to address any nonconformance identified during the internal audit.

Within the 12-month period prior to the initial accreditation assessment, the customer shall also complete a management review that conforms to accreditation requirements.

The customer shall participate in proficiency testing and/or inter-laboratory comparison (PT/ILC) as specified in the applicable ANAB accreditation requirements prior to the initial granting of accreditation. If PT/ILC is not available or there are no accredited providers, the customer shall submit a completed Alternative Proficiency Test Request (FM 3041) form to request approval from ANAB to use a non-accredited provider or another form of quality assurance.

2.2. FORMAL APPLICATION

A formal application for accreditation is required for an initial assessment or reassessment and is made by submitting the Forensic Service Provider Application for Accreditation (FA 3067) along with a Forensic Draft Scope of Accreditation (FA 3068) for each location to QualityMatters@anab.org. The application and attachments must be submitted in English or Spanish in an electronic format unless another arrangement has been made with ANAB. An appropriate application fee must be submitted with the application (see section 11.1).

By submitting a signed application, the forensic service provider agrees to the Terms and Conditions for Accreditation (AG 1008) as specified in the application documents.

If a forensic service provider has submitted an application for accreditation to ANAB but has not actively pursued accreditation for a period of one year, a new application and application fee may be required.

2.3. PLANNING VISITS

Forensic service providers may request a planning visit based upon their needs. A planning visit may include:

- providing an overview of ANAB and the accreditation process
- resolving any questions concerning the planned scope of accreditation for the assessment
- reviewing management system documents to identify any missing components
- reviewing conformance with specific requirement topics of interest
- providing a written report

A planning visit will not:
- provide consulting
- include resolution of findings of nonconformance
- lead to a decision to grant accreditation
3. THE ASSESSMENT PROCESS

Unless otherwise agreed upon, all assessments will be conducted in English. When translation or interpretation services are necessary, this may result in additional fees.

3.1. SCHEDULING OF THE ASSESSMENT ACTIVITY

ANAB will coordinate with the forensic service provider to set an assessment activity date that is satisfactory to both parties.

3.2. APPOINTMENT OF THE ASSESSMENT TEAM

ANAB will determine the size of the assessment team and the duration of the assessment activity based upon the scope of accreditation and the type of assessment activity being conducted (e.g., initial assessment, reassessment, surveillance). The function of the assessment team is to fairly and objectively evaluate the forensic service provider’s competence and conformance to effectively operate within the scope of accreditation.

A Lead Assessor will oversee each assessment activity. For initial assessments and reassessments, the assessment team will include individuals knowledgeable in the types of work performed under each discipline on the requested scope of accreditation. For surveillance activities, the team structure will vary depending upon the type of surveillance (see section 5.2).

The forensic service provider will be given an opportunity to review the list of selected assessment team members for the purpose of identifying any potential conflict of interest or other objection. ANAB reserves the right to assign members to the team, but feedback from the forensic service provider will be given due consideration.

The forensic service provider can request the qualifications of any member of the assessment team.

3.3. LOGISTICS OF THE ASSESSMENT

The Lead Assessor will communicate with the forensic service provider to develop an Assessment Activity Plan prior to the assessment. The plan will confirm the assessment dates, the scope of the assessment, documents/records that will be required for review by the assessment team and any other anticipated special needs. All team members must have access to necessary documents/records for independent review. At the forensic service provider’s discretion, direct access to their electronic document/record system may be provided to the team (e.g., an individual computer terminal, guest logon, accessible Wi-Fi). If an electronic document/record system will be used by the team, an orientation to the system will need to be provided. The forensic service provider must provide a conference room or other adequate private meeting space for use by assessment team members physically at locations being assessed.

In unusual circumstances, ANAB may need to extend the duration of the assessment activity in order to provide the Lead Assessor and/or a team member additional time to review objective evidence if competence and conformance cannot be established during the original activity timeframe. In these instances, a revised Assessment Activity Plan will be provided outlining the
areas subject to assessment. The forensic service provider will be invoiced for the costs associated with the extension of the assessment activity. If the forensic service provider does not agree to the extension of the assessment activity, accreditation may be denied or an area (e.g., discipline, component, item, technology) may not be included in the scope of accreditation.

3.4. CONFORMANCE CHECKLIST

The forensic service provider must complete the applicable ANAB conformance checklist to provide objective evidence of conformance for each accreditation requirement. A completed checklist and the supporting management system documents (e.g., technical procedures, training manuals, quality manual) in electronic format are to be provided no less than 30 calendar days prior to the scheduled assessment date. For additional information and instruction for completing the conformance checklist contact QualityMatters@anab.org.

3.5. DOCUMENT REVIEW

The Lead Assessor will complete an initial review of the forensic service provider’s management system using the completed conformance checklist and supporting documents. The purpose of the review is to determine, to the extent possible, the forensic service provider’s conformance with accreditation requirements. For initial assessments, reassessments and scope extensions, the Lead Assessor will inform the forensic service provider of any questions, comments, and/or “gaps” identified during the document review. A gap means that it is not clear how the forensic service provider conforms to an accreditation requirement, or it may indicate the absence of one or more required documents which the forensic service provider must have in place to conform to specific accreditation requirements. The forensic service provider is encouraged to submit the conformance checklist well in advance of the scheduled assessment to allow itself sufficient time to address gaps identified during this part of the process. While the forensic service provider is not required to respond to any questions or identified gaps; ideally, questions and gaps can be addressed before the next step of the assessment activity commences. Excessive issues or concerns arising from an initial document review could lead to a recommendation from the Lead Assessor to suspend the assessment process until the gaps are appropriately addressed.

3.6. OPENING MEETING

The assessment team will meet with the director of the forensic service provider and others designated by the director to review the assessment plan and confirm the intended scope of the assessment. As applicable, the forensic service provider should inform the team of any facility rules (e.g., safety, security).

Once the assessment has commenced, any changes to the requested scope of the assessment must be communicated to the Lead Assessor and ultimately approved by an ANAB Accreditation Manager/Director.
3.7. EVALUATING OBJECTIVE EVIDENCE

Following the opening meeting, the assessment team will independently conduct the assessment activity. The Lead Assessor will arrange for status updates with the director and designee(s).

The evaluation of conformance, competence, and effectiveness will be accomplished using a variety of assessment techniques that may include witnessing of activities, interviews with personnel, and review of documents and records. The techniques utilized will be based on the type of assessment activity.

Initial assessments and reassessments will include the following for each discipline listed on the requested scope of accreditation:

- A sample of personnel performing authorized functions (testing, calibration, inspection) will be witnessed by assessors during the assessment process.
- A sample of personnel covered under the forensic service provider’s management system will be interviewed. Interviews may take place in a variety of ways including, but not limited to, questions posed before or after witnessing or related to review of records or reports.
- A sample of documents and records will be reviewed by the assessment team.
  - If possible, any documents and records requested by the assessment team in advance should be available electronically or in the team’s designated meeting space.
  - Additional documents and records will be requested by the team.
  - Reports\(^2\) will be reviewed to ensure that results are supported by adequate technical records. The sample of reports reviewed will encompass each component/parameter listed on the requested scope of accreditation.
- The assessment team will evaluate the testing, calibration, and/or inspection process from the request for service to reporting by the forensic service provider. The review will consider the effectiveness of the overall management system policies and procedures.

Scope extensions (see section 4.9) and surveillance activities (see section 5.2) will include some or all of the aforementioned techniques.

3.8. CORRECTIONS MADE DURING AN ASSESSMENT ACTIVITY

The Lead Assessor has the authority to review and accept corrections made during an assessment activity and to report to ANAB conformance with an accreditation requirement based upon the completed correction during the activity. The decision to allow correction is at the discretion of the Lead Assessor and will be documented. The forensic service provider should ensure that any correction is carried out in accordance with its own procedures.

\(^2\) “Forensic service provider reports” include test, inspection, or calibration reports, labels or certificates.
3.9. RESULTS OF ASSESSMENT

The Lead Assessor will determine assessment findings based upon objective evidence gathered by the assessment team. For each accreditation requirement assessed, the Lead Assessor will determine whether the forensic service provider is conforming with the requirement, nonconforming with the requirement, or that the requirement is not applicable. The Lead Assessor may also report a finding of conforming with comment when an opportunity for improvement exists for a conforming practice.

3.10. CLOSING MEETING REPORT

The assessment concludes with a closing meeting between the assessment team, the director of the forensic service provider and any personnel the director wishes to be present. The purpose of the closing meeting is for the Lead Assessor to formally present the assessment findings. The report provided will include statements related to competence and conformance and if applicable, a list of any nonconformities and formal comments.

3.11. RESOLUTION OF FINDINGS OF NONCONFORMANCE

Within thirty calendar days from the closing meeting, the forensic service provider must provide an update for each nonconformity identified during the assessment activity. The update must include an evaluation of the nonconforming occurrence (extent and cause), a proposed action plan, and schedule for implementation and completion. The Lead Assessor will review the information for sufficiency. Once approved the forensic service provider can move forward with implementation of the action plan.

Objective evidence of implementation of the proposed action plan, sufficient to provide confidence that the work product and integrity of items is no longer negatively impacted, is required to resolve any nonconformity. The forensic service provider has sixty days from the closing meeting to complete the resolution process to the satisfaction of the Lead Assessor. ANAB reserves the right to require a follow-up assessment activity to confirm the resolution of any finding of nonconformance.

In the event that any nonconformity is not resolved within sixty days, the matter will be referred to the Vice President or designee to determine the appropriate course of action. Failure to resolve a nonconformity within sixty days may result in the termination of the accreditation process or a sanction against the forensic service provider’s existing accreditation.

3.12. COMMENTS

A finding of conforming with comment in a report does not constitute a nonconformity. The forensic service provider is not required to respond to comments.

3.13. REPORT AFTER RESOLUTION OF NONCONFORMITIES

As applicable, a report will be provided that will include a summary of actions taken by the forensic service provider to resolve each nonconformity.
4. ACCREDITATION

4.1. ACCREDITATION DECISION

The accreditation decision is made by the Vice President or designee based on the results of the assessment activity, supporting records, and any other relevant information available. Accreditation will be limited to those disciplines where the forensic service provider was determined to be competent by the assessment team.

4.2. ACCREDITATION CERTIFICATE AND SCOPE DOCUMENTS

Once accreditation is granted, the forensic service provider will be provided a Certificate of Accreditation and a corresponding Scope of Accreditation. The certificate will bear a unique certificate number and indicate the date of expiration. In addition to the information on the certificate, the scope document will specify the field, discipline(s), and types of tests, calibrations, or inspections in which accreditation has been granted. This information will be specific to each location where testing, calibration, or inspection work is performed.

The accreditation expiration date will be assigned to allow ANAB to establish a set month for conformance monitoring and reassessment of the forensic service provider while also ensuring that there is sufficient time prior to the expiration date for the forensic service provider to resolve any nonconformities identified during a reassessment.

Although presented to the forensic service provider, each Certificate of Accreditation and Scope of Accreditation document remains the property of ANAB. The forensic service provider must surrender the Certificate of Accreditation and Scope of Accreditation documents if requested to do so by ANAB.

4.3. ACCREDITATION CEREMONY

A representative of ANAB will formally present the accreditation certificate at an accreditation ceremony if requested to do so by the forensic service provider. The forensic service provider will be invoiced for associated travel expenses.

4.4. POST-ASSESSMENT ACTIVITY SURVEY

The effectiveness of the assessment activity and accreditation program depends largely on the preparation and performance of the ANAB assessment team. The director of the forensic service provider will be given the opportunity to complete a post-assessment activity survey on the assessment process. Constructive criticism is important for identifying areas of improvement. Positive feedback is equally valuable for identifying areas where ANAB meets or exceeds expectations. Directors are also encouraged to submit written suggestions for improvements at any time to QualityMatters@anab.org.

4.5. TERMS AND CONDITIONS FOR ACCREDITATION

The forensic service provider shall conform to the ANAB Terms and Conditions for Accreditation (AG 1008).
4.6. DISCLOSURE OF SIGNIFICANT CHANGES, EVENTS, AND NONCONFORMITIES

As a condition of accreditation, each ANAB accredited forensic service provider shall inform ANAB of significant changes, events, and nonconformities relevant to its accreditation. Notice and disclosure to ANAB must be submitted electronically to QualityMatters@anab.org.

Notice of changes must be submitted within thirty calendar days of the change. Relevant changes include:

- a change in legal, commercial, ownership or organizational status
- a change in its placement within the organizational structure of a larger agency
- a change in the director or quality manager
- a change in the main policies, processes and procedures impacting accredited testing, calibration, or inspection activities
- a change in the physical addresses of locations where accredited testing, calibration, or inspection activities occur
- a change in capability to provide accredited services listed on the scope for each location
- significant changes to resources (e.g. staffing levels, equipment, facilities) supporting accredited testing, calibration, or inspection activities
- other such matters that may affect the ability of the forensic service provider to fulfill requirements of accreditation

Any significant event or significant nonconformity related to an accreditation requirement for which there is a reasonable expectation that knowledge of the event or nonconformity by interested parties external to the forensic service provider would call into question the quality of the forensic service provider’s work or the integrity of its personnel must be disclosed within thirty calendar days upon the director or quality manager recognizing it as significant. Failure to disclose significant events or nonconformities may result in sanctions. ANAB recognizes that a forensic service provider may be prohibited from providing details of certain events or nonconformities due to internal investigations and/or legal requirements; however, the forensic service provider is still obligated to disclose to ANAB, at a minimum, that the event/nonconformity occurred, the nature of the event/nonconformity and the date it was deemed significant. When possible, the forensic service provider should describe what action(s) it has taken or plans to undertake (refer to section 7.10 of ISO/IEC 17025:2017, and/or section 8.7 of ISO/IEC 17020:2012). Updates shall be provided to ANAB as requested.

Corrective actions will be reviewed during the next regularly scheduled reassessment or conformance monitoring activity.

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3 The primary example of “interested parties,” in this context, are those who use or rely on accredited testing, calibration, or inspection services.
4.7. TEMPORARILY OR PERMANENTLY DISCONTINUING AN ACCREDITED SERVICE

A forensic service provider is obligated to inform ANAB in writing within thirty calendar days of any change that causes an accredited testing, calibration or inspection service to be temporarily or permanently discontinued. This includes, but is not limited to, the inability to provide a service due to the lack of personnel, the temporary shut-down of a service for quality reasons and the decision to stop providing a service due to lack of customer requests. Complete a Request for Changes to Scope of Accreditation (FM 3035) form and submit to QualityMatters@anab.org.

Upon notification, ANAB will determine if any revisions are needed to the Scope of Accreditation. As applicable, a revised Scope of Accreditation will be provided to the forensic service provider. The forensic service provider may not, in any way (including reports, websites and testimony), state or imply ANAB accreditation for work conducted in the affected area subsequent to the date that the discipline and/or type of test, calibration, or inspection was removed from the scope. The forensic service provider is required to immediately notify affected customers of the change in services provided and the associated consequences of the change.

To have the discipline or type of test, calibration, or inspection reinstated on the scope document, the forensic service provider must meet requirements and/or conditions determined by ANAB within any specified time limits.

4.8. MOVING AN ACCREDITED LOCATION OR ADDING A NEW LOCATION

A forensic service provider’s accreditation is specific to the physical location(s) listed on the Scope of Accreditation. A change in the address of a location currently listed requires notification to ANAB within 30 days of the change. Complete a Request for Changes to Scope of Accreditation (FM 3035) form and submit to QualityMatters@anab.org.

For both the move of an accredited location or the addition of a new location to the scope of accreditation, the forensic service provider will be required to provide objective evidence of conformance with accreditation requirements that are potentially impacted. ANAB will review the specific scenario to determine the type of assessment activity required.

4.9. EXTENDING THE SCOPE OF ACCREDITATION

A forensic service provider may seek accreditation in a discipline and/or a type of test, calibration, or inspection not currently listed on the Scope of Accreditation at any time. An extension of scope requires objective evidence of conformance with accreditation requirements that are potentially impacted by the scope extension. Complete a Request for Changes to Scope of Accreditation (FM 3035) form and submit to QualityMatters@anab.org. The information provided will be evaluated to determine the type of assessment activity required. The process for a scope extension will be the same as specified in sections 3.1 – 3.13.
4.10. REASSESSMENT

The assessment cycle is the period of time from the date of an initial assessment to the date of the subsequent reassessment. In order to avoid a lapse in accreditation, reassessment should occur according to the reassessment and conformance monitoring schedule provided to the forensic service provider by ANAB. The typical assessment cycle for accreditation to ISO/IEC 17020 and ISO/IEC 17025 is four years but can vary based upon ANAB and customer needs. The assessment cycle for the ABFT Forensic Toxicology Laboratory Accreditation Checklist is two years, as required by ABFT.

A forensic service provider seeking to renew accreditation is required to submit a completed application, with all required attachments. The suggested timeframe for submission of the application is six months prior to the established reassessment month. The reassessment process follows the same process as described in sections 3.1 - 3.13.

5. CONFORMANCE MONITORING

5.1. RETAINING ACCREDITATION STATUS

To retain accredited status until the assigned expiration date, a forensic service provider is expected to continue to meet the requirements under which it was accredited. The principal means by which ANAB monitors conformance are surveillance activities, proficiency testing reports submitted to ANAB by accredited proficiency test providers, and forensic service provider self-disclosure of significant events and nonconformities.

ANAB may contact a forensic service provider at any time to inquire about or request documentation and/or records regarding any aspect covered by the scope of accreditation. ANAB also retains the right to monitor the on-going performance of a forensic service provider through all reasonable means available.

5.2. SURVEILLANCE ACTIVITIES

ANAB establishes an assessment program based on the customer's proven stability and competence. The interval between ANAB's on-site assessment activities will typically not exceed two years. The surveillance activity schedule will be provided to the forensic service provider subsequent to the accreditation decision and may include the following:

- **Surveillance Assessment**: A review that focuses on a subset of accreditation requirements applicable to the management system and one or more disciplines listed on the scope of accreditation.

- **Surveillance Document Review**: A review that focuses on a subset of accreditation requirements applicable to the management system.

Surveillance activities will follow the assessment process described in sections 3.1 - 3.13. Surveillance activities may be assigned to a single assessor or an assessment team.
Personnel performing authorized testing/calibration/inspection activities will be witnessed by an assessor during all surveillance assessments to monitor the on-going conformance, competence and effectiveness of the forensic service provider.

Based on the report of the surveillance activity and supporting documentation, the Vice President or designee will make a decision on continuation of accreditation. If the report from a surveillance activity raises serious concerns about the quality or integrity of the forensic service provider’s work, appropriate action will be taken. Action may include a change in the type of scheduled surveillance, additional surveillance assessments, a focused interim assessment or a reassessment.

5.3. SURVEILLANCE CONFORMANCE CHECKLIST

Each accredited forensic service provider shall electronically submit a conformance checklist in accordance with the surveillance activity schedule provided by ANAB. Access to the appropriate conformance checklist(s) will be provided by ANAB approximately 90 days prior to the scheduled activity. The conformance checklist contains all accreditation requirements; however, surveillance activities only require assessment of a subset of requirements. For each accreditation program, a document showing the subset of requirements applicable to each type of assessment activity is available at www.anab.org. The forensic service provider is required to complete a conformance checklist that provides evidence of conformance for the subset of requirements identified in the document for the applicable program (Minimum Requirements for Assessment Activities). The completed conformance checklist is due no later than 30 days prior to the scheduled surveillance activity and notification of completion must be provided to ANAB at QualityMatters@anab.org.

5.4. PROFICIENCY TESTING

Forensic service providers must abide by the proficiency testing requirements of the applicable accreditation program. Failure to do so could result in a sanction. Proficiency test participation and performance are reviewed by ANAB.

5.5. ACCREDITATION STATUS

Once accreditation has been granted, it is expected that the forensic service provider will consistently remain in conformance with the requirements under which it was accredited. ANAB acknowledges that unforeseen circumstances may cause temporary nonconformance with some of the requirements. When the forensic service provider recognizes that it is experiencing or has experienced a period of nonconformance, it must take action to come back into conformance and to correct any nonconforming work (refer to section 7.10 of ISO/IEC 17025:2017, and/or section 8.7 of 17020:2012).

At ANAB’s discretion, based on a request or notification from the forensic service provider, accreditation may be placed in “inactive” status. Inactive status applies to the entire scope of accreditation as a whole and may be suitable in situations such as a facility relocation/renovation, personnel change or ownership change that temporarily prevents the forensic service provider from adhering to requirements and/or conditions for accreditation.
Inactive status will not be used in situations where there are technical concerns related to personnel or the work being conducted.

Situations that may lead to the sanctioning of a forensic service provider’s accreditation status include, but are not limited to:

- Significant concerns on the part of ANAB related to the forensic service provider’s technical competence or work product
- Failure to take timely, appropriate and/or required corrective actions to resolve nonconformance with any accreditation program requirement
- Failure to meet the terms and conditions for accreditation (see section 2.2 or 4.5)
- Misuse of ANAB accreditation symbols or misleading claims of accreditation
- The negative outcome of a complaint investigation
- Non-payment of fees

Sanctions imposed by ANAB include:

- **Suspension** – temporary removal of one or more accredited services from the scope of accreditation until very specific conditions are met
- **Reduction** – removal of one or more accredited services from the scope of accreditation
- **Withdrawal** – cancelling a forensic service provider’s accreditation

A forensic service provider may not, in any way (including reports, websites and testimony), state or imply accreditation by ANAB for services provided that are under sanction. A customer who is no longer accredited or whose scope of accreditation has been reduced or suspended shall immediately cease use of the ANAB accreditation symbol (and ILAC mark, if applicable) for the affected services and shall immediately notify affected customers of the suspension, reduction or withdrawal of accreditation or if their accreditation status is designated as inactive, and the associated consequences of the change.

Accreditation may be reinstated when the forensic service provider can demonstrate to the satisfaction of ANAB that all deficiencies which resulted in suspension have been corrected. This may require an interim assessment. Failure to comply with specified requirements and/or conditions will lead to progressively increased sanctions.

A forensic service provider which has had the scope of accreditation reduced must follow the process for extending the scope of accreditation to have the accredited service reinstated. A forensic service provider which has had accreditation withdrawn must submit a new application for accreditation and submit to the entire assessment process to regain accreditation.

### 5.6. INTERIM ASSESSMENTS

When information comes to ANAB which indicates that an accredited forensic service provider has failed to remain compliant with accreditation requirements, an interim assessment may be initiated. The scope of the assessment will be determined by the Vice President, based on the nature of the concerns brought to ANAB’s attention.
6. APPEALS AND COMPLAINTS

6.1. APPEALS

The director of the forensic service provider, or an authorized designee, has the right to appeal any decision or action taken by ANAB. Examples of decisions that can be appealed include:

- ANAB’s refusal to accept an application,
- ANAB’s refusal to proceed with an assessment,
- ANAB’s issuance of a finding of nonconformance,
- ANAB’s decision to revise a forensic service provider’s scope of accreditation,
- ANAB’s decision to deny, suspend or withdraw accreditation, and
- Any other action ANAB takes that impedes the attainment or maintenance of accreditation.

The procedure for submission and handling of appeals is described in ANAB PR 6000 Appeals and Complaints.

6.2. COMPLAINTS

A description of the ANAB complaints process and the form for lodging a complaint can be found on the ANAB website at www.anab.org/complaintprocess.

7. CONFIDENTIALITY

To ensure confidentiality, ANAB employees, assessors, committee members, and other participants in the assessment and accreditation process are required to sign a Code of Conduct agreement prior to participation.

All information ANAB acquires in relation to ANAB accreditation activities, except for accreditation information that is required to be made public and information made publicly available by the forensic service provider, is treated as confidential by all ANAB employees, agents, councils, and committees, and any contractors or subcontractors. Such information shall not be disclosed to any unauthorized party without the written consent of the forensic service provider, except when the law requires disclosure. When ANAB is required by law to release such information, the forensic service provider shall be informed of the information provided.

ANAB may provide access to confidential information to accreditation peer evaluators from accreditation bodies recognized by ILAC, IAF, or regional cooperations (e.g., APAC, IAAC) or other oversight bodies that have signed appropriate nondisclosure agreements regarding confidential information.

8. USE OF ANAB NAME, ACRONYM AND ACCREDITATION SYMBOLS

Forensic service providers who use the ANAB name, acronym, and/or accreditation symbols must do so in accordance with the Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status (PR 1018).
9. TRANSFER OF ACCREDITATION

9.1. QUALIFICATION FOR TRANSFER OF ACCREDITATION

A forensic service provider that meets the following criteria may request a transfer of accreditation:

- currently accredited by an ILAC MRA signatory accreditation body;
- in good standing with the current accreditation body and currently not sanctioned or under threat of sanction.

A forensic service provider may not be eligible for a transfer if:

- the current scope of accreditation shows questionable content;
- corrective actions and supporting material for the corrective actions are not suitable based on the description of the nonconformances;
- the assessment report from the current accreditation body recommends suspension or termination for technical reasons;
- the accreditation requested does not fall within the activities of ANAB;
- concerns regarding the competence of the forensic service provider or conformity with accreditation requirements remain.

9.2. DOCUMENTATION FOR TRANSFER REQUEST

The forensic service provider shall request a transfer by following the Formal Application Process described in section 2.2.

Information that may be requested by ANAB in order to evaluate the transfer request includes:

- declarations of all current accreditations, including the scopes of accreditation and the name of the accreditation body;
- objective evidence that the existing accreditation and status is valid and in good standing and that financial obligations regarding said accreditation have been met;
- report by the other accreditation body of the initial assessment or reassessment, whichever is most recent, as well as reports from all subsequent surveillance assessment activities up to the date of the initial ANAB assessment activity, showing all findings and actions taken to resolve any nonconformities;
- current organization chart, management system documents, most recent internal audit report, most recent management review report, and summary of proficiency testing activities;
- complaints by customers and other interested parties (stakeholders), with resolution and status if the investigation is ongoing; and
- additional information as deemed necessary by ANAB to evaluate the request for transfer.
9.3. EVALUATION OF THE TRANSFER REQUEST

ANAB will evaluate the documentation provided by the forensic service provider to determine if the organization qualifies for transfer and, if so, what type of assessment activity is required.

If the requested accreditation is within the scope of ANAB activities but based on a review of the information provided the forensic service provider does not qualify for transfer of accreditation, the forensic service provider may request that the application be processed as an application for initial accreditation.

9.4. ASSESSMENT ACTIVITIES FOR TRANSFER OF ACCREDITATION

ANAB will determine the extent and timing of any assessment activities required to grant a transfer of accreditation.

9.5. GRANTING TRANSFER OF ACCREDITATION

ANAB may grant the transfer of accreditation after all requested documentation has been reviewed and objective evidence suggests the forensic service provider has met the requirements for accreditation in the applicable program.

Granting of accreditation will follow the same decision process as other assessment activities. The expiration date of the accreditation will be determined at ANAB’s discretion.

10. ACCREDITATION COUNCIL

The Accreditation Council is made up of appropriate interested parties appointed by the Vice President. The Council’s purpose is to:

- Be a standing committee to serve as an ad-hoc advisory group on recommended changes to and implementation of policy related to defined technical activities associated with accreditation programs, as necessary.
- Represent the appropriate technical competencies and provide specific technical input for new accreditation programs and existing accreditation requirements, as requested.
- When required, participate in appeals and complaints in accordance with ANAB procedure.

11. FEES

Fees are based on several criteria which include, but are not limited to, the forensic service provider’s scope of accreditation, location(s), number of authorized personnel, duration of activities, and any potential follow-up assessment activity. ANAB’s payment terms are Net-30 for each invoice unless different payment terms are mutually agreed to in writing. All fees are due prior to the Certificate of Accreditation and Scope of Accreditation documents being issued to the forensic service provider.
11.1. APPLICATION FEE

Submission of an application for accreditation must be accompanied by the non-refundable application fee. The application fee is based on the number of personnel authorized to perform any part of the testing/calibration/inspection work accredited by ANAB or for which accreditation by ANAB is being sought. Failure to pay the application fee will result in the assessment process being halted.

11.2. PLANNING VISIT FEE

The cost of a planning visit (see section 2.3) is separate from the fee for any other assessment activity and will be invoiced once a date has been established.

11.3. ASSESSMENT FEES

The fee for an assessment activity is based on the size of the assessment team and the number of days required to conduct the assessment activity. Any follow-up assessment activity necessary to confirm the resolution of findings of nonconformance will be an additional cost to the forensic service provider.

11.4. ACCREDITATION MAINTENANCE FEE

An accreditation maintenance fee based on the number of personnel authorized to perform any part of the testing/calibration/inspection work accredited by ANAB will be assessed to each accredited forensic service provider annually, including any periods of suspension.

11.5. COST ESTIMATE

A cost estimate for any fee will be supplied by ANAB upon request. The estimate will be based upon the information provided by the forensic service provider, the anticipated team size and the anticipated length of the assessment.

11.6. NON-PAYMENT OF FEES

Non-payment of fees will result in suspension, withdrawal or withholding of accreditation and may delay scheduled assessment activities. Please contact the ANAB Assistant Accountant for assistance with the payment process and/or procurement requirements.
APPENDIX A – GENERAL FLOW OF THE ASSESSMENT PROCESS

Forensic Service Provider (FSP) submits application

FSP prepares and submits conformance checklist

Assessment date, Lead Assessor and Team are selected

ANAB provides the team access to documents

Lead Assessor (LA) provides Assessment Activity Plan to the FSP

LA performs a document review of the conformance checklists and associated documents/records provided

LA provides document review summary to the FSP for an initial assessment, reassessment or scope extension

FSP provides management system documents to the Assessment Team (technical procedures, training manuals, etc.)

Team reviews management system documents

Assessment activity begins with an Opening Meeting

Planning visit

Team records sufficient notes to document findings

LA confirms FSP draft scope provided

Closing meeting occurs

Summary of findings provided, including nonconformities (NC) and comments (if applicable)

FSP submits NC evaluation, plan and schedule to LA

FSP resolves NC to satisfaction of LA

Accreditation decision made by Vice President or designee

If applicable, accreditation documents are issued to the FSP

Surveillance monitoring schedule provided to FSP

LA reviews/accepts plan and schedule

30-day window

LA reviews/accepts resolution

60-day window

The acceptance of completed resolution may include a revisit to the forensic service provider

Witnessing, interviews, and review of documents/records as applicable to the activity

May occur in any order