



2010 AIHA-LAP, LLC Policy Changes

Changes Posted: February 18, 2010; Effective: April 1, 2010

Highlights of the changes include:

Module 2A – General Management System Requirements

- 2A.5.2.1.5 on combined positions was renumbered to 2A.5.2.1.4. Section number 2A.5.2.1.5 is not longer being used.
- 2A.5.4.4 was updated to reference the new Estimation of Uncertainty of Measurement Policy, Policy Appendix G and *Guidance on the Estimation of Uncertainty of Measurement*.
- 2A.5.6.5 was changed to list the requirements for documentation of standard and solution preparations.
- 2A.5.6.6 was updated to reference the new Traceability of Measurement Policy, Policy Appendix H and *Guidance on Traceability of Measurement*.

Module 2B – IHLAP Specific Additional Requirements

- A clarification was made to 2B.5.3.7 e) to indicate that the Quality Assurance program shall address the EDXA k-factor measurement for Mg, Si, Ca, Fe using SRM 2063 or equivalent; Mg:Fe sensitivity must be ≤ 1.5

Module 2C – ELLAP Specific Additional Requirements

- In 2C.7, all laboratory records shall be maintained for a period of at least five (5) years. The change was from ten (10) years, and is due to the expected implementation of LQSR rev 3.0 and harmonization with requirements for fixed site laboratories.

Module 2D – EMLAP Specific Additional Requirements

- Section titles (2D.3.2, 2D.6.2, and 2D.6.3) were change to accurately reflect the names of the FoTs.
- A reference to the latest version of an APHA Standard Methods publication was updated in 2D.6.1.1.
- 2D.6.3.1 was changed to require limits to be set based on laboratory determined results. Some laboratories were incorrectly setting limits based on result A minus result B, as they would for duplicate and replicate analyses.

2D.6.3.1 now reads:

“A slide collection shall consist of field samples with various count levels and genera/groups of spores shall be maintained and used as part of total spore analysis quality control. Each day of analysis, at least one slide from this collection shall be reviewed by each analyst. Analysis shall be consistent with the method for field samples. Slides shall be reviewed on a rotational schedule such that a different slide is reviewed each day until the entire slide collection has been examined. The analysis of

these slides shall be incorporated into the daily QC plan. **Acceptance criteria for spore concentration(s) for each reference slide shall be stated. The upper and lower control limits shall be statistically calculated based on three (3) standard deviations from the reference slide means.”**

- In 2D.8, a reference to EMPAT participation was deleted since it is now covered in AIHA-PAT, LLC policies.

Module 3 – Accreditation, Maintenance and Reaccreditation Processes

- An administrative change was made to 3.1.4 to clarify that the Technical Advisory Panel performs an accreditation process and technical review, not just a technical review.
- A reference to Appendices A-F of the AIHA-LAP, LLC Policy Modules was added.
- In 3.4, an explanation is provided for the opportunities for the rejection of an assigned site assessor due to conflict of interest.
- A change was made to 3.5.7 to indicate that the laboratory has **ten (10)**, not twenty (20) business days to provide a second supplemental response. A previous change in the policies was made and listed twenty days incorrectly.
- A reason for additional TAP review was indicated in 3.6. To ensure that a thorough review of the laboratory’s scope has been conducted (for those laboratories with a large number of methods), the site assessor may recommend a TAP review at the close of the assessment or upon final recommendation.
- A clarification was made to indicate that for IHLAP, TAP review is required for 100% of initial accreditations **including those for Beryllium, Pharmaceutical, and Compressed Breathing Air scope categories, and 20% for reaccreditations.**
- Section 3.7.1 was modified to indicate that all AAB decisions may be appealed to an appeals committee.
- The recipient of the request to extend payment deadline was changed to the Assistant Manager, AIHA Affiliate Laboratory Programs.
- Section 3.9 was revised to indicate the new approach to FoT additions.

3.9 now reads:

“An accredited laboratory that wishes to add a new Field of Testing (FoT) shall determine how competency for that FoT will be demonstrated. Refer to Policy Module 6A-F and Appendices A-F to make this determination. Competency shall be demonstrated prior to applying for the new FoT. The laboratory shall submit an updated application to AIHA-LAP, LLC staff **that includes equipment verification information (reporting limit verification, standard curve, QC analyses), a test method, appropriate traceability, estimation of uncertainty of measurement, evidence of analyst competency, and required demonstrations of competency associated with the addition of the new FoT.**

A laboratory may add an FoT to an existing Core Scope category between assessments. If a laboratory chooses to add an FoT outside a Core Scope category or in the Miscellaneous Scope category, the FoT addition application will be referred to the previous site assessor for determination on a case-by-case basis. The laboratory may be required to undergo an additional site assessment before expansion of the accreditation is finalized. If no site assessment is required, the application shall be reviewed by the member of the TAP who shall make a recommendation to the AAB regarding accreditation for the new FoT within ten (10) business days of receiving the application.

For FoT additions at the time of assessment, the laboratory must first give sufficient notice (a minimum of ten (10) business days notice, subject to agreement by the assessor.

The AAB shall vote on the TAP **and/or Site Assessor** recommendation on the next scheduled ballot, see Section 3.7, Granting of Accreditation.

- Section 3.10 was changed to emphasize the use of the new term “**Core Scope Category.**”

Module 5 – Appeals Process

- Section 5.2 now includes a reference to appeals for a revocation or a denial.
- Sections 5.3 indicated that the liaison to the AIHA Board of Directors (changed from the AAB chair) shall have responsibility to appoint an appeals committee since the liaison is not involved in the accreditation decision-making. Also, the size and composition of the appeals committee (at least three (3) persons not involved in the accreditation decision and at least two (2) of these individuals must have experience in laboratory accreditation) was clarified and the requirement for Conflict of Interest/Confidentiality forms was added.
- Section 5.4.4 on validity of the appeal and reconsideration by the AAB was moved to 5.4.1.
- Sections 5.5.4, 5.5.6.3, 5.5.10, and 5.6 were also clarified to indicate parties responsible for decisions and reporting.

Module 6C – Proficiency Testing (PT) for Environmental Lead Laboratories

- In 6C.2.1, the references to AIHA-LAP, LLC were changed to AIHA-PAT, LLC due to an error in the August 2009 policies.

Module 7– Reference to Accreditation and Advertising Policy

- Changes were made to require the laboratory ID number to be listed on the logo. In addition, there was clarification on the use of the logo. In addition, there was clarification on the use of the logo on business cards (which indicates that the laboratory is AIHA-LAP, LLC accredited and complies with ISO/IEC 17025:2005, but does not imply any certification or registration. In addition, section 7.4 (on Proficiency Testing Only Organizations) was deleted and the number is reserved for future use.

Appendix G – Policy on the Estimation of Uncertainty of Measurement – initial release

- **New Policy** released in appendix form. Satisfies requirements for estimation of uncertainty of measurement detail in Policy.
- A corresponding guidance document has been released and posted: *Guidance on the Estimation of Uncertainty of Measurement.*
- Additional information on specific issues and dates and content of free webinar coming soon.

Appendix H – Policy on Traceability of Measurement – initial release

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