

CRITERIA FOR THE ACCREDITATION OF CALIBRATION SATELLITE LABORATORIES AND BRANCH OFFICES

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1. **PURPOSE AND SCOPE**

The purpose of this document is to define the specific requirements to be met by accredited calibration laboratories that operate satellite laboratories and/or branch offices from where any conformity activity services are undertaken, managed or planned. These activities include contract review and any review or approval of measurement or calibration results.

2. **BACKGROUND**

The accreditation of calibration laboratories that operate more than one permanent facility, utilize a single management system and maintain certain prescribed records has been permitted and these laboratories have been subject to a less frequent assessment cycle.

ISO/IEC 17011 requires all premises from which one or more key activities are performed to be assessed within a defined timeframe and requires the identification on the certificate or schedule of accreditation of all premises from where the key activities take place on the accreditation certificate.

ISO/IEC 17011 also requires an applicant to provide addresses of all its physical location(s) to be covered by its scope of accreditation

3. **ACCREDITATION REQUIREMENTS**

- 3.1. The satellite laboratory/branch office operates a subset of the parameters / functions of the main laboratory.
- 3.2. The satellite laboratory or branch office is subject to the Quality Management System of the main laboratory.
- 3.3. The main laboratory conducts normally once a year an internal audit and management review of the satellite laboratory or branch office.
- 3.4. The satellite laboratory or branch office participates in a proficiency testing scheme or inter laboratory comparisons for all parameters for which the satellite laboratory of branch office is accredited at its own cost.
- 3.5. All complaints are investigated.
- 3.6. The satellite laboratory or branch office is owned by the same legal entity that owns the main laboratory.
- 3.7. The main laboratory (in addition to the satellite or branch office) shall have available records of:
 - Internal audits;

- Management review meeting minutes;
- Complaints;
- Corrective actions;
- Personnel records; and
- Proficiency testing scheme or inter laboratory comparisons results

These records shall be maintained up to date and made available to the assessors during the assessment of the laboratory.

- 3.8. Branch offices are limited to on-site calibration activities.
- 3.9. The annual fees for a satellite laboratory or branch office are outlined in SADCAS AP 02.
- 3.10. Each satellite laboratory or branch office shall have an approved technical signatory (ies) that will be responsible for the day-to-day calibration activities undertaken by the satellite laboratory or branch office.

4. **ASSESSMENT REQUIREMENTS**

- 4.1. The satellite laboratory or branch office will be subject to an initial assessment by SADCAS.
- 4.2. Subsequent periodic on-site assessments shall be scheduled at a period not exceeding 1,5 times that of the main laboratory.
- 4.3. Where practicable, reassessments shall be conducted at a period not exceeding 1 month before the reassessment of the main laboratory.
- 4.4. The Team Leader is required during the subsequent periodic on-site assessment of the main laboratory to examine the records as specified in 3.7.
- 4.5. The Technical Assessor will review the results of the proficiency testing scheme or inter laboratory comparison and ensure that the appropriate corrective actions have been implemented where results have been acceptable (e.g. EN values have been found to exceed 1).
- 4.6. Should the Team Leader find the applicable records either unavailable or that the laboratory has failed to undertake (at the prescribed interval) internal audits, management reviews, take appropriate corrective actions and participate in a proficiency testing scheme or inter laboratory comparison, the Team Leader shall raise a nonconformity. The relevant Scheme Coordinator will then, subject to the available information decide whether the satellite laboratory or branch office revert to the normal assessment cycle and as a result thereof the satellite laboratory will then be liable for the full annual fee.

4.7. The accredited facility is required to facilitate access for the purposes of assessment to all premises (including satellite laboratories and or branch offices) from where conformity assessment services take place.

5. **REFERENCES**

- SADCAS PM 01 - SADCAS Policy Manual
- SADCAS AP 12:Part 1 - Accreditation Process for Testing/ Calibration/ Medical Laboratories
- ISO/IEC 17011 - Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies
- SADCAS AP 02 – SADCAS Service Fees

APPENDIX - AMENDMENT RECORD

Revision status	Change			Approved by	Effective Date
	Page No.	Clause	Description of change		
Issue 1	-	-	-	CEO	2013-12-12
Issue 1	2	2	<ul style="list-style-type: none"> Line 4: year "2005" deleted Lines 5,7 and 9: reference to clauses of ISO/IEC 17011 deleted 	CEO	2018-11-15
	3	3.3	Line 1: Deleted "at least annually" and substituted with "normally once a year"	CEO	2018-11-15
		3.5	Deleted "as per the requirements of the Quality Management System"	CEO	2018-11-15
	4	4	In whole paragraph: <ul style="list-style-type: none"> "Surveillance" deleted and substituted with "periodic on-site" "Lead Assessor" deleted and substituted with "Team Leader" 	CEO	2018-11-15
		4.6	Line 5: Deleted "Technical Manager" and substituted with "Scheme Coordinator"	CEO	2018-11-15
		4.7	Reference to "ISO/IEC 17011, Clause 8.1.1" deleted	CEO	2018-11-15