

Changes to the AASHTO Accreditation Program

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Posted: May 2016

You may have noticed that our program has undergone quite a few changes over the last year. We have modified some of our operations in an attempt to keep up with customer expectations and to ensure we remain a trusted and reliable source of accreditation services in the construction materials industry.

Certification Reviews

After several years of reviewing laboratory staff certifications during the annual review process, we have moved certification review back to the AASHTO re:source on-site assessment process. This was part of a larger change that included the initiation of pre-assessment desktop reviews and the replacement of the Criteria Compliance Document (CCD) with the easier to use Annual Review Form.



There were a few reasons for the change. One reason was that on-site certification reviews could provide more accurate and effective reviews of personnel qualifications even though the reviews would be less frequent. Although we previously completed these certification reviews once per year, at times it was difficult to confirm who actually needed to be certified for which tests. We did our best to determine this during the annual review process through organizational charts and interactions with laboratory managers. However, it was hard for our Quality Analysts to see who was performing the various types of tests without actually being at each laboratory during these reviews.

Another reason for making this change was to reduce the amount of time involved for both our customers and staff. Not only was the review itself time-consuming, but it was compounded by how it took time away from other accreditation activities that were more critical to [specifiers](#) and laboratories. We had to think of a way to solve this problem while not losing the improvements we made in the consistency and quality of reviews.

We decided in the end to move the certification review process back to the on-site assessments while maintaining the Quality Analysts' support of our field staff. The laboratories would be able to save time by submitting their certifications before the assessment. The process would become even more effective by having someone in the field determine if we are truly requiring the right people to hold each certification. The program would also be able to improve turnaround times for other accreditation issues while maintaining its knowledge base on certification programs. Some of you may have already noticed improvement in service since July of last year. Look for even more improvements this year.

Certification Examination Review Team (CERT)

During the old annual review process, each Quality Analyst would review internal certification exams. To reduce the variability in these reviews we formed the Certification Examination Review Team (CERT). Quality Analyst, [Amy Ridenour](#), leads CERT but all AAP staff and AASHTO re:source Laboratory Assessors take part in the review process. CERT takes a committee approach in reviewing each laboratory's certification program so the reviews are more consistent and timely.

Falsified Records

Suspending laboratory accreditations for falsified records is not a new concept for us, but we will now take more swift and effective action to address the issue. When AASHTO re:source or CCRL determine a laboratory has been falsifying documentation, our default action will be to suspend the laboratory's accreditation as soon as possible. This suspension may take place before AASHTO re:source or CCRL issues the final assessment or inspection report. The laboratory will have to resolve the matter while their accreditation is under suspension.

The resolution to the issue will be more onerous than it has been in the past. In most cases, the AAP will require a surveillance on-site assessment. Two assessors will typically visit the laboratory to evaluate the laboratory's resolution to this issue. This will include assessment of the activities that the laboratory falsified and a review of

the corrective actions made to rectify the issue. The AAP will require the laboratory to pay for the surveillance assessment including travel costs for the two assessors.

TIP: If you are curious about falsified records lurking in your QMS, check these common areas - equipment and personnel competency evaluation records.

Poor Conditions

At times, we find laboratory working conditions are poor enough to impact a laboratory's accreditation status. This occurs for two reasons: 1) the conditions put the quality of testing at risk, and 2) we do not wish to expose our staff or anyone's staff to potentially hazardous work environment. In cases where we feel the conditions may put the quality of testing at risk, the AASHTO re:source or CCRL would issue nonconformities in the assessment report, and in extreme cases, the AAP may suspend or revoke a laboratory's accreditation until the situation has been effectively resolved. In cases where we feel that the work environment is hazardous, the AASHTO re:source or CCRL would refuse to perform the on-site assessment, and the AAP would suspend or revoke the accreditation. Accreditation would only be considered after improvements have been made and another on-site assessment has been completed.

AASHTO R 18 – 2016 and the AAP Procedures Manual Updates

On April 13, 2016, the AASHTO Subcommittee on Materials released the newest version of AASHTO R 18. At the same time, the AASHTO Accreditation Program released an update to its [*Procedures Manual for the Accreditation of Construction Materials Testing Laboratories*](#). Laboratories in our accreditation program will need to review and update their own quality management systems to conform to these changes. The AAP's Administrative Task Group (ATG) gave permission to allow one year for laboratories to adopt the changes to AASHTO R 18. After one year (April 2017), the AAP will expect laboratories to conform to these changes.

We suspect the following changes will draw the most attention, but a complete summary of changes is available for both documents on our website. Please let us know if you have any questions or if you would like to see additional changes after you review the new versions of these documents.

AASHTO R 18

Competency Evaluations

Modifications to this section explain that staff competency evaluations are intended to cover all tests performed by the technician. The frequency for the evaluations may be different depending on the experience and competency of each technician. The intent of this change was to allow for more flexibility in competency evaluation intervals depending on the experience of the technician.

The standard now permits laboratories to complete evaluations through a variety of means. This provides options for all laboratories to fulfill the requirements regardless of how many technical staff members work at a given location.

Management Reviews

Management reviews were placed back in the standard after a 5-year absence, along with an example document to provide more clarification.

Customer Complaints

Revisions to the section clarify that the laboratory needs to actually address customer complaints rather than just having a relatively ambiguous method for handling them.

Calibration Providers

ISO/IEC 17025-accredited calibration providers are to calibrate all measurement standards used by laboratories. This change provides a waiver for manufacturers who calibrate their own equipment since some are not providing calibration services outside of propriety activities. Calibration records must include ISO/IEC 17025 accreditation information for the calibration agency.

Measurement Uncertainty

Calibration records must include measurement uncertainty for reference and testing equipment where calibration is specifically required by the standard in which the equipment is used. The AAP is already evaluating uncertainty values provided on the submitted calibration records for suitability. Laboratories will have to communicate with their calibration providers to get the calibration service needed based on the way the equipment is used (ex. range of use) and any testing requirements.

Tables

The following items were added to Tables A1.1 through A1.9 to reflect standard requirements and best practices:

- The types of devices that are considered to be length measurement devices were removed to account for all types of devices that are used to measure length.
- Fine aggregate specific gravity flasks are to have their volumes standardized every 12 months.
- Uncompacted void measures are to have their volumes standardized every 12 months.
- Rice specific gravity measures are to have their volumes standardized every 12 months.
- Consolidation deflections and loads are to be standardized every 12 months for one-dimensional consolidometers and direct shear devices.
- Soil specific gravity flasks are to have their volumes standardized every 12 months.
- Concrete bearing blocks and retainers are to be checked for planeness every 12 months.
- Masonry bearing blocks are to be checked for planeness every 12 months.
- The requirement for maintenance for all performance-graded asphalt binder equipment has been replaced with just rolling thin-film oven testing equipment.
- Curing tanks / curing facilities have been added to the maintenance tables.

The AAP Procedures Manual

Withdrawn Standards

The AAP may accredit for withdrawn standards if they are still commonly used in the industry even if the standards development organizations (SDOs) no longer maintain current versions of the standards. This may occur when SDOs do not update a standard in accordance with their procedures or when the SDO decides to intentionally stop the renewal of a standard. This has occurred most recently with ASTM C1252, D421, and D422.

Specifier Notifications

The AAP will notify specifiers if a laboratory's accreditation has been revoked because of falsified documentation or other fraud-related issues.

Whistle-Blower Policy

The AAP Procedures were modified to include a "whistle-blower" policy. The AAP will investigate reports from current or former employees of a laboratory concerning falsification of test results. After a review is completed by our program, the ATG will be presented with the information to determine if a change to the laboratory's accreditation status needs to be made.

Refusal of Service

A new section was added to describe the right of refusal of service. There are times when it is appropriate to protect the integrity of our program or the safety of our employees by refusing service to certain customers. We also will not tolerate harassment of any kind from our customers.