



## AASHTO Accreditation Policy and Guidance on Internal Audits and Management Reviews for New Laboratory Facilities

### 1. Policy

- 1.1. A New laboratory facility will be provided up to six months from the end of the initial accreditation process to submit their first internal audit and management review records.

### 2. Purpose

- 2.1. The purpose of this policy is to allow a new laboratory to undertake testing and encounter opportunities for improvements before completing its first internal audit and management review. The goal is to create an environment where the laboratory can present more meaningful evidence that supports their conformance to quality management system standard criteria.

### 3. Terminology

- 3.1. *New Laboratory Facility*—a testing laboratory that started to operate zero to six months prior to the commencement of the on-site assessment.
  - 3.1.1. Laboratories that have relocated from a previous location are not considered to be new laboratory facilities even if no work has been taken on at the new location at the time of the assessment.
  - 3.1.2. Laboratories that have been purchased by another company or organization are not considered to be new laboratory facilities.
  - 3.1.3. Laboratories that have undergone management changes are not considered to be new laboratory facilities.
  - 3.1.4. Laboratories that have already existed and are just new to our program are not considered to be new laboratory facilities.

### 4. Guidance During an On-Site Assessment

- 4.1. If the laboratory has been operating for six months or less and presents acceptable management review and internal audit records, this policy is not applicable. The assessor will review the records as they would during a typical on-site assessment.
- 4.2. If the laboratory meets the definition of new laboratory facility in this policy, and internal audit and/or management review records were not presented during the assessment, the following nonconformity will be written:

“Records of internal audit and management reviews were not presented. The laboratory has been in operation for less than six months. The laboratory will be required to submit records of internal audits and management reviews to the AASHTO Accreditation Program within six months of the issue date of the first accreditation decision notification.”

- 4.3. To ascertain that a laboratory qualifies as a new laboratory facility, the assessor will review test records, equipment records, and personnel records to determine the laboratory’s current activities. In addition, the assessor will conduct interviews with laboratory staff.

- 4.4. The laboratory must present a document that describes the scope of internal audits as part of their quality management system during the on-site assessment.

## **5. Guidance After an On-Site Assessment**

- 5.1. New laboratory facilities unable to present records of internal audits and management reviews during their on-site assessment will be issued an accreditation decision that requires the laboratory to submit appropriate records within six months after accreditation has been granted.
- 5.2. The consequence for failure to submit conforming internal audits and management review records after the six-month period will be suspension of accreditation, with a corresponding 30-day resolution period. Normal accreditation processes will be followed in these situations. See Section 4.4 of the [Procedures Manual for the Accreditation of Construction Materials Testing Laboratories](#) for more details on the suspension resolution process.