



**SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT**

**RULES & PROCEDURES
for ACCREDITATION of
TESTING LABORATORIES**



ACCREDITATION SCHEME FOR TESTING LABORATORIES

Rules & Procedures for Accreditation of Testing laboratories

1. Introduction

The Sri Lanka Accreditation Board for Conformity Assessment (SLAB) is the National Accreditation Authority of Sri Lanka established under Act No. 32 of 2005. The SLAB offers accreditation services to bodies that provide Conformity Assessment Services such as Testing, Medical and Calibration Laboratories, Certification Bodies for Systems, Products and Persons, Inspection Bodies, GHG Validation/ Verification Bodies, Recognition of Good Laboratory Practice and Proficiency Testing Providers.

The work procedures of the SLAB for testing laboratories are based on ISO/IEC 17011:2017 – Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies. Preference will be given to Subject Specific Documents published by International Laboratory Accreditation Corporation (ILAC) and Asia Pacific Accreditation Corporation (APAC), wherever applicable & provides guidelines on application of ISO/IEC 17025:2017 and it is intended to be used by SLAB for accreditation of testing laboratories. It is recommended to consider requirements and interpretations of ILAC policy documents by testing laboratories seeking to manage their operations and obtaining accreditation from the SLAB in order to ensure fulfilment of the requirements for accreditation. The Governing Council of SLAB or relevant advisory committees, if required, will develop specific guidelines and advice the SLAB management in the areas for which there are no ILAC, APAC or other acceptable interpretation documents available.

1.1 Scope

This document outlines the rules and procedures to be adopted when testing laboratories seek accreditation for their testing activities from SLAB. Applicable product groups of accreditations of testing activities by SLAB are described in TL-LS(P)-01- Applicable Fields of Testing & Product Groups, which is updated on demand. Accreditation will be granted against the applicable International/Regional or National Standards or widely accepted standards or guidelines that are auditable or verifiable. Conformity assessment schemes/criteria for testing are reviewed by the SLAB and determine its suitability.

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1.2 References

- Sri Lanka Accreditation Board for Conformity Assessment Act No 32 of 2005
- ISO/IEC 17011:2017 - Conformity Assessment –Requirements for accreditation bodies accrediting conformity assessment bodies
- ISO/IEC 17025:2017 – General requirements for the competence of testing and calibration laboratories
- ILAC P8:03/2019 -ILAC Mutual Recognition Arrangement: Supplementary requirements for the use of accreditation symbols and for claims of accreditation status by accredited conformity assessment bodies
- ILAC P5:06/2022 ILAC Mutual Recognition Arrangement: Scope and Obligations
- ILAC P10:07/2020 ILAC Policy on Metrological Traceability of Measurement Results
- ILAC P8:03/2019 ILAC Mutual Recognition Arrangement: Supplementary Requirements for the Use of Accreditation Symbols and for Claims of Accreditation Status by Accredited Conformity Assessment Bodies
- ILAC P9:06/2014 ILAC Policy for Participation in Proficiency Testing Activities
- ILAC P10:07/2020 ILAC Policy on traceability of measurement results
- ILAC G8:09/2019 Guidelines on Decision Rules and Statements of Conformity
- ILAC G17:01/2021 ILAC Guidelines for Measurement Uncertainty in Testing
- ILAC G18:12/2021 Guideline for describing Scope of Accreditation
- ILAC G19:06/2022 Modules in a Forensic Science Process
- ILAC G24:2007 Guidelines for the determination of calibration internals of measuring instruments
- ILAC R7:05/2015 Rules for the Use of the ILAC MRA Mark
- AC-RG (P)-01- Policy for Governing the use of SLAB accreditation symbols
- AC-RG(P)-02 - Policy for participation in proficiency testing activities
- AC-RG(P)-04 - Policy of traceability of measurement results
- AC-RG(P)-05 - Policy on in-house calibration
- AC-RG(P)-06 - Policy for determination of uncertainty of measurement
- AC-RG(P)-07 - Policy on cross frontier accreditation
- AC-RG(P)-20 - SLAB Policy on management of extraordinary events or circumstances affecting SLAB accredited bodies and their customers
- AC-PR(P)-18 - Procedure for conducting remote assessment
- TL-RG(P)-03 -Terms & conditions for maintaining accreditation of Testing laboratories
- TL-GL(P)-02 - Specific Criteria for Testing laboratories

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2. Accreditation requirements

2.1 Accreditation Criteria

The international standard ISO/IEC 17025 – General requirements for the competence of testing and calibration laboratories, is used by the SLAB along with specific criteria developed subject-wise, as applicable and required for accreditation of Testing laboratories and accreditation body's rules and procedures explained in this document, Terms and conditions for maintaining accreditation and other General policies such as Metrological traceability, Participation in proficiency testing etc, identified as reference documents in this document.

All applicant and accredited testing laboratories are advised to read this document and other related documents prior to apply for accreditation and contact SLAB for any clarification/ further information, if required.

If this document or documents referred in this document are revised, the SLAB will announce in the official website (www.slab.lk) and automatically adopt those modifications in its criteria, but will give the parties concerned a realistic period of time for the transition.

Development of accreditation criteria involve a step to obtain views of interested parties and public comments prior to publication. Therefore, applicant and accredited Testing laboratories are requested to forward any written views/suggestions directly to the SLAB.

2.2 Eligibility

The applicant testing laboratory must comply with all the requirements of ISO/IEC 17025, standard or guideline specific to the scope/field of testing, if available. In addition, the applicant testing laboratory must comply with the relevant regulations (if any), specific criteria (if any) of SLAB for the scopes covered in their testing activities.

Any testing activity performed by a testing laboratory as a regular testing scheme developed under contractual, mutual or regulatory arrangements for consumer protection or public safety or any other broad, based objective can be accredited by SLAB.

The applicant testing laboratory must ensure that their personnel are competent and involved in continual professional development activities gaining skills and competencies as well as updating themselves to meet the demands and expectations of their clients/ stakeholders.

For initial application or scope extension, applicant testing laboratory must have arrangements for participation in external quality assurance activities as per AC-RG(P)-02 and records shall be available from the test given in the scope of accreditation to be submitted along with the application.

The applicant laboratory must have conducted at least one internal audit and a management review before the submission of application.

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3. Preparation for accreditation

3.1 Preparing for Accreditation of Testing laboratories

The management of testing laboratory should first decide to obtain accreditation for their testing activity from SLAB. It is important for a testing laboratory to make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to the accreditation process. The person nominated should be familiar with the testing laboratory's existing quality system. SLAB will coordinate matters related to accreditation process only through the authorized representative of the testing laboratory.

A request can be made to SLAB in person, by post, by telephone or by e-mail for relevant information on accreditation. Information regarding SLAB accreditation process, relevant documents and application documents are freely downloadable documents from the SLAB website (www.slab.lk). The testing laboratory should be acquainted with the SLAB assessment procedure & methodology before submitting the application in the prescribed format.

Management system documents shall be prepared in accordance with the requirements specified in the ISO/IEC 17025, regulations, if any and this should be supplemented by a set of other documents such as procedures, standards, regulations, work instructions etc. to be in alignment with the particular quality system requirements.

If the testing laboratory itself perform testing activities, the documentation of testing laboratory shall address the requirements given in ISO/IEC 17025. The testing laboratory must ensure that the procedures described in the Management system documents and other documents are being implemented.

The testing laboratory needs to establish the status of its existing quality system and technical competence with regard to the requirements of SLAB for accreditation.

3.2 Scope of Accreditation

The scope of the accreditation, often referred to as the 'scope', is defined as those activities for which the SLAB has determined that the testing laboratory complies with the requirements. Applicant testing laboratory shall include scope of accreditation in the relevant section of application or make reference to further document which contain same format in the application. The scope also specifies the field of testing, product Group of testing, range of testing, testing method/criteria and locations/branches/sampling where the testing laboratory carries out its activities.

During the pre assessment process, the scope of the accreditation is discussed with the testing laboratory in detail, and the nature and extent of the assessment will be based on that. Applicable product groups of accreditations of testing activities by SLAB are described in TL-LS(P)-01-Applicable Fields of Testing & Product Groups.

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4. Accreditation process

The accreditation process consists of registration of application followed by a resource review, document and record review, pre-assessment, initial assessment, grant of Accreditation, surveillance and re assessment. In addition, verification assessment, follow-up assessment, witness assessment, unannounced assessment may plan separately as required.

4.1 Application and Registration for Accreditation

The testing laboratory shall submit application documents of the testing laboratory to SLAB.

The application shall be accompanied with the prescribed application fee stated in the fee structure (TL-RG(P)-01). Application fee is non refundable. Testing laboratory has to take special care in fill in the scope of accreditation (TL-FM(P)-01(AA), Annexure 1) for which the testing laboratory wishes to apply. In case, the testing laboratory finds any clause of the standard (in part or full) not applicable to the testing laboratory, it shall furnish justifiable reasons.

Applications are not accepted and registered until the submission of required completed documents and application fee.

Applicant testing laboratory may withdraw its application or discontinue accreditation process before granting accreditation. In such case, applicant testing laboratory shall settle all due payments, if any.

For foreign applicant/Accredited testing laboratories shall follow policy on cross frontier accreditation (AC-RG(P)-07) and accreditation fees as stated in TL-RG(P)-01 shall be applied.

4.2 Special cases

• Additional accreditation

If a testing laboratory that is already accredited wishes to expand its accreditation for a new filed or a scope extension to existing accreditation, the procedure is same as for a new registration. However, in such case, the assessment by the SLAB may be limited to cover the areas not covered by the existing accredited system and certain specific areas as decided by SLAB.

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- **Already accredited Testing Laboratory activities**

In case an applicant testing laboratory is already accredited for the applied scope by another accreditation body with ILAC, APAC membership or ILAC/APAC MRA, the SLAB will communicate with the particular accreditation body to collect necessary information and will seek possibilities to act in collaboration with the said accreditation body when processing the accreditation application. In such circumstances, the SLAB may grant accreditation with or without conducting assessment; however, any such decision will be taken at the sole discretion of SLAB.

- **Testing laboratories with multi-locations/Temporary Locations**

Applicant testing laboratories operating through main office and temporary locations shall declare in the initial application or subsequent application on its testing activities in main office, temporary locations and how common management system covers both main office and temporary locations. If the management system controls by the head office and all other activities are performed at separate location, those locations to be applied separately.

4.3 Acknowledgement and registration of application

SLAB on receipt of application documents and other relevant documents and the fees, shall issue an acknowledgement to the testing laboratory. After scrutiny of application for its completeness in all aspects, a unique accreditation number shall be allocated to the particular application, which shall be used for correspondence with the testing laboratory thereafter.

In case of any testing laboratory with multiple laboratories/sites/temporary sites controlled by a main organization, same number shall be continued unless requested by the testing laboratory /decided by the Technical manager.

SLAB may request for additional information/ clarification(s), if necessary, from the applicant testing laboratory.

If, on the basis of documents and information provided by the testing laboratory, SLAB is of the opinion that an assessment cannot result in accreditation, the applicant testing laboratory shall be informed in writing giving reasons.

The SLAB's policies, processes /and procedures are non-discriminatory and applied in a non-discriminatory way. SLAB makes its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within its policies and rules. Access shall not be conditional upon the size of the applicant testing laboratory or membership of any association or group, nor shall accreditation be conditional upon the number of testing laboratories already accredited.

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4.4 Appointment of authorized officer & resource review

Once the registration of application is completed with required documents, Technical manager of accreditation scheme for testing laboratories appoints one of competent Assistant Director/Deputy Director (Accreditation)/Development Officer as Authorized officer for the application and continuation of accreditation process.

A resource review (technical review) will be carried out by the Authorized officer in consultation with Technical manager and collect additional information from the testing laboratory, if required. Authorized officer may indicate in the application form the additional information to be collected if required, for the assessment.

If relevant resources are not locally available steps will be taken to obtain resources through another accreditation body with the consent of the testing laboratory. If the initial assessment cannot be conducted in a timely manner, this shall be communicated to the testing laboratory.

Authorized Officer will contact the testing laboratory with respect to application and further information required, if any. Authorized officer is the contact person of SLAB for the applicant testing laboratory.

4.5 Document and record Review

4.5.1 Appointment of Assessor/ Team leader

The SLAB will appoint a competent Assessor/Team Leader from the pool of assessors to carry out document and record review on the management system documentation adopted by the applicant testing laboratory.

4.5.2 Adequacy of management system documentation

The competent Team Leader/ Assessor with the assistance of SLAB will commence the assessment process with an adequacy assessment of document and record review based on the application submitted within one month. The aim of the adequacy assessment is to determine whether the testing laboratory is sufficiently prepared for a pre-assessment and sufficiently prepare for the accreditation process and to ascertain the compliance of the documents with the criteria specified in ISO/IEC 17025. The adequacy assessment is also meant to obtain a clear idea of the intended scope of the accreditation.

The Team Leader/ Assessor, shall inform SLAB regarding the adequacy of the management system documentation with a report indicating deficiencies (if any) in the management system documentation which in turn should be communicated to the applicant testing laboratory. Based on this feedback the testing laboratory shall take corrective actions and submit objective documentary evidence for corrective actions taken before not later than three months. An extension of two months may be considered based on the request/ justifiable reason. If the CAB

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fails to submit satisfactory corrective actions for the document and record review within five months, CAB shall submit fresh application with fee.

If the testing laboratory satisfies the relevant requirements at the adequacy assessment stage or after the testing laboratory has taken necessary corrective action based on the adequacy assessment, the assessment process will move into next steps of the accreditation process.

The document and record review process shall be satisfactorily completed within seven months.

If, on the basis of documents and information provided by the testing laboratory, SLAB is of the opinion that an initial assessment cannot result in accreditation, the applicant testing laboratory shall be informed in writing and the documents concerned will be returned to the testing laboratory for necessary improvement.

If the outcome of the document and record review is not satisfactory, SLAB may decide not to proceed with the application. In such cases, results with justification shall be reported in writing to the testing laboratory.

4.6 Appointment of Assessment Team

Towards the task of assessment, the Team leader shall be assisted by a team of Assessors/technical experts who will be appointed by SLAB as appropriate with the scope of accreditation and in accordance with the criteria adopted for the selection of assessment team. The SLAB will propose the composition of assessment team. The testing laboratory may lodge an objection in writing against specific team members with justifiable valid reason to do so. Such an objection shall be reviewed by the technical manager to determine the validity of the objection to ensure the impartiality and credibility of accreditation process. If the objection is found to be valid a new team or a new member is nominated in place of the member(s) in question. If no replacement is available, it is possible that the visit will be postponed, or that a part of the scope will not be assessed until a suitable replacement is found.

SLAB may also nominate one of its officers to participate in the assessment, unless an officer is appointed as an assessor/observer/staff officer during the on-site /remote assessment to convey his/her opinions to the Team leader and to provide clarification on the international standard and SLAB specific criteria (if any) to the assessment team and keep coordination with SLAB whenever necessary.

As MRA partner of APAC and ILAC, SLAB may select assessment of testing laboratories for peer evaluations and appoint peer evaluators as observer of assessment. In addition, assessment team may consist witnessing assessor from SLAB to evaluate the performance of SLAB assessors.

4.7 Assessment plan

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The SLAB contacts the testing laboratory to agree on the date(s) and schedule for the assessment. Based on this SLAB prepares the assessment Plan (TL-PL-01) and the composition of the team and send it across to the testing laboratory well in advance. For witnessing, Testing laboratory shall include possibilities of witnessing of testing/sampling for the accreditation body assessors in contractual agreements with testing laboratory and its customers.

4.8 Assessment

The Assessment will be carried out two stages namely Pre-assessment and Initial Assessment (Initial Assessment is the Final Assessment for the grant of Accreditation). During both these stages, test/sampling witnessing during the assessment of the applicant testing laboratory's or client may be required. Although there are no strict demarcations for these two assessments, the objectives of these assessments may be expressed in the following manner. Assessments consist of an opening and a closing meeting with assessment team members and key personnel of the testing laboratory. Therefore, testing laboratory shall arrange required facilities to conduct meetings and the assessment.

The assessment team shall commence an assessment with an opening meeting at which the purpose of the assessment and criteria are clearly defined and the assessment plan and the scope for the assessment are confirmed.

During the assessment, the assessment team will assess the documentation and implementation of the management system as well as the competence of the testing laboratory in accordance with the ISO/IEC 17025 and specific criteria (if any) of SLAB. In doing so, the assessment team will select a representative sample in the areas within the scope of the accreditation.

The testing laboratory shall demonstrate that it is competent in all the activities at all sites including temporary, mobile or other for which accreditation has been requested. With regard to the management system of the testing laboratory, the assessment team shall be able to assess at least one complete cycle of the internal audit and management review.

4.9 Pre assessment

Upon completion of document and record review, a pre assessment is conducted to gather information on following;

- a. Assess the completeness of the documentation structure of the implemented system
- b. Assess the degree of preparedness of the testing laboratory for the initial assessment
- c. Study the scope of accreditation so that the time frame, number of assessors required in various disciplines and visits to sites, if applicable.

Pre assessment is conducted by a Team leader or an Assessment team which consists Team leader/Assessor/ Technical assessor/Technical expert. If required, on site witnessing may also be arranged at the pre assessment stage. At the end of pre assessment, assessment team complete pre assessment report and deficiencies identified during the pre-assessment and obtain the

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acknowledgement for recommendation and findings from the testing laboratory. Assessment team verifies the man day requirement for the initial assessment and propose and report required changes and planning of initial assessment.

Testing laboratory shall take necessary corrective action for the deficiencies and submit documentary evidences within two months. On request with justifiable reason, an extension of two months will be given. However, if the testing laboratory submits corrective actions within four to eight months Technical Manager may decide on continuation of application based on the justifiable reason. Any failure to submit corrective actions within eight months, application shall be discontinued and inform the decision to the applicant testing laboratory.

Upon the successful completion of pre assessment, testing laboratory shall be notified and request to prepare for initial assessment.

4.10 Initial assessment

Upon completion of pre assessment, initial assessment is conducted to

- a. Assess the effectiveness of the implementation of the documented system
- b. Testing laboratory's competence in performing testing activities
- c. Finalize the scope of accreditation
- d. Take a decision on the recommendation for the grant of accreditation
- e. Decide follow up actions required to verify the effectiveness of corrective actions taken for previous nonconformities

At the end of each assessment, a closing meeting is conducted to disclose findings of the assessment. Initial assessment reports contain, assessment report, scope of accreditation, recommended authorized signatories, nonconformities and other relevant assessment records. Initial assessment report shall also provide a recommendation towards grant of accreditation or otherwise. Assessment team is not allowed to take decisions on granting accreditation.

Testing laboratory shall submit corrective actions within two months with satisfactory documentary evidence. However, depending on the severity of actions to be taken, testing laboratory may take additional time up to one year from the date of Initial assessment, for taking suitable actions in agreement with SLAB.

If follow up assessment is recommended, it shall be conducted within ten months from the date of Initial assessment and corrective actions for non-conformities raised at the follow up assessment shall be submitted within one month.

If the corrective actions cannot be submitted within one year from the date of Initial assessment, another Initial assessment shall be arranged.

A verification assessment may be recommended for the effective implementation of corrective actions and the authorized officer shall arrange the assessment in consultation with the testing laboratory.

- Based on the recommendation of the assessment team.

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- Based on the corrective action submitted by the CAB
- Based on the recommendations of the accreditation committee

In case of a verification assessment the Authorized Officer will arrange the assessment in consultation with the CAB as per Sec.4.4 of this procedure onwards.

A follow-up assessment may be recommended based on the following situation and the authorized officer shall arrange the assessment in consultation with the testing laboratory.

- by the assessment team, based on the level of the establishment and implementation of the quality management system
- based on the corrective actions submitted by the CAB
- based on the recommendations of the accreditation committee

In case of a follow up assessment the Authorized Officer will arrange the assessment in consultation with the CAB as per Sec.4.4 of this procedure onwards.

4.11 Assessment techniques

The SLAB assessors use one or more combination of the following assessment techniques when conducting the assessment.

- **Document review:** assessing quality system documentation for compliance with the criteria; a document review can also involve records at the testing laboratory’s location, such as personnel files, quality control charts, audit reports, management review reports, etc.;
- **Office assessment:** an assessment of the premises of the testing laboratory in order to assess the implementation of the system;
- **Interviews:** evaluating the expertise of the testing laboratory’s personnel via targeted interviews.
- **Test Witnessing:** observing testing/ sampling and examination carried out by the testing laboratory shall be witnessed on site.

When planning and conducting assessments any national/regulatory requirements shall be considered, if relevant.

4.12 Participation in external quality assurance activities

If applicable, the testing laboratory shall participate in external quality assurance activities as

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per SLAB policy for participation in external quality assurance activities (AC-RG(P)-02).

4.13 Accreditation decision

After satisfactory closure of all nonconformities, the SLAB prepares a summary of all relevant information gathered during the processing of the application, the assessment report prepared by the assessment team, additional information received from the testing laboratory and the consequent follow-up and verification activities. The summary report is placed before the accreditation committee which is appointed by the Governing Council as per the provision of SLAB Act. The accreditation committee for testing, calibration laboratories, GLP and PTPs studies the assessment reports, nonconformities and corrective actions, scope of accreditation, final report(TL-FM-46) and the recommendation given by the team and then makes its own decision on grant of accreditation.

The decision on the approval of grant of accreditation shall be submitted to the Council through Director/CEO, SLAB for information.

The SLAB informs the testing laboratory in writing of the decision taken.

All decisions taken by SLAB regarding grant of accreditation shall be open to appeal by the testing laboratory as per appeal procedure (GN-PR(P)-09) within 30 days.

4.14 Issue of accreditation certificate and schedule

As soon as a decision is taken to grant accreditation SLAB will prepare the following documents.

Accreditation certificate with a unique number for identification duly signed by the Director / CEO, SLAB. This certificate specifies the date on which the accreditation was granted, the standards based on which the accreditation was granted and the period of validity of the certificate.

A schedule of accreditation shall define field of test, items or materials/product group tested, specific tests performed, specification / standard method or technique used, range of testing / limit of detection, wherever applicable.

Terms and condition for maintaining accreditation of testing laboratories (TL-RG(P)-03) is considered as the agreement between SLAB and testing laboratory. This contains the rights and obligations of both parties; the party providing the accreditation and the party being accredited and signed by both parties. In addition to use ILAC MRA mark, separate agreement to be signed by the both parties. The applicant testing laboratory must fulfil all the financial obligations payable to SLAB, before receiving the certificate(s).

4.15 Post accreditation assessments

The SLAB accreditation certificate shall be valid for a period of 3 years unless specified by the SLAB. During the validity of accreditation, the testing laboratory must continuously comply

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with the requirements of the ISO/IEC 17025 and “Terms and condition for maintaining accreditation of testing laboratories” (TL-RG (P)-03). In this regard SLAB will periodically review the validity of accreditation. To this end, the SLAB carries out surveillance assessments and a re-assessment within three years. During the accreditation period, the scope of the accreditation may be changed.

4.16 Surveillance

Surveillance assessments will be planned by the authorized officer depend on the accreditation cycle. SLAB will conduct surveillance of all accredited testing laboratories or following surveillance activities may be decided by the Technical manager based on the risks associated with the activities;

- Special on-site / remote assessment
- Review of changes to testing laboratory’s management system
- Review of performance in proficiency testing and/or other inter-laboratory comparisons
- Conduct advanced surveillance assessment

Surveillance is aimed at examining whether the accredited testing laboratory is maintaining all the requirements of the ISO/IEC 17025 and SLAB specific criteria (if any).

As planned in the assessment schedule, Authorized officer of SLAB will in writing inform the accredited testing laboratory of the surveillance assessment at the beginning of the year and agree on the dates of surveillance assessment before the due date of assessment.

The testing laboratory during the validity of accreditation may request to extend the scope of accreditation for which they should preferably apply before the conduct of assessment/surveillance. The mode of surveillance visit is similar to the initial assessment and it will cover only selected areas. The non-conformities, if any, shall be closed within two months of conduct of surveillance. The summary of the surveillance report along with other relevant information shall be submitted to the Director / CEO, SLAB to make a decision on the continuation of accreditation or otherwise. SLAB will inform the testing laboratory, in writing, about the decision.

If there are remaining nonconformities with a justification by the Technical manager considering the associated risks, a letter of continuation of accreditation may be sent to the testing laboratory with conditions or suspend accreditation relevant to the particular nonconformity.

When a follow-up assessment/Verification assessment is recommended and conducted, documentary evidence for corrective actions for remaining nonconformities/ new nonconformities, if any shall be sent to the SLAB within a month unless there is any issue which may be compromised with reasonable justification.

On practical situations, faced by either party with reasonable justification, the maximum time that should be allowed for advancing or delaying the annual surveillance shall only be three months from the planned surveillance assessment.

The surveillance assessment process shall be completed within 10 months from the date of surveillance

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assessment. If the Testing laboratory failure to complete the surveillance process suspension procedure shall be followed.

4.17 Reassessment and renewal of accreditation

As planned in the assessment schedule, Authorized officer shall in writing inform the accredited testing laboratory of the re-assessment at the beginning of the year.

Accredited testing laboratory shall apply four months before the expiry of accreditation for renewal of accreditation as per the terms and conditions for maintaining accreditation of testing laboratories (TL-RG (P) -03). Application for renewal of accreditation is similar as initial application described above 4.1. Re –application shall be accompanied with the application fee as described in the fee structure.

The testing laboratory may request for extension of scope of accreditation, which should be explicitly mentioned in the application form.

The procedure for processing of renewal of application is similar to that of first application except that no pre-assessment is conducted and likewise, the procedure for the reassessment visit is similar to that of initial assessment. If the results of reassessment visit are positive and all non-conformances are closed before the expiry of the validity of accreditation certificate, then the validity of the certificate is extended by a further period of three years without any discontinuity unless specific by the SLAB. In case of renewal, a new certificate and schedule of accreditation is issued while the certificate number is retained. The decision on renewal of accreditation is also taken by the accreditation committee for testing ,calibration laboratories, GLP and PTPs.

4.18 Special assessments

The SLAB may organize extraordinary assessments, unannounced or ad hock or other activities under the following circumstances:

- Repeatedly find nonconformities or many nonconformities during the surveillance/ reassessment which directly affect to the credibility of accreditation.
- Receiving complaints that are substantiated with facts or on instances where the testing laboratory is found to be misusing the certificate/ accreditation symbol.
- Based on public complaints, publications or information from interested parties and the government.

The Director/CEO, SLAB with the recommendation of Technical manager may decide to carry out special assessments at any time during the period of validity of accreditation. The execution of special assessments may take place with no prior notification or with short time between notification and execution.

Special assessment may also become necessary, when changes occur in accreditation criteria,

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organizational structure and in management/ ownership/ location/authorized signatories. However, in these cases, the SLAB will give testing laboratories sufficient time for preparation.

All costs associated with special assessments will be charged to the testing laboratory.

4.19 Changes in accreditation criteria

If there is a change in the ISO/IEC 17025 or in the accreditation criteria, SLAB will inform the testing laboratory in writing indicating the transition policy with specific period for complying with new criteria. Upon receiving such information, the testing laboratory must confirm to SLAB's transition policy on implementation of changes. SLAB may assess the implementation of changes during surveillance and re assessments or conduct special assessment.

4.20 Changes affecting the testing laboratory operations

In the event of the testing laboratory informing SLAB about any changes affecting the testing laboratory's activities and operations, SLAB may organize a special visit. Testing laboratory shall communicate this with relevant documentary evidence. The final decision is communicated to the testing laboratory along with an amended certificate and schedule of accreditation. The costs associated with the issue of amended certificate and schedule will be charged to the testing laboratory.

4.21 Reduction of the scope

During assessments by the SLAB, the accredited testing laboratory shall demonstrate that it complies with all accreditation criteria regarding the entire scope and that it has complied with these criteria from the date on which accreditation was granted. If a testing laboratory is of the opinion that parts of the scope no longer conforms to the accreditation criteria, it is expected that the testing laboratory will terminate the relevant part of the scope itself. If during an assessment it becomes clear that it is necessary to reduce accreditation for parts of the scope, the SLAB will also review the validity of the remaining accredited scope.

In order to demonstrate that a testing laboratory has complied with and is complying with the criteria for the complete scope of accreditation, the testing laboratory shall be able to provide records of the activities carried out. During SLAB assessments, these records shall demonstrate that the procedures for carrying out specific activities have been applied correctly by competent personnel in the past year.

The concerned part of the scope shall be reduced, if records do not demonstrate this. In this case when the entire scope is reduced, then the entire accreditation is withdrawn. However, the testing laboratory concerned can again be granted accreditation for the standard and the scope involved, after submission of new application.

4.22 Extension of scope

At any given moment, the testing laboratory can request an extension of the scope. To this end, a written application shall be sent to the SLAB. An assessment for extension of scope will

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not be initiated, if nonconformities are currently open in related parts of the scope or in the general management system of the testing laboratory.

The SLAB distinguishes between extension within and extension outside the scope already accredited. Extensions of the scope that fall within the framework of the same accreditation standard will be considered extension within the scope and if not, it will be considered otherwise. Requests for accreditation involving a different accreditation standard shall be treated as a new application.

Depending on the size and nature of the extension requested, the extent of the assessment needed for the extension will be determined by SLAB on a case by case basis. All costs for extension of scope will be charged to the testing laboratory.

4.23 Transfer of accreditation

If the ownership or name of an accredited testing laboratory changes, the accreditation may be transferred to the new owner or to the new name if the testing laboratory involved make such requests in writing. For such a transfer the following pre-conditions apply:

- The testing laboratory remains operating within the legal and regulatory framework of the country in which it operates
- The policy and management system remain unchanged
- The management and key personnel remain unchanged
- The former owner does not remain active in the same sphere of activity or a similar area under the old name or a related name
- The general composition of the testing laboratory's personnel remains the same
- The basic infrastructure and other facilities are not compromised

The testing laboratory shall provide the SLAB with the necessary documents showing that the above conditions are met. The costs for reviewing the documents/ conducting onsite or remote review will be charged to the testing laboratory.

If all requirements are met, the new testing laboratory retains the registration/accreditation number and receives the new accreditation documents. The surveillance and re-assessment schedule will remain unchanged.

4.24 Management of Extra ordinary situations

In the event of an extraordinary situation, SLAB Policy on the management of extraordinary event or circumstances effecting SLAB accredited bodies and their clients. AC RG (P) -20 shall be applied.

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5. Obligations

5.1 Testing laboratory

5.1.1 General

A testing laboratory shall always comply with the relevant regulations and accreditation criteria. This not only applies to accredited Testing laboratories but also to testing laboratories whose accreditation has been suspended.

5.1.2 Co-operation

The testing laboratory shall provide the SLAB assessment teams with all the necessary support in order to carry out their work efficiently, safely and honestly, whereby:

- It shall be possible to check the compliance of the testing laboratory's management system within the criteria
- It shall be possible to gain insight into the relationship between the documented system and the Standard via an up-to-date review
- It shall be possible to observe the activities at the testing laboratory
- The testing laboratory shall provide the assessment team with the necessary safety instructions, safety equipment & personnel protective equipment
- If requested, the testing laboratory shall provide access to all relevant locations, equipment, dossiers and documents
- In case the assessment of SLAB requires the participation of clients/external service provider or other related bodies of the testing laboratory, the testing laboratory shall take measures to assure this participation; in particular testing laboratory shall have enforceable arrangements with its clients/external service provider holding an accredited certificate, to ensure SLAB access to witness the testing laboratories' compliance at the Testing laboratory's client's/external service provider's site.
- Assessors of SLAB shall not be put in a position where their independence and objectivity could be compromised.

5.1.3 Accreditation Symbol

Accredited testing laboratories have the right to use the applicable accreditation symbol. As such, on grant of accreditation, the testing laboratory may use SLAB accreditation symbol on letterheads, brochures and any other material issued to its clients including the certificates. However, such usage shall be confined within the scope of Accreditation. The testing laboratory shall comply with the "Policy on governing the use of the accreditation symbol" (AC-RG (P)-01). If the policy of the testing laboratory is to use the accreditation symbol for testing reports pertaining to accredited scopes all reports issued on accredited scopes shall carry the accreditation symbol.

Misuse of the accreditation symbol by accredited testing laboratory may lead to suspension or withdrawal of the accreditation. If non-accredited testing laboratory uses the accreditation

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symbol, the SLAB can resort to legal action.

5.1.4 Reporting Changes

The testing laboratory shall inform the SLAB immediately of every change that can have considerable impact on the activities covered by the scope. Such changes may be of following nature:

- Changes in the legal, commercial or testing laboratory's organizational status
- Changes in the sphere of activities or economic activities of the testing laboratory
- Change in management and in structure
- Policy changes
- Changes in personnel that fill key positions, such as managers and decision-makers and personnel with specific and unique expertise for the testing laboratory
- Changes in location and other resources that can have a significant influence on the accredited activities carried out
- Significant changes in working procedures

If a testing laboratory expects the changes to have a temporary negative effect on the accredited activities, then the testing laboratory can request a voluntary suspension. In case of that the SLAB possesses the right to carry out extra assessments to ensure that the testing laboratory again complies with the accreditation criteria before lifting the suspension. If during a surveillance activity of SLAB, it is found that SLAB was not informed about changes may decide to extend the assessment to review the changes and their impacts.

5.1.4 Financial Obligations

The testing laboratory will receive an invoice for all the accreditation activities carried out by the SLAB. The amount invoiced will depend on the number of man-days worked; the applicable fee and other costs be found in TL-RG(P)-01. A testing laboratory shall take prompt actions to settle the such payments. If a testing laboratory does not make payment on time, the SLAB sends reminders and late payment charges may apply. If payment still not made then, the suspension procedure will begin. If there are payments outstanding during the initial phase of the accreditation process, the SLAB has the right to halt the accreditation process until payment is done.

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5.2 SLAB

5.2.1 Behavior of Assessment Teams

The assessment team will limit its assessment activities to an investigation of whether the testing laboratory complies with the applicable criteria. In doing so, Assessors will make use of the relevant criteria documents, scope-related documents (including standards, descriptions of methodology, diagrams etc.) and generally accepted interpretations. Assessors may not accept any gifts, presents etc. from testing laboratories that may compromise their neutral role in assessments. Assessors will follow the health and safety instructions of the testing laboratory being assessed.

5.2.2 Confidentiality

SLAB will treat all the information obtained or created during the accreditation process of testing laboratories/sources other than the testing laboratories as strictly confidential, unless otherwise required to be disclosed under a legal or regulatory framework and unless agreed by the source.

Legally enforceable agreements are made available to safeguard the confidentiality of the information obtained in the process of accreditation at all levels of SLAB including the staff of SLAB, committees, service providers, assessment team, or other bodies or individuals acting on behalf of the SLAB. Confidential information related to any testing laboratory shall not be disclosed, outside the SLAB without written consent of that particular testing laboratory, unless otherwise required by law. Any information about a testing laboratory obtained from other sources is not shared with that testing laboratory, unless agreed by the source.

6. Suspensions, Withdrawals and Reductions

Suspension, Withdrawal and Reduction of scope of accreditation arises, in the event of a testing laboratory persistently failing to meet the requirements of accreditation criteria, and/or violating the Rules and procedures and Terms and Conditions agreed upon at the stage of granting accreditation. On CAB's request, the scope may also be suspended, withdrawn or reduced.

SLAB will take decision on suspension of accreditation for a maximum of four months or Withdrawal/ Reduction of accreditation with immediate effect. Any failure to rectify the issues related Suspension within the given period, accreditation shall be withdrawn/reduced with immediate effect. The decision will be informed to the testing laboratory and published in the web site. SLAB may issue a revised certificate/schedule of accreditation.

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6.1 Suspensions

During the suspension period, the testing laboratory may not make use of the accreditation symbol or in any other way actively refer to the accredited status.

A suspension is lifted, if an additional assessment shows that the reason for the suspension no longer exists. If the suspension period ends without this being the case, the SLAB implements the withdrawal procedure. If the testing laboratory actions to reinstate accreditation within 4 months another two months maximum will be given to complete or reinstate. Any failure to rectify the issue related to suspension within the given period accreditation shall be withdrawn or reduced with immediate effect by the Director/ CEO and decision will be informed to the accreditation committee. If the decision is to suspend or withdraw or reduce accreditation Director/CEO will inform the testing laboratory of the decision in writing and may issue a revised certificate or schedule of accreditation.

A testing laboratory may request a voluntary suspension from the SLAB if it is temporarily unable to comply with the accreditation criteria. In such circumstances, the testing laboratory is not permitted to make use of the accreditation symbol or refer to the accredited status. It is not possible to submit a request for a voluntary suspension during the period that a SLAB assessment is being carried out.

6.2 Withdrawals and reduction

The accredited testing laboratory and the SLAB can withdraw/reduce the scope of accreditation. From the moment of withdrawal/reduction, the testing laboratory will have to refrain from using the accreditation symbol or otherwise referring to the accredited status for the full/part of scope of accreditation. In such situations the certificates issued under SLAB- accreditation shall also have to be withdrawn/re issued.

If testing laboratory wishes, for whatever reason, to terminate its scope of accreditation in full/part, it shall submit a request to the SLAB for voluntary withdrawal/reduction in writing. Withdrawal shall apply to the entire scope and reduction shall apply for the part of the scope. The SLAB confirms the withdrawal/reduction in writing.

When SLAB determines that a suspension of full/part of the scope of accreditation, has not been lifted within the applicable period or if evidences are found to substantiate that the testing laboratory brings the Accreditation into grave disrepute, the SLAB will impose the withdrawal/reduction. SLAB informs the testing laboratory of the withdrawal/reduction in writing. After a withdrawal, the SLAB will not accept an application for accreditation from the same testing laboratory within a period of six months.

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7. Disputes, complaints and appeals

7.1 Disputes

The SLAB defines a dispute as difference of opinion between the accredited testing laboratory or applicant Testing laboratory and the SLAB with regard to:

- The interpretation of a requirement of a standard;
- The working procedure of the SLAB.

The testing laboratory can report the existence of such dispute to the Director/CEO, SLAB in writing. The Director/CEO, SLAB will consult with the parties involved. The decision will be communicated to the parties in writing. All disputes if any arising out of SLAB decision, that remains unresolved through internal mechanism provided by SLAB are subjected to the alternate dispute resolution (Arbitration) , if fails can initiate litigation within the jurisdiction of the courts in Sri Lanka, exclusive the jurisdiction of the courts in Sri Lanka.

7.2 Complaints

The SLAB distinguishes two types of complaints:

- Complaints about the SLAB and its personnel on behalf.
- Complaints about registered or accredited testing laboratories.

In both these cases Director/CEO, SLAB or the panel appointed by him/her will investigate the complaints.

The complaints will be handled in accordance with the Procedure for Complaint handling (GN-PR(P)-08), which is available on SLAB website.

7.3 Appeals

Testing laboratories are free to make appeals against decisions taken by the SLAB such as appointment of assessors, grant of accreditation, reduction/ expansion of scopes, suspensions/ withdrawal etc. All such appeals will be dealt with in accordance with the SLAB procedure for dealing with Appeal (AC-PR(P)-09) which is available on SLAB website.

8. Publicity

SLAB will publish the details of scope of accreditation & accreditation status of the accredited Testing laboratories along with their contact addresses and suspension/withdrawal of accreditation status in SLAB web site.

SLAB posts all Rules and Procedures, Terms and Conditions, Fee Structures, Specific Criteria's and Applications and supportive documents and subsequent changes in the SLABs official website. Testing laboratories are required to implement such changes as per instructions given by the SLAB.

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9. Liability

SLAB will not be responsible for any damages, which the testing laboratory may suffer as a result of any action or negligence by those who are carrying out the tasks on behalf of SLAB and any failure to the grant of accreditation or abeyance/suspension/withdrawal of the accreditation, and neither shall SLAB be held responsible for any damage what so ever, caused to any party by the acts of Testing laboratory.

The Testing laboratory shall have adequate provisions (Insurance coverage or reserve) to cover liabilities arisen from its operation.

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