Conditions and Criteria for Recognition of Accreditation Bodies for ENERGY STAR® Laboratory Recognition

In order to serve as an Accreditation Body (AB) for the ENERGY STAR Laboratory Recognition Program, an AB shall agree in writing to the following requirements:

General Requirements:

1) Comply at all times with the conditions and criteria for recognition of accreditation bodies for the ENERGY STAR Laboratory Recognition Program.

2) Operate its accreditation program in accordance with ISO/IEC 17011, "Conformity assessment: General requirements for accreditation bodies accrediting conformity assessment bodies."

3) Maintain its status as a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA). Inform EPA, in writing, within 30 days of any change in signatory status in the ILAC MRA.

4) Within the AB's assessor training program, include training on the current requirements described in the ENERGY STAR Laboratory Recognition Requirements. Assessors must be trained prior to performing assessments and continue to be provided new and refresher courses. As per ISO/IEC 17011, training should be conducted as needed to ensure the AB maintains a sufficient number of competent personnel given the work performed.

Reporting to EPA:

1) Submit an electronic copy of the quality management system documentation required in Section 5 of ISO/IEC 17011.

2) Participate in meetings with EPA as necessary as part of continual improvement efforts in the enhanced testing program. During these meetings, the AB will be expected to brief EPA staff on the status of the program, common deficiencies, and issues related to accreditation of laboratories. EPA and the AB will jointly determine whether the meeting should take place by telephone or in-person.

3) Report to EPA within 30 days of any major changes that affect the AB's:
   a) Legal, commercial, organizational, or ownership status;
   b) Organization and management, e.g., key managerial staff;
   c) Policies or procedures, where appropriate;
   d) Location;
   e) Personnel, facilities, working environment or other resources, where significant;
   f) Other such matters that may affect the AB's capability, scope of recognized activities, or compliance with the ENERGY STAR requirements and relevant technical documents.

4) Forward any questions related to ENERGY STAR test procedures to EPA for resolution, and abide by the decisions of EPA relative to the resolution of those questions.

5) Upon request, provide EPA with electronic copies of laboratory accreditation information including:
   a) Accreditation effective date;
   b) Accreditation expiration date (if applicable);
   c) ENERGY STAR-relevant accredited test methods; and,
   d) A list of qualified personnel per ENERGY STAR-relevant accredited test methods.

6) Notify EPA immediately in writing, and update the AB's website to document any action that adversely affects the accreditation status of an EPA-recognized accredited laboratory.

7) Upon request, provide EPA with copies of laboratory assessment documentation related to ENERGY STAR testing, including corrective action plans, and documentation of resolution of deficiencies. Laboratories' consent to this is a condition of their recognition by EPA.

Conducting Laboratory Assessments:

1) Assess laboratory operations for compliance with ENERGY STAR Laboratory Recognition Requirements.
   a) Upon a satisfactory outcome, attest to the technical competence of laboratories to perform tests required for ENERGY STAR qualification as outlined in the ENERGY STAR Laboratory Recognition Requirements. This should include ensuring that the list of specific test methods for which the laboratory has been accredited is included within the laboratory's scope of accreditation.
   b) Notify EPA of any observed test method interpretations that require clarification.
   c) Assess documentation demonstrating the impartiality and freedom of laboratory management and personnel from any undue internal or external commercial, financial or other pressures and influences that may adversely affect the quality of their work, as required by ISO/IEC 17025.

      NOTE: It is EPA's expectation that ABs will systematically monitor the impartiality of laboratories on an ongoing basis. Document review, consistent with the requirements of ISO/IEC 17025, shall include but may not be limited to the following:
      i) organization chart showing that the responsibilities, authorities, and inter-relationships of all personnel who manage, perform or verify laboratory results are free from influence that may adversely affect the quality of their work;
      ii) dates of internal audits, audit findings, and any corrective actions taken;
      iii) any customer complaints and corrective action taken;
      iv) original testing records containing sufficient information for repeatability, including the names of staff who participated;
      v) evidence that laboratory employees participate in and regularly pass ethics and compliance audits; and,
      vi) evidence that mechanisms for reporting and responding to attempts to exert undue influence on test results are in place.

2) Conduct complete on-site assessments of each laboratory per the ILAC MRA and ISO/IEC 17011 requirements.

3) Verify that all assessment findings are resolved and corrective actions have been implemented before granting accreditation to a laboratory.

4) Allow EPA, at its discretion, to witness any assessments performed for compliance with the requirements of the verification testing program. EPA agrees to jointly determine with the AB when such witnessing will occur so as not to disrupt the AB's assessment schedule, and to operate solely as an observer and not participate in any way with the assessment activities of the AB and/or its assessors.

5) Publish and maintain on the AB's website an up-to-date directory identifying all EPA-recognized laboratories the AB has accredited. At a minimum, this directory must include the following information:
   a) Laboratory name, address, and phone number;
   b) Laboratory point of contact;
   c) Accreditation effective date;
   d) Accreditation expiration date (as applicable); and,
   e) Scope of accreditation.

6) Maintain documentation relevant to the accreditation for at least five years.

7) Assume the responsibility of the laboratory accreditation decision itself; the AB cannot delegate fully or partially the accreditation decision to another organization.