

APLAC Evaluation Checklist

AB Name	
Evaluator Name	
Date(s) of Evaluation	

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
17011 <sup>(1)</sup>				
<b>4</b>	<b>Accreditation body</b>			
<b>4.1</b>	<b>Legal responsibility</b>			
4.1 <sup>(1)</sup>	AB to be registered legal entity			
<b>4.2</b>	<b>Structure</b>			
4.2.1	Structure gives confidence in its accreditations			
4.2.2 <sup>(1)</sup>	Has authority & responsibility for its accreditation decisions			
4.2.3	Legal status/owners			
4.2.4	Duties, responsibilities, authority of staff documented			
4.2.5	Top management authority for			

<sup>(1)</sup> See also IAF/ILAC-A5 for the application of some clauses of ISO/IEC 17011:2004

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
	tasks			
4.2.5a)	Development of policies			
4.2.5b)	Supervision of implementation of its policies & procedures			
4.2.5c)	Supervision of finances			
4.2.5d)	Decisions on accreditation			
4.2.5e)	Contractual arrangements			
4.2.5f)	Delegation of authority for defined activities			
4.2.6	Access to necessary expertise for advising on matters related to accreditation			
4.2.7	Formal rules for committees involved in accreditation process			
4.2.8	Documented structure with lines of authority and responsibility			
<b>4.3</b>	<b><i>Impartiality</i></b>			
4.3.1	Organised & operated to safeguard impartiality & objectivity of activities			
4.3.2	Opportunity for effective involvement of Interested parties;			

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	balanced representation; no single party predominating			
4.3.3 (x-ref to 4.6.1)	Non-discriminatory policies & procedures; administered in non-discriminatory way			
4.3.4	No undue pressure on those who influence accreditation process			
4.3.5	Accreditation decision by competent person(s) other than those who did assessment			
4.3.6 <sup>(1)</sup>	Not offer/provide service that affects impartiality			
4.3.6a)	Not do conformity assessment services done by CABs			
4.3.6b)	Not offer consultancy			
4.3.6 final paragraph	Activities not presented as linked to consultancy			
4.3.7 <sup>(1)</sup>	Activities of related bodies do not compromise AB's accreditations			
4.3.7a) (x-ref to 4.2.5)	Related body to have different top management			

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4.3.7 b)	Related body to have different personnel from those involved in accreditation decision-making			
4.3.7c)	Related body to have no possibility to influence on assessment outcome			
4.3.7d)	Related body to have distinctly different name, logo, symbols			
4.3.7 final paragraph (x-ref to 4.3.2)	AB with participation of interested parties to identify, analyse & document relationships to determine potential conflict of interest; take action			
<b>4.4</b>	<b><i>Confidentiality</i></b>			
4.4	Confidentiality of information obtained in process of accreditation activities			
<b>4.5</b>	<b><i>Liability and financing</i></b>			
4.5.1	Arrangements to cover liabilities			
4.5.2	Financial resources required for its operation; describe sources of income			

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<b>4.6</b>	<b><i>Accreditation activity</i></b>			
4.6.1	Clear description of activities with reference to relevant Standards			
4.6.2	Any application documents developed by those with necessary competence & with participation of interested parties			
4.6.3	Procedures for extending activities & to react to demands of interested parties; possible procedural elements:			
4.6.3a)	Analysis of present competence, suitability of extension, resources, etc			
4.6.3b)	Accessing expertise			
4.6.3c)	Evaluate need for application or guidance documents			
4.6.3d)	Selection and training of assessors			
4.6.3e)	Training AB staff			

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<b>5</b>	<b>Management</b>			
<b>5.1</b>	<b>General</b>			
5.1.1 (x-ref to 5.2 - 5.9)	AB to establish, implement, maintain management system			
5.1.2	Where 17011 requires AB to have procedures, these are documented			
<b>5.2</b>	<b>Management system</b>			
5.2.1	Top management to define & document policies & objectives, including quality policy; needs of interested parties; ensure implementation at all levels in AB; objectives measurable			
5.2.2	Appropriate to work done; accessible to personnel; effective implementation			
5.2.3	Top management to appoint person with authority and responsibility that includes			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
5.2.3a)	Ensuring procedures for management system are established			
5.2.3b)	Reporting to top management on performance of management system & any need for improvement			
<b>5.3</b>	<b><i>Document control procedures</i></b>			
5.3a)	Approve for adequacy prior to issue			
5.3b)	Review & update as necessary			
5.3c)	Identify changes & current revision status			
5.3d)	Available to all relevant personnel			
5.3e)	Legible & readily identifiable			
5.3f)	Prevent unintended use of obsolete documents			
5.3g)	Safeguard confidentiality			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
5.4	<b>Records</b>			
5.4.1	Procedures for identification, collection, indexing, accessing, filing, storage, maintenance & disposal			
5.4.2	Procedures for retaining for period consistent with contractual & legal obligations			
5.5	<b>Nonconformities &amp; corrective actions procedures</b>			
5.5a)	Identifying NCs			
5.5b)	Determining causes of NCs			
5.5c)	Correcting NCs			
5.5d)	Evaluating need for action to ensure NCs do not recur			
5.5e)	Determining actions needed & implement in timely manner			
5.5f)	Recording results of actions taken			
5.5g)	Reviewing effectiveness of corrective actions			



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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
<b>5.6</b>	<b><i>Preventive action procedures</i></b>			
5.6a)	Identify potential NCs & causes			
5.6b)	Determine & implement preventive action needed			
5.6c)	Record results of actions taken			
5.6d)	Review effectiveness of preventive actions taken			
<b>5.7</b>	<b><i>Internal audits</i></b>			
5.7.1	Procedures to verify conformance with 17011 & that management system is implemented & maintained			
5.7.2	Frequency normally at least annually; planned audit program based on importance of processes & results of previous audits			
5.7.3	Requirements for internal audits:			
5.7.3a)	Conducted by qualified personnel			
5.7.3b)	Different personnel from those who perform activity being audited			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
5.7.3c)	Persons responsible for area audited informed of outcome			
5.7.3d)	Actions taken in a timely & appropriate manner			
5.7.3e)	Opportunities for improvement identified			
<b>5.8</b>	<b><i>Management reviews</i></b>			
5.8.1	Procedures to review management system at planned intervals			
5.8.2	Management review inputs to include			
5.8.2a)	Results of audits			
5.8.2b)	Results of peer evaluations			
5.8.2c)	Participation in international activities			
5.8.2d)	Feedback from interested parties			
5.8.2e)	New areas of accreditation			
5.8.2f)	Trends in nonconformities			

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5.8.2g)	Status of preventive & corrective actions			
5.8.2h)	Follow-up actions from earlier management reviews			
5.8.2i)	Fulfilment of objectives			
5.8.2j)	Changes that could affect management system			
5.8.2k)	Appeals			
5.8.2l)	Analysis of complaints			
5.8.3	Management review outputs to include actions related to			
5.8.3a)	Improvement of the management system & its processes			
5.8.3b)	Improvement of services & accreditation process in conformity with standards & expectations of interested parties			
5.8.3c)	Need for resources			

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5.8.3d)	Defining or redefining policies, goals and objectives			
<b>5.9<sup>(1)</sup></b>	<b><i>Complaints procedures</i></b>			
5.9a)	Decide on validity			
5.9b)	Ensure complaint concerning accredited CAB is first addressed by CAB			
5.9c)	Take appropriate actions & assess their effectiveness			
5.9d)	Record complaints & actions taken			
5.9e)	Respond to complainant			
<b>6</b>	<b><i>Human resources</i></b>			
<b>6.1</b>	<b><i>Personnel associated with AB</i></b>			
6.1.1	Sufficient number of competent personnel to handle work done			
6.1.2	Sufficient assessors to cover all of activities			
6.1.3	Make clear to each person extent & limits of their duties, responsibilities, authorities			

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6.1.4	Personnel to commit formally by signature or equivalent to comply with rules defined by AB			
<b>6.2</b>	<b><i>Personnel involved in accreditation process</i></b>			
6.2.1	AB to define for each activity in accreditation process			
6.2.1a)	Qualifications, experience and competence required			
6.2.1b)	Initial & ongoing training required			
6.2.2	Procedures for selecting, training, & approving assessors & experts			
6.2.3	AB to identify specific scopes in which each assessor & expert has demonstrated competence to assess			
6.2.4 <sup>(1)</sup>	Requirements for assessors & experts:			
6.2.4a)	Familiarity with accreditation procedures, criteria, etc			

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6.2.4b)	Have undergone relevant accreditation assessor training			
6.2.4c)	Have knowledge of assessment methods			
6.2.4d)	Be able to communicate effectively, both orally and in writing			
6.2.4e)	Have appropriate personal attributes			
<b>6.3</b>	<b><i>Monitoring</i></b>			
6.3.1 <sup>(1)</sup>	Monitor performance of personnel involved accreditation process			
6.3.2	Assessor monitoring, including frequency on-site			
<b>6.4</b>	<b><i>Personnel records</i></b>			
6.4.1	Qualifications, training, experience, competence of each person involved in accreditation process; kept up-to-date			
6.4.2	Records for assessors & experts to include at least			
6.4.2a)	Name & address			

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6.4.2b)	Position held in own organisation			
6.4.2c)	Educational qualifications & professional status			
6.4.2d)	Work experience			
6.4.2e)	Training in management systems, assessment & conformity assessment activities			
6.4.2f)	Competence for specific assessment tasks			
6.4.2g)	Experience in assessment & results of monitoring			
<b>7</b>	<b>Accreditation process</b>			
<b>7.1</b>	<b>Accreditation criteria &amp; information</b>			
7.1.1	General criteria for accreditation to those in relevant Standards			
7.1.2	Information publicly available & updated at adequate intervals			

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7.1.2a)	Detailed information about assessment & accreditation processes			
7.1.2b)	Requirements for accreditation including technical requirements for each field of accreditation			
7.1.2c)	General information about fees			
7.1.2d)	Description of rights & obligations of CABs			
7.1.2e) (x-ref to 8.2.1)	Information on accredited CABs			
7.1.2f)	Procedures for lodging & handling complaints & appeals			
7.1.2g)	Information about authority under which accreditation program operates			
7.1.2h)	Description of AB's rights & duties			
7.1.2i)	General information about how AB obtains financial support			



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7.1.2j)	Information about AB's activities & stated limitations under which it operates			
7.1.2k) (x-ref to 4.3.7)	Information about related bodies, if applicable			
<b>7.2</b>	<b><i>Application for accreditation</i></b>			
7.2.1	Authorized representative of applicant CAB to make formal application that includes			
7.2.1a)	General features of CAB			
7.2.1b)	General information			
7.2.1c)	Clearly defined, requested scope of accreditation			
7.2.1d) (x-ref to 8.1)	Agreement to fulfill requirements for accreditation & other obligations of CAB			
7.2.2	CAB to provide at least the following information prior to assessment:			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.2.2a)	Description of conformity assessment services; list of standards, methods or procedures for which accreditation is sought, including limits of capability where applicable			
7.2.2b) (x-ref to 7.15)	Quality manual & relevant associated documents & records such as information on PT participation			
7.2.3	AB to review information supplied by CAB for adequacy			
<b>7.3</b>	<b><i>Resource review</i></b>			
7.3.1	Review by AB of its ability to carry out assessment in terms of AB policy, competence, availability of assessors/experts, etc			
7.3.2	Review to include ability of AB to do initial assessment in timely manner			
<b>7.4</b>	<b><i>Subcontracting the assessment</i></b>			
7.4.1	No subcontracting of decision-making; policy & agreement on subcontracting assessment			
7.4.2	AB itself shall			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.4.2a)	Take full responsibility for sub-contracted assessments; have itself competence in decision-making			
7.4.2b)	Maintain responsibility for all accreditation decisions			
7.4.2c)	Ensure competence & compliance with applicable 17011 requirements			
7.4.2d)	Obtain written consent from CAB for a use of particular subcontractor			
7.4.3	List of subcontractors & means of monitoring competence			
<b>7.5</b>	<b><i>Preparation for assessment</i></b>			
7.5.1	Preliminary visit as an option; clear rules for visit; avoid consultancy			
7.5.2	Appoint assessment team with lead assessor; team as a whole shall have:			
7.5.2a)	Appropriate knowledge of specific scope of accreditation			

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7.5.2b)	Sufficient understanding to make reliable assessment of competence of CAB			
7.5.3	Ensure assessors act impartially & in a non-discriminatory manner			
7.5.3a)	Team members shall not have provided consultancy which might compromise accreditation process & decision			
7.5.3b) (x-ref to 6.1.4)	Team members shall inform AB about any link or competitive position between themselves & CAB to be assessed			
7.5.4	Inform CAB of names of team; policy for dealing with objections from CAB			
7.5.5	Define assignment given to team; team to perform document review & conduct on-site assessment			
7.5.6	Procedures for sampling (if applicable) of CA services to ensure team witnesses a representative number of examples			

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7.5.7 <sup>(1)</sup>	Visit all sites where key activities covered by proposed scope are performed for initial assessment			
7.5.8 <sup>(1)</sup>	Sampling for surveillance & reassessment of multi-site CABs to ensure proper assessment in defined timeframe			
7.5.9 <sup>(1)</sup>	Assessment date & schedule agreed with CAB			
7.5.10	Relevant AB documents & records and CAB documents to be provided to team			
<b>7.6</b>	<b><i>Document &amp; record review</i></b>			
7.6.1 <sup>(1)</sup> (x-ref to 7.2.1 – 7.2.2)	Team to review & evaluate CAB documents & records for conformity with relevant Standards & accreditation requirements			
7.6.2	Decision on whether to proceed based on NCs found; NCs reported in writing to CAB			
<b>7.7</b>	<b><i>On-site assessment</i></b>			
7.7.1	Opening meeting			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.7.2	Team to gather objective evidence that CAB has competence for scope			
7.7.3 <sup>(1)</sup>	Team to witness a representative number of staff			
<b>7.8</b>	<b><i>Analysis of findings and assessment report</i></b>			
7.8.1	Analysis of information & evidence sufficient to determine competence and conformity of CAB with requirements			
7.8.2	Clarification from AB when team cannot reach a conclusion			
7.8.3 <sup>(1)</sup>	Reporting procedures to ensure the following requirements met:			
7.8.3a)	Closing meeting on findings including NCs; oral &/or written report; opportunity for CAB response			
7.8.3b)	Written report to contain comments on competence and conformity, and all NCs to be resolved			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.8.3 c)	CAB's response to describe actions to resolve any NCs			
7.8.4	AB remains responsible for report			
7.8.5	Review response; effective implementation of actions verified			
7.8.6	Information to be provided to decision-makers			
7.8.6a)	Unique identification of CAB			
7.8.6b)	Date(s) of on-site assessment			
7.8.6c)	Names of assessors & experts involved in assessment			
7.8.6d)	Unique identification of all premises visited			
7.8.6e)	Proposed scope that was assessed			
7.8.6f)	Assessment report			
7.8.6g)	Statement on adequacy of internal organisation & procedures of CAB			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.8.6h)	Information on resolution of all NCs			
7.8.6i)	Any further information that may assist in determining competence of CAB			
7.8.6j)	Where applicable, summary of results of PT & other comparisons & actions taken			
7.8.6k)	Where appropriate, recommendation on accreditation decision			
<b>7.9</b>	<b><i>Decision-making &amp; granting accreditation</i></b>			
7.9.1	AB satisfied that information adequate for decision to be made			
7.9.2	Decision to be made without undue delay			
7.9.3	Use of results of assessment by another 17011-compliant AB			
7.9.4 <sup>(1)</sup>	Accreditation certificate shall identify the following:			



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7.9.4a)	Identification & logo of AB			
7.9.4b)	Unique identity of CAB			
7.9.4c)	All CAB premises covered by scope			
7.9.4d)	Unique accreditation number for CAB			
7.9.4e)	Effective date of accreditation &, as applicable, expiry date			
7.9.4f)	Brief indication of or reference to scope of accreditation			
7.9.4g)	Statement of conformity & reference to relevant normative document(s) used for assessment, including issue date or revision			
7.9.5	Accreditation certificate also to identify			
7.9.5a)	For certification bodies	N/A		

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7.9.5 b)	For inspection bodies: type of inspection; field & range of inspection; regulations, etc against which inspection done			
7.9.5 c)	For calibration laboratories: types of measurement done; measurement ranges; BMC or equivalent			
7.9.5 d)	For testing laboratories: types of tests done; products tested; methods used			
<b>7.10</b>	<b><i>Appeals</i></b>			
7.10.1	Procedures for appeals available			
7.10.2	AB shall:			
7.10.2a)	Appoint competent & independent person(s) to investigate			
7.10.2b)	Decide on validity of appeal			
7.10.2c)	Advise CAB of final decision of AB			
7.10.2d)	Take follow-up action, where required			

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7.10.2e)	Keep records of appeals, decisions. follow-up actions			
<b>7.11</b>	<b><i>Reassessment and surveillance</i></b>			
7.11.1 (x-ref to 7.5 - 7.9)	Reassessment similar to initial, except experience gained during previous assessments taken into account; surveillance less comprehensive than reassessments			
7.11.2 <sup>(1)</sup>	Procedures and plans for periodic surveillance & reassessment; intervals sufficiently close			
7.11.3, first para.	Plan to ensure representative samples of the scope assessed regularly			
7.11.3, second para.	Interval between assessment depends on proven stability of CAB's services			
7.11.3, third para.	Either reassessment alone or combination of surveillance and reassessment			
7.11.3a)	For reassessment alone, intervals not exceeding 2 years			

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Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
7.11.3b)	For combination, reassessment at least every 5 years; interval between on-site surveillance should not exceed 2 years			
7.11.4	On-site visits planned & take into account other surveillance activities			
7.11.5	Strict time limits defined for corrective action on any NCs identified			
7.11.6	Decision on continued or renewed accreditation based on results of visits			
7.11.7 (x-ref to 8.1.2)	Extraordinary assessments as result of complaint or changes; CAB advised of this possibility			
<b>7.12</b>	<b><i>Extending accreditation</i></b>			
7.12 (x-ref to 7.5-7.9)	Undertake necessary activities on receipt of application for extension to scope			
<b>7.13</b>	<b><i>Suspending, withdrawing, or reducing accreditation</i></b>			
7.13.1	Establish procedures			

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7.13.2	Decision to suspend or withdraw when accredited CAB persistently fails to meet the requirements or abide by rules			
7.13.3	Reduce scope of accreditation for persistent failure to meet requirements, including competence			
<b>7.14</b>	<b>Records on CABs</b>			
7.14.1	Maintain records to demonstrate requirements, including competence, have been fulfilled			
7.14.2 (x-ref to 5.4)	Maintain confidentiality of records			
7.14.3	Records for CABs shall include:			
7.14.3a)	Relevant correspondence			
7.14.3b)	Assessment records & reports			
7.14.3c)	Committee deliberations, if applicable, & accreditation decisions			
7.14.3d)	Copies of accreditation certificates			

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7.15	<b><i>Proficiency testing &amp; other comparisons for labs</i></b> <b><i>(See also ILAC-P9 &amp; MR001, Section 3.3 below)</i></b>			
7.15.1	Establish procedures to take into account PT participation & performance			
7.15.2 <sup>(1)</sup> , first sentence	Organise itself or involve others judged to be competent in provision of PT & other comparisons			
7.15.2 <sup>(1)</sup> , second sentence	AB to maintain a list of appropriate PT & other comparison programs			
7.15.3 <sup>(1)</sup> , first sentence	Ensure participation, where available and appropriate, and that corrective actions are carried out when necessary.			
7.15.3 <sup>(1)</sup> , second sentence	Specify minimum amount and frequency of PT, in cooperation with interested parties; this to be appropriate in relation to other surveillance activities			

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8.	<b><i>Responsibilities of the accreditation body and the CAB</i></b>			
8.1	<b><i>Obligations of the CAB</i></b>			
8.1.1	AB shall require CAB to conform with			
8.1.1a) (x-ref to 8.2.4)	Commit to fulfil continually the requirements for accreditation; includes agreement to adapt to changes in requirements			
8.1.1b)	Afford accommodation and cooperation to enable AB to verify fulfilment of requirements at all premises where CA services occur			
8.1.1c)	Provide access to information, documents & records as necessary for assessment & maintenance of accreditation			
8.1.1d)	Provide access to information about level of independence & impartiality of CAB from related bodies, where applicable			
8.1.1e)	Arrange witnessing of CAB services when requested			

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8.1.1f)	Claim accreditation only with respect to scope for which accreditation is granted			
8.1.1g)	Not use its accreditation in such a manner as to bring AB into disrepute			
8.1.1h)	Pay fees as determined by AB			
8.1.2	AB to require it is informed by CAB without delay of significant changes relevant to its accreditation, relating to:			
8.1.2a)	Legal, commercial, ownership or organisational status			
8.1.2b)	Organisation, top management and key personnel			
8.1.2c)	Main policies			
8.1.2d)	Resources and premises			
8.1.2e)	Scope of accreditation			



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8.1.2f)	Other such matters that may affect ability to fulfil requirements for accreditation			
<b>8.2</b>	<b><i>Obligations of the Accreditation Body</i></b>			
8.2.1	Make publicly available information about current accreditation status including:			
8.2.1a)	Name & address of each AB			
8.2.1b)	Dates of granting accreditation and expiry dates, as applicable			
8.2.1c)	Scopes of accreditation, condensed and/or in full			
8.2.1c) last sentence	If condensed, provide information on how to obtain full scopes			
8.2.2	Provide information to CAB on suitable traceability routes			
8.2.3	Provide information on international arrangements in which AB is involved			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
8.2.4	Give due notice of changes in requirements for accreditation			
8.2.4, second sentence	Take into account views expressed by interested parties before deciding on precise form and effective date of the changes			
8.2.4, last sentence	Verify each accredited CAB carries out any necessary adjustments			
<b>8.3</b>	<b><i>Reference to accreditation and use of symbols</i></b> <b><i>(See also ILAC-P8 below)</i></b>			
8.3.1 <sup>(1)</sup>	Policy governing accreditation symbol's protection & use; clear indication as to which CAB activity is covered by accreditation; symbol permitted to be used on reports within scope of CAB accreditation			
8.3.2 <sup>(1)</sup>	AB to take effective measures to ensure that accredited CAB:			
8.3.2a)	Fully conforms to AB's requirements for reference to accreditation status			
8.3.2b)	Only uses symbol for premises that are included in the scope			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
8.3.2c)	Makes no statement that AB may consider misleading or unauthorised.			
8.3.2d)	Takes due care that no report/certificate or part thereof is used in a misleading manner			
8.3.2e)	Upon suspension or withdrawal of accreditation discontinues use of all advertising matter that contains any reference to accredited status			
8.3.2f)	Does not allow its accreditation to be used to imply a product, process, system or person is approved by the AB			
8.3.3	AB to take suitable action to deal with incorrect references to accreditation status or misleading use of accreditation symbols			
<b>MR 001</b>				
<b>3.1</b>	<b>Standards</b>			
3.1.1	Fulfill Section 2 of IAF/ILAC- A2, and IAF/ILAC-A5			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
3.1.2	Accredited CABs fulfill relevant accreditation criteria: 17025, 15189, 17020 & IAF/ILAC-A4, G34 & APLAC TC008, 17043			
<b>3.2</b>	<b><i>Supplementary Requirements</i></b>			
3.2.1	Meet requirements of documents mandated by ILAC and APLAC: currently ILAC P8, P9, P10, P13, P14, APLAC TC008			
3.2.2	Be fully operational (i.e., having carried out surveillance and reassessment)			
3.2.3	Demonstrate that their accredited CABs can access an appropriate measurement system that enables them to make measurements traceable to national or international standards of measurement			
3.2.4	For re-evaluations meet APLAC MR 001 and APLAC MR 002			
3.2.5	Applicant for RMP and/or PTP either MRA signatory for calibration/testing or applying for calibration/testing			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
<b>3.3</b>	<b><i>Proficiency Testing Activity</i></b>			
3.3.1	AB to satisfy ILAC P9			
3.3.2	Applicant for inspection to have documented policy on PT			
3.3.3	AB to satisfy ILAC P9 for relevant activities for RMP			
<b>3.4</b>	<b><i>Non-members of APLAC</i></b>			
3.4	First enter in contract of cooperation			
<b>MR 002</b>	<b><i>ARRANGEMENT text</i></b>			
<b>1:(a) – (j)</b>	<b><i>List of AB obligations</i></b>			
(a)	Meet ISO/IEC 17011; accredit to relevant Standards: 17025, 15189, 17020, G34, 17043			
(b)	Recognise equivalence of accreditations of other MRA signatories within its scope of recognition			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
(c)	Accept endorsed reports issued by CABs accredited by other MRA signatories on same basis as it accepts endorsed reports from its accredited CABs			
(d)	Recommends & promotes acceptance in its economy endorsed reports from CABs accredited by other signatories			
(e)	Investigates complaints from another signatory about reports issued by its CABs			
(f)	Contributes to work of MRA Council			
(g)	Participates in work of APLAC, including returning ballots			
(h)	Provides evaluators appropriate to its size & needs of MRA Council			
(i)	Confidentiality of information obtained from peer evaluations			
(j)	Informs other signatories of any significant changes in status & operational practices			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
<b>A2</b>	<b>Requirements for single AB</b>			
<b>2.1</b>	<b>Standards</b>			
2.1.1	17011, applicable ILAC & IAF/ILAC documents			
2.1.2	Supplementary requirements of Regional Group			
<b>2.2</b>	<b>Supplementary requirements</b>			
2.2.1	An AB shall			
2.2.1.1	Have demonstrated experience in the assessment of its accredited CABs and have carried out at least one accreditation in each of the accreditation programs for which it applies (demonstrated by having accredited more than one CAB or having carried out on-site surveillance and reassessment on one CAB)			
2.2.1.2	Have demonstrated experience in operating an AB and access to expertise in all aspects of accreditation activities.			
2.2.1.3	Specify acceptable routes for measurement traceability and assess implementation in CABs			

**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
	(ILAC P10)			
2.2.1.4	Meets relevant requirements for PT activity (ILAC P9)			
2.2.1.5	Abide by requirements and obligations of the APLAC & ILAC MRAs			
2.2.1.6	Have a programme to promote the APLAC/ILAC Arrangements with major stakeholders			
2.2.1.7	Contribute its fair share of personnel resources for the conduct of peer evaluations for APLAC and/or ILAC			
2.2.1.8	Have implemented a cross frontier policy taking into account ILAC G21			



**APLAC Evaluation Checklist – APLAC MR 007**

Clause	Subject/Keywords	AB References	OK (Y/N)	Team Comments
<b>2.3</b>	<b><i>Confidentiality</i></b>			
2.3.1	Maintains confidentiality with all APLAC & ILAC information relating to evaluations, re-evaluations, appeals, complaints and involving any applicants and/or signatories. (Sign confidentiality declarations prior to access, except decision-makers.)			
2.3.3	AB provides advice to the evaluation team on how to treat evaluation documents provided to the team			
<b>ILAC P5</b>	<b><i>Text of the ILAC MRA</i></b> <i>(see APLAC MRA text)</i>			
<b>ILAC P8</b>	<b><i>Requirements for use of accreditation symbols and claims of accreditation status</i></b>			
<b>ILAC P9</b>	<b><i>Proficiency testing activity</i></b>			
<b>ILAC P10</b>	<b><i>Requirements for traceability of measurements</i></b>			
<b>ILAC P13</b>	<b><i>Accreditation of PTPs</i></b>			
<b>ILAC P14</b>	<b><i>Uncertainty in Calibration</i></b>			