Rules for Accreditation of Testing Laboratories

VLAC-VR100A: 2024

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Contents

1. Scope

1.1 Purpose of this document and testing category of the scope of accreditation

This document applies to the accreditation of testing laboratories based on ISO/IEC 17025:2017 (JIS Q 17025:2018). Its purpose is to define the requirements and basic operating procedures for testing laboratories accreditation and to ensure that accreditation activities are carried out appropriately and smoothly.

1.2 Test methods and standards of the scope of accreditation

Test methods of the scope of accreditation include international standards, national standards, regional standards, industrial association standards, academic society standards, methods published by technical institutions, methods published in literature or publications, manufacturer's internal standards, tests methods developed or modified by the Institute. If product standards include requirements other than testing, those requirements other than testing activities (such as risk management, development process, maintenance process) shall be excluded from the scope of accreditation.

Testing categories is shown in [Appendix 1]

2. Terms

The following terms are used independently by VLAC or extended from the general definition.

2.1 Testing Laboratory

A testing laboratory organization managing and operating one or more test site

2.2 Test site

It is composed of test equipment and personnel who carry out the test. However, there are cases where equipment is not permanently installed at the test equipment or personnel are not permanently stationed. When multiple test sites in different locations operate a common management system, the representative test site is referred to as the "main test site" and the other test sites are referred to as the "sub-test site".

2.3 Documents assessment

Assessment to determine conformity of a laboratory through reviews of related documents and records provided by the laboratory or test site

2.4 On-site assessment

Assessment, for which an assessment team visits a laboratory (or testing site) to determine its conformity, through confirmation of the testing equipment used, as well as interviewing and confirming the competency of the testing personnel

2.5 Renewal assessment

Re-assessment to be implemented for an accredited laboratory that desires to stay accredited after the expiry date of accreditation. In the application for accreditation renewal, even if the accreditation range within the expiration date is to be maintained, those test categories, test methods, and test standards should be stated in the application form (VF100). The extension of the scope of

accreditation can be applied at the same time as the accreditation renewal. An audit conducted within one year from the date of grant of accreditation to ensure that accredited laboratories continue to comply with accreditation requirements. The application for surveillance examination (hereinafter also referred to as surveillance) cannot include the expansion of the scope of accreditation.

2.6 Surveillance assessment

An assessment conducted within one year from the date of grant of accreditation to ensure that accredited laboratories continue to comply with accreditation requirements. The application for surveillance assessment (hereinafter also referred to as “surveillance”) cannot include the extension of the scope of accreditation.

2.7 Extraordinary assessment

Assessment performed when the VLAC deems it necessary other than surveillance or renewal assessment.

2.8 Remote assessment

Assessment conducted by the assessment team while checking the work performance status of the laboratory remotely by web meeting or appropriate communication means (refer to Appendix 4)

2.9 In-situ test

Tests conducted by the laboratory at a location other than permanent facilities such as a customer's facility or installation location.

3. Impartiality

VLAC provide impartial service to all applicants for accreditation without bias in any case regarding decisions regarding laboratory accreditation, including granting, maintaining, expanding, reducing, suspending, and revoking accreditation. VLAC eliminate operating, financial and other pressures that impair external fairness. There are no conditions that restrict participation in the laboratory accreditation system, such as the size of the laboratory or membership in any association or group.

4. Confidentiality

VLAC into non-disclosure agreements with our committees, external bodies and individuals to protect the confidentiality of laboratory information obtained in the course of accreditation activities. VLAC will not disclose confidential information to the outside without the written consent of the laboratory unless required by law. VLAC will not use the information submitted by the laboratory for accreditation or the information of the laboratory that VLAC have learned through accreditation activities for purposes other than the purpose of our accreditation activities.

5. Standard documents and forms to be used for accreditation application

VLAC prepares the rules and application forms related to the accreditation of laboratories, and provides them to the laboratories which apply for accreditation. These documents are posted on the website (https://www.vlac.co.jp) of VLAC, and can be downloaded as needed. Appendix 2 lists these

documents.

6. Application for accreditation and reception of application

The application for accreditation and reception of the application must be performed as follows:

(1) After confirming that the laboratory (applicant) wishing to be accredited meets the requirements for accreditation, the application form VF100 and appendix (downloadable from our website). And the attached materials such as the management system manual of the laboratory (refer to the application form VF100), and apply for accreditation. [Note 1]

(2) Testing laboratories that have multiple testing sites at different locations submit the application form and materials shown in (1) above for each testing site (location) for which accreditation is desired.

(3) After accepting the application, VLAC will issue an invoice for the assessment fee[Note2], confirm the transfer to our designated bank account, or confirm the payment notice, and then complete the application acceptance. [Note 3]

(4) After accepting the application, VLAC will apply if there is intentional false information in the laboratory's fraudulent activity, application form VF100 and attached materials, or if the information related to the assessment is hidden. And end the accreditation process at that point. [Note 4]

(5) When applying for extension of the scope of accreditation at the same time as accreditation renewal, it is not necessary to submit each application form, and it is possible to apply by adding the extension of the scope of accreditation to one application for accreditation renewal.

(6) Renewal of accreditation must be applied at least 4 months before the expiration date of accreditation, and surveillance must be applied at least 2 months before one year the expiration date of accreditation.

(7) If the test method and test standard for which accreditation is applied are not the latest version, describe the version and year of publish in the application form.

(8) The shall be stored in the dedicated folder for the laboratory established by VLAC in the cloud server “Box[Note 4]”. If the server cannot be used, the application form and laboratory materials shall be stored in an appropriate electronic medium and sent to the VLAC.

[Note 1] When a copy of the laboratory documents and records is used as an attachment, it is not necessary to use the form of the laboratory certification application appendix. (There is no need to transfer the data to the form of the laboratory certification application appendix.)

[Note 2] Accreditation assessment fees include application acceptance and review, management system assessment, technical assessment, and more.

[Note 3] After the application is accepted, the certification fee will not be refunded due to the convenience of the laboratory.

[Note 4] If the application documents and attached materials have significant deficiencies that make it difficult to carry out the examination, and the laboratory does not respond to corrections

or appropriate measures, the subsequent examination process may be interrupted.

[Note 5] ICT services provides by Box, Inc., (900 Jefferson Ave., Redwood City, CA 94063 USA)

7. Accreditation agreement

VLAC makes a legally enforceable agreement in regard to a laboratory's duties concerning granted accreditation with each laboratory. The applicant laboratory must agree to the following terms:

(1) The laboratory must commit to always fulfilling accreditation requirements within the scope for which accreditation is applied or accreditation is granted, and commit to provide evidence of fulfillment. This term involves agreement to adapt to changes in the accreditation requirements.

(2) The laboratory must provide necessary cooperation to enable VLAC to verify fulfillment of the accreditation requirements.

(3) The laboratory must allow VLAC to use or access the laboratory's personnel, office, information, documents, and records when needed by VLAC to verify fulfillment of the accreditation requirements.

(4) The laboratory must accept VLAC's witnessing of actual testing work when requested by VLAC.

(5) If applicable, when the laboratory conducts a test (in-situ test) at its client's site, the laboratory must obtain approval from the client, upon request of VLAC, for the witnessing of the in-situ test by VLAC's assessment team to evaluate the laboratory's operation performance. For this purpose, the laboratory must establish a legally enforceable arrangement with the client.

(6) The laboratory can claim accreditation only within the scope for which the accreditation has been granted.

(7) The laboratory must follow VLAC's policy VR107 “Policy on Use of Accreditation Symbol and Reference to Accreditation” for the use of the accreditation symbol.

(8) The laboratory must not use granted accreditation in such a way that can impair VLAC's credibility.

(9) The laboratory must inform VLAC without delay of significant changes relevant to the laboratory's accreditation.

(10) The laboratory must pay the expenses for accreditation determined by VLAC.

(11) The laboratory must cooperate in investigating and resolving accreditation-related complaints about the laboratory referred to it by VLAC.

8. Assessment

Laboratory assessment is performed according to the Accreditation Procedure (VLAC-VP200) (note: undisclosed internal document of VLAC). There are two assessment methods: documents assessment, and on-site assessment. In the case of documents assessment, assessors review the documents and records submitted by the applicant laboratory. In the case of on-site assessment, an assessment team visits the laboratory (site) and checks testing skills.

As the result of assessment, one of the following three determinations is reported:

(1) Conformity: The requirement is fulfilled.
(2) Nonconformity: The requirement is not fulfilled. The management system needs to be corrected.
(3) Observation: There is a concern about development leading to nonconformity. The management system must be reviewed.

8.1 Appointment the assessment team

After accepting the application, VLAC will send the testing laboratory an auditor notification letter that lists the backgrounds of the auditors in the audit team who will be responsible for the audit, and obtain the laboratory's consent to accept the audit team. If the testing laboratory is unable to accept any assessor(s) in the assessment team designated by VLAC, the testing laboratory may request a change of assessor(s). In that case, VLAC will designate other assessor(s) and resend the assessor(s) notification letter to the testing laboratory. After the testing laboratory agrees to accept the assessor(s), VLAC will request the designated assessment team to conduct a document review and on-site assessment of the laboratory accreditation application, laboratory accreditation application appendices, and attached documents submitted by the testing laboratory. Note that the testing laboratory cannot designate the assessment team or assessor(s).

8.2 Documents assessment

The assessment team reviews the relevant documents and records submitted by the testing laboratory. The assessment team will ask the testing laboratory any necessary questions, and if there are any doubts, may request corrections, changes, and additional documents. If nonconformities and/or observations are found, VLAC will notify the applicant (testing laboratory) of the nonconformities in a Nonconformity/Observation Notice and request a corrective action report within 30 days. However, if an on-site assessment is included, it is not necessary to submit a corrective action report, as the corrective actions will be confirmed during the on-site assessment. The document review report will not be sent to the testing laboratory.

8.3 On-site assessment

For on-site assessment, send the assessment plan to the laboratory in advance and get agreement. The assessment team will visit the laboratory, test site or test room where the test is being conducted, check documents, records, equipment specifications, personnel skills, etc., and examine the suitability of the management system and technical capabilities. During the on-site assessment, the assessment team (assessors) visits all testing sites operated by the testing laboratory. If there are multiple test rooms (anechoic room, shield room, acoustic anechoic room, etc.) where the same test is conducted in one test site, demonstration of practical tests will be conducted in all test rooms in the initial on-site inspection. In the subsequent assessment, the test room where the demonstration of practical test will be conducted is selected by sampling. The assessment results will be compiled into the on-site assessment report and submitted to accreditation department of VLAC.

If the laboratory includes on-site testing (In-Situ) in its scope of accreditation, VLAC will also conduct on-site assessment of on-site testing (In-Situ). In that case, the laboratory should cooperate with assessment team to attend the in-situ test. (refer to 7. (5))

In addition, VLAC will conduct the remote assessment if necessary. In that case, follow the policy in [Appendix 4]. Also, if requested by the laboratory, a preliminary assessment will be conducted according to [Appendix 5].

8.4 Corrective actions

8.4.1 Corrective actions for nonconformities

The laboratory will take corrective action for nonconformities found in the document review or on-site assessment in accordance with the corrective action of the laboratory's management system, and the corrective action will be completed within 30 days from the date of receiving the on-site assessment report. Submit the corrective actions report to the VLAC accreditation department. If it is difficult to submit within 30 days, notify the VLAC that fact and the scheduled date for submitting the report. If the date of submission of the corrective action completion report exceeds the expiration date of the accreditation, the accreditation will be suspended until the VLAC accreditation committee approves the completion of the corrective action. If the corrective action completion report is not submitted within a maximum of 6 months from the expiration date of the accreditation, the accreditation will be revoked.

8.4.2 Responses to observations

The laboratory should consider responses to observations and take corrective action if necessary. Responses to observations shall be included in the laboratory materials in the application for the next renewal or surveillance assessment as a "record of responses to observations of the previous assessment".

8.5 Deliberation by the Accreditation Committee

The accreditation committee, which consists of external knowledgeable persons with neither interest in VLAC nor the laboratory, reviews the assessment and corrective-action reports, and then deliberates the decisions on accreditation.

8.6 Decision on accreditation

VLAC notifies the laboratory of one of the following results based on deliberation by the Accreditation Committee:

(1) Grant

- As the result of deliberation, the Accreditation Committee determined that all accreditation requirements were fulfilled.

(2) Suspend

- As the result of deliberation, the Accreditation Committee determined that some accreditation

requirements were not fulfilled.

- Granting is reserved until the laboratory notifies VLAC of the corrective actions against all nonconformities found in laboratory assessment and completion of said actions has been confirmed by the Accreditation Committee.

(3) Reject

- As a result of deliberation, the Accreditation Committee determines that any accreditation requirements were not fulfilled.

(4) Suspending accreditation

(5) Providing feedback of review findings to the laboratory (if any).

8.7 Complaints and appeals

VLAC will handle complaints from laboratories and stakeholders in accordance with the VR109 Rules for Complaint Handling. In addition, appeals from laboratories that have taken assessment will be handled in accordance with the VR110 Rules for handling Appeals. These rules are published VLAC website (https://www.vlac.co.jp).

9. Issuance of accreditation certificate

VLAC notifies the applicant(laboratory) of accreditation, and issues an accreditation certificate describing the following information to the laboratory:

(1) A statement that the accreditation has been granted, identification and logo of VLAC

(2) Name of the laboratory and address

(3) Names of all test sites and address if multiple sites are subject to accreditation

(4) Unique accreditation number given to the laboratory or test site to which accreditation is granted

(5) Effective date and expiry date of accreditation

(6) Scope of accreditation (Products, regulation, test methods)

(7) Rules used for the laboratory assessment (ISO/IEC 17025)

(8) Test standard, test method, and/or products if applicable [Note 1]

(9) Name of the VLAC director who is the grantor of the accreditation and VLAC company seal

(10) A statement that activities other than testing are excluded from the scope of accreditation [Note2]

[Note 1] If the version or year is not stated for the standard listed on the accreditation certificate, it means the latest version. However, if the test standard reviewed as the latest version is revised before the date of granting certification, VLAC will reissue the certificate with the version or year at the time of granting certification.

In addition, amendments (hereinafter abbreviated as Amd) issued as additions to standards will be clarified, and standards listed up to Amd 2 on the certificate will include Amd1 and versions not including Amd in the scope of certification.

[Note 2] If the standards used for conformity confirmation and standards cited in the standards used for conformity confirmation include requirements other than testing activities, those requirements other than testing activities will not be included in the scope of accreditation.

If the application in 6.(2) is accepted, a certificate will be issued to each of the multiple testing sites belonging to the testing laboratory, indicating the name of the testing site, the certification number, a sub-number identifying the testing site, the expiration date of the validity period, the testing standards to be implemented, etc.

9.1 Addition of technically equivalent standards to the accreditation certificate

If requested by the testing laboratory, VLAC will omit the technical review and add a standard that is technically equivalent to the currently accredited standard to the certificate only if the scope of certification is not expanded or reduced.

Example 1: A domestic standard equivalent to an international standard

- EN IEC standard issued without changing the content of an IEC standard
- JIS standard equivalent to an IEC standard (IDT)

Example 2: When the word "draft" is deleted from the standard draft without changing the content

10. Effective period of accreditation

The following describes the effective period and expiration of the accreditation granted by VLAC:

The validity period of the certification granted by VLAC and its expiration date are as follows:

(1) The validity period of accreditation is two years (from the date of certification until the day before the date two years later). Even if an expansion audit or special assessment of the scope of accreditation is conducted during the validity period of accreditation and accreditation is granted, the original validity period will not change.

(2) If the accredited laboratory is no longer able to maintain the conditions of certification, the accreditation will expire.

(3) If the validity period of accreditation is extended due to unavoidable circumstances, the original validity period may be extended by up to six months. In this case, if the interval between the date of the next on-site assessment for renewal and the date of the previous on-site assessment exceeds two years, an on-site assessment will be conducted and items 6 to 9 of these regulations will apply.

11. Surveillance

VLAC conduct surveillance to ensure that accredited laboratories continuously meet accreditation requirements.

The surveillance will be conducted within one year from the date of granting the certification. The first surveillance after the laboratory is first accredited involves on-site inspection. Generally, the second and subsequent surveillances are limited to document inspections, but on-site inspections may be conducted if there are major changes in the test equipment or if there is doubt about the results of

corrective actions [Note 1]. The accredited laboratory submits a surveillance application to us in the same way as the application for accreditation and applies for surveillance. If nonconformities were found that the facts do not meet the accreditation requirements, VLAC will issue a "Notice of Nonconformity" to the laboratory. Upon receiving the notification, the laboratory determines whether or not corrective action is possible, and receives a notification of the corrective action implementation plan [Note 2] if corrective action is implemented, or the corrective action report if corrective action is implemented. The laboratory must reply to us within 30 days after.

[Note 1] Refer to Note1 on clause 18

[Note 2] If the corrective action is only the implementation plan, the accreditation will be suspended. In this case, the suspension of accreditation will be lifted if the corrective action report is found to be conforming.

12.Extraordinary assessment

Extraordinary assessment is conducted when deemed necessary by VLAC in a case other than surveillance and assessment for accreditation renewal. The extraordinary assessment is conducted, for example, when a corrective action needs to be reviewed or when a client of the laboratory has filed a question about nonconformity or complaint about quality to VLAC. If an in-situ on-site assessment cannot be conducted at the same time as the on-site assessment at the laboratory's permanent facility, the in-situ assessment will be conducted as the extraordinaly assessment.

The extraordinary assessment is performed in a similar manner to a normal assessment, after a notification to the laboratory has been sent.

13. Renewal of accreditation

When an accredited laboratory intends to renew and continue its accreditation, the application for accreditation renewal, reception of application, assessment (renewal assessment), notification of assessment result, and issuance of accreditation certificate must be performed as follows:

(1) Application for accreditation renewal: The laboratory desiring renewal assessment to continue accreditation, even after the expiry date of the current accreditation, must prepare the laboratory accreditation application form VF100 and the attachments materials (refer to VF100 attachments)

(2) Time limit on renewal application: The application for accreditation renewal must be made by the day three months before the expiry date of current accreditation. If the applicant laboratory has submitted the renewal application form after the limit on renewal application, VLAC consults with the applicant laboratory about the schedule of documents assessment and on-site assessment to determine whether renewal assessment can possibly be completed before the expiry date of current accreditation. If it is possible, VLAC accepts the renewal assessment application. If it is impossible, the current accreditation will expire. Therefore, the renewal application is treated as an application for new accreditation, and VLAC issues a new

accreditation number. In such a case, the effective period of current accreditation might be extended by up to three months.

(3) Start of assessment: After receiving the renewal application, VLAC issues a bill for renewal assessment fee. VLAC starts the assessment process after confirmation of transfer of said fee to the bank account specified by VLAC.

(4) The renewal assessment is conducted according to the procedures described in Clauses 6 to 9 of this document.

(5) If it is determined that it will be impossible or extremely difficult to complete the renewal examination within the expiration date of the accreditation after accepting the application for renewal of accreditation, it is expected that the renewal examination will be surely carried out and completed. The expiration date can be extended until the date approved by the accreditation committee only if the accreditation business manager approves.

(6) The result of the accreditation renewal will be deliberated by the accreditation committee in the same way as this regulation 8.5, and the procedure after the 8.6 will be followed. VLAC will issue a new certificate if the accreditation committee approves the renewal.

14. Extension of accreditation scope

Application for extension of the scope of accreditation, acceptance, expansion assessment, notification of results and issuance of certificates are performed below.

(1) Laboratories that have already been accredited and wish to extend the scope of accreditation (addition of test items for accredited test standards, addition of new test standards or test methods) submit using application form VF100 and attachments such as the laboratory management system manual (attachment column of application form VF100) to apply for expansion of the scope of accreditation.

(2) The assessment for extension of accreditation will be carried out according to the procedures 6 to 9 of this document. However, on-site assessment can be omitted if VLAC determine that the extended range of tests can be carried out with the laboratory's current capabilities.

(3) VLAC will issue a new accreditation certificate when the extension of the scope of accreditation is recognized. The expiration date of the scope of accreditation by the extended assessment is until the expiration date of the accreditation.

15. Suspension, withdrawn, or reduction of accreditation

In the event of a suspension, withdrawn, or reduction of the scope of accreditation, the information will be posted on VLAC website. The period for which accreditation information of the suspension, withdrawn, or reduction will be made public will be six months from the expiration date of the accreditation before the action was taken.

15.1 Suspension of accreditation

If an accredited laboratory cannot fulfill the accreditation requirements described in this document temporarily or if it cannot submit the corrective-action report on nonconformity within the time limit, VLAC suspends its accreditation. The period of suspension must not exceed the expiry date of its accreditation. During the suspension of accreditation, the laboratory must not issue any test report with the accreditation symbol attached. When recovering the laboratory from suspension of accreditation, VLAC conducts laboratory assessments (documents assessment, on-site assessment, or both). When accreditation is re-granted after a suspension period, the effective period described in the new accreditation certificate is applied to the accreditation.

15.2 Withdrawal of accreditation

If an accredited laboratory has failed to continuously fulfill the accreditation requirements described in this document or has not submitted the corrective-action report on nonconformity within the time limit, or if the accredited laboratory has violated an accreditation rule (for example, using accreditation in an unauthorized manner or refusing an assessment), VLAC withdraws the accreditation of the laboratory. The accredited laboratory can, of its own accord, request VLAC to withdraw its accreditation.

15.3 Reduction of accreditation scope

If an accredited laboratory has failed to continuously fulfill accreditation requirements, including its competence, even partially, VLAC reduces the scope of accreditation of the laboratory so as to exclude its nonconformity to requirements. VLAC issues a new accreditation certificate when it has decided on the reduction of accreditation scope. The accredited laboratory can, of its own accord, request VLAC to reduce the scope of its accreditation.

16. Proficiency test (Inter-laboratory comparison)

Refer to VR106A Policy for Proficiency Testing and Inter-laboratory comparison.

VLAC requires accredicated laboratories and the laboratories intending to receive accreditation to participate in proficiency test or the inter-laboratory comparison. If a laboratory cannot use the proficiency test program, the laboratory must make an appropriate comparison between laboratories, and check the validity of the test result. Each laboratory accredited by VLAC must participate in the proficiency testing or inter-laboratory comparison at least once within the effective period of its accreditation. Analyze the results of proficiency tests or inter-laboratory comparisons and take corrective action if the results fall outside the acceptance criteria established by the laboratory.

17. Rights, duties and responsibilities of accredited laboratories

The duties of the laboratory are based on the Agreement on Arrangements for Accreditation.

(1) The accredited laboratory may print the accreditation symbol of VLAC in test reports within the scope of accreditation. The accredited laboratory must not print the accreditation symbol of

VLAC in test reports that extend outside the scope of accreditation. Any test report that includes tests both within the scope of accreditation and outside the scope of accreditation must be organized appropriately for easy differentiation between the two types.

(2) The accredited laboratory may publicize its accreditation by VLAC in media such as websites, documents, brochures, and advertisements.

(3) The accreditation symbol of VLAC may be used in test reports, certificates, other media (such as brochures), and the namecards of pertinent laboratory staff. The accreditation symbol must not be used for any other purpose.

(4) The ILAC-MRA mark can be used only after a required agreement is concluded with VLAC.

(5) The accredited testing laboratory shall report to the VLAC any incident that may damage its integrity or credibility, including, but not limited to, violation of laws and regulations and false reporting.

18. Changes to information of accredited laboratories

The accredited laboratory shall notify VLAC within 30 days of any significant changes in the status or operation of the laboratory regarding the following matters after being accredited. Depending on the content of the change, some or all of the accreditation may be invalidated, so it is advisable to contact us before making the change. When applying for a change, use VF118 “Notification of Change in Laboratory".

(1) Legal, commercial, ownership, or organizational status

(2) Organization, management, or primary staff

(3) Main policy

(4) Management resources and facilities

(5) Reduction or deletion of accreditation scope

(6) Addition of new test facility(ies), expansion or modification of test facility(ies) [Note1]

(7) Other matters notification of change shall be made by submitting the laboratory certification application form VF100 with the reason for the change and the description of the change contents attached. VLAC will review the content of the notification and notify the laboratory if a change review is required.

[Note 1] If VLAC determine that it is necessary to confirm the management system, the capability of the laboratory, the competence of personnel, and the suitability of the equipment, VLAC may conduct a document review or an on-site review.

19. Publicizing accredited laboratories

VLAC makes public a list of accredited laboratories on its website, brochures, and other media. The list of accredited laboratories covers laboratory names, site names, locations, type of testing, testing standard, and, if applicable, test methods and the products subject to testing, as well as the date of granting accreditation and the accreditation expiry date.

20. Fees

The accreditation fee consists of the basic fee, technical assessment fee, the assessment fee for each test field, and the management fee. In addition to the above, the travel expenses and transportation expenses of the assessor(s) will be added when the on-site assessment is involved. The outline of the fee calculation (VLAC-VF130) is posted on VLAC Internet homepage.

21. Appeals and compensation for damages

VLAC and the laboratory shall cooperatively settle, in good faith and with appropriate dialog, disputes in regard to compensation for appeals or damages arising during the course of accreditation activities.

22. Procedure for cross-frontier accreditation

The procedure for cross-frontier accreditation is defined in Appendix 3.

[Appendix 1] Accreditation scope

The accreditation scope and test classification VLAC applies are described in the form VLAC-VF100, which can be accessed on the website of VLAC. If the standard number is shown without version or year, it indicates the latest version of the standard.

[Appendix 2] Standards

The following documents are disclosed on the website of VLAC.

VLAC-VG101: Guide to apply ISO/IEC17025:2017
VLAC-VR102: Specific requirements for EMC Laboratories
VLAC-VR102-2: Specific requirements for Energy Star Program of the EPA in the United States
VLAC-VR102-3: Policy for the laboratories that perform conformance testing of Wi-SUN communication devices
VLAC-VR102-4: Notes regarding matters not applicable to testing activities
VLAC-VR102-5: Specific requirements for EMC testing activities conducted out of permanent testing facilities
VLAC-VR103: Policy of traceabitity of measurement
VLAC-VR105: Policy for Uncertainty of Measurement
VLAC-VR106A: Policy for Proficiency Testing and Inter-laboratory comparison
VLAC-VR107: Policy on Use of Accreditation Symbol and Reference to Accreditation
VLAC-VR108: Policy and rules for impartiality
VLAC-VR109: Rules for handling complaints
VLAC-VR110: Rules for handling appeals

[Appendix 3] Policy for cross-frontier accreditation

This appendix describes the policy for the accreditation of overseas testing laboratories by VLAC. The rules and procedures not defined in this appendix follow VR100A.

1. Confirmation prior to accepting applications

When VLAC is approached by an overseas testing laboratory for the application for accreditation, VLAC confirms the following matters with the laboratory before accepting the application:

1.1 If there is an accreditation body handling the accreditation scope required by the laboratory in the country (or economic bloc) of the laboratory, and the accreditation body is a signatory of ILAC- or APAC- MRA, VLAC shall respond as follows:

(1) VLAC confirms whether the laboratory is aware of an appropriate accreditation body in the laboratory's country (or economic block).
(2) VLAC suggests that it might be economically advantageous for the laboratory to be accredited by the accreditation body in the laboratory's country (or economic block).

(3) VLAC clarifies with the laboratory that every accreditation body signing ILAC- or APLAC-MRA can provide equivalent accreditation.

1.2 If the laboratory still wishes to use VLAC for accreditation regardless of the above explanations, VLAC shall communicate with the accreditation body in the laboratory's country (or economic block) as follows with the approval of the laboratory:

(1) Inform the relevant accreditation body that VLAC will accept the laboratory's request for assessment and accreditation services, and explain the situation.

(2) Request the relevant accreditation body to participate (as an observer) in the assessment by VLAC.

1.3 If no accreditation body signing ILAC or APLAC MRA in the laboratory's country (or economic bloc) can cover the accreditation scope required by the laboratory, VLAC shall ask the laboratory whether they are interested in submitting an application to an accreditation body in the laboratory's country (or economic bloc) with the following options:

(1) VLAC participates in assessment (as an observer) to serve as a reference for the accreditation body in the relevant country (or economic bloc) in future handling of the relevant accreditation scope.

(2) VLAC provides its assessors to the assessment team of the accreditation body in the relevant country (or economic bloc).

(3) VLAC and the accreditation body accept joint assessment by which the applicant will obtain two accreditation certificates, from VLAC and the accreditation body in the relevant country (or economic bloc), respectively.

2. Post-accreditation consideration

In any case, VLAC considers future transfer of accreditation of an overseas laboratory to an accreditation body in the country (or economic bloc) of the laboratory.

[Appendix 4] Policy for remote assessment

1. Scope

This document applies when it becomes difficult for the assessment team to visit the laboratory or when it becomes difficult for the laboratory to accept the auditor's visit by the reason of social activities are restricted by social circumstances and laws.

2. Decision of carry out the remote assessment

VLAC will decide whether or not to carry out the remote assessment. The following are examples of conducting remote assessment.

- When it becomes extremely difficult for the assessment team to visit the laboratory due to a disaster, etc.
- When social activities such as transportation, movement, and human contact are restricted by law

or other means.

- When the laboratory officially prohibits the temporary entry of outsiders
- In the case of document screening that does not require the judge to visit the laboratory

3. Remote assessment environment

The remote assessment is conducted using the web meeting tool such as Webex as shown in Fig. 1 [Note 1]. The invitee of the web meeting tool will be the accreditation manager or business administration manager of the VLAC, but after confirming that the meeting room has been opened, the assessment team leader will take the initiative and start the assessment.

VLAC will send the web camera for observe test demonstration and interview to laboratory personnel to the laboratory by the assessment start date. In addition, the web meeting tool invitee confirms that the laboratory will accept the web meeting tool invitation by the assessment date, and that the assessment team and the testing laboratory will connect to the web meeting tool to establish a conference and the web camera can be operated.

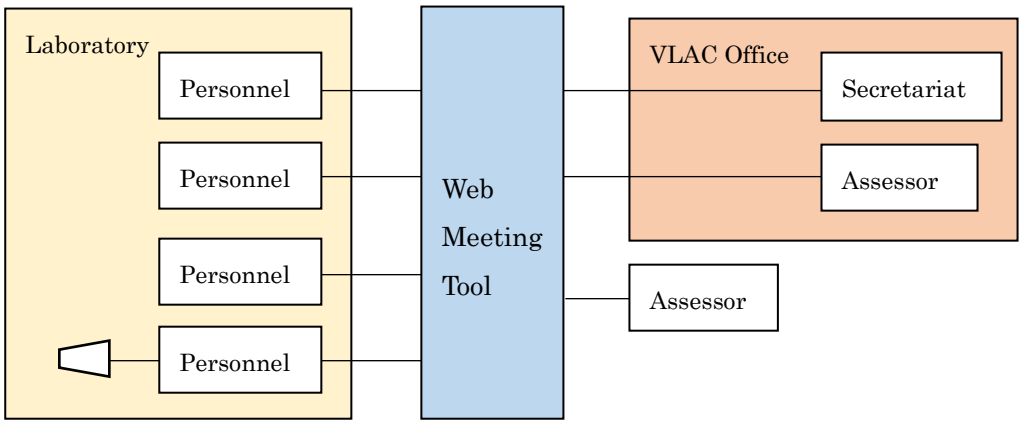


Fig. 1 Concept of remote assessment using web meeting tool

[Note 1] Web meeting tool is used as the web conferencing tool in principle, but it is also possible to use the web conferencing tool that the laboratory uses. web meetings may also be used to validate corrective actions.

4. Assessment process

Remote assessment may be requested by VLAC to the laboratory or by the laboratory. In either case, if VLAC determine that it is appropriate to carry out a remote assessment, VLAC will initiate the assessment process after agreeing with the laboratory. The assessment process is VP-200 (internal document of VLAC) compliant. However, instead of the on-site assessment (visit), the assessment team will conduct the assessment remotely using appropriate means such as a web conference tool.

Document assessment may require the submission of more detailed materials. Materials submitted by the laboratory will be classified and will not be disclosed to anyone other than the staff, committee members and review team involved in VLAC accreditation process.

In the case of remote assessment, if the composition of the assessment team, the number of days required for assessment, and the assessment fee are different from the normal on-site assessment, the laboratory will be notified when the application is accepted.

The assessment team will remotely confirm the following items (but not limited to these).

- Documents and records
- Test practice
- Interview with personnel

The laboratory will respond to the instructions and questions of the review team by web camera photography and other suitable data transmission means.

The assessment team prepares a field assessment (remote) report and explains the assessment results to the laboratory at the final meeting. Incompatibility and response to observations are the same as in normal on-site assessment.

[Appendix 5] Policy for preliminary assessment

This appendix applies to preliminary assessment conducted by VLAC at the request of laboratories. The application and deviations of clauses of this rule to the preliminary assessment are shown below.

1. Scope

This appendix applies to Preliminary Examination

2. Terminology

A preliminary assessment is an assessment conducted with the purpose of assessing the suitability of the management system before the laboratory undergoes an accreditation assessment.

3. Impartiality

No change

4. Confidentiality

No change

5. Standard documents and forms used for application for accreditation

Use the Accreditation Application Form VF100 (Category M) as the "Preliminary Assessment Application Form"

6. Application for accreditation and acceptance

Submit the application form for the preliminary assessment together with the laboratory materials at least 30 days before the desired date of assessment.

7. Accreditation Agreement

Replace accreditation with pre-assessment

8. Assessment

Document review, on-site assessment, or both are performed according to the request of the laboratory. The assessors (assessment team) do not provide specific advice (consultants) for problem solving or compliance specific to the laboratory.

9. Issuance of accreditation certificate

Not applicable. A preliminary assessment is not an assessment for accreditation.

10. Validity period of certification

Not applicable

11. Surveillance

Not applicable

12. Extraordinary assessment

Not applicable

13. Renewal of accreditation

Not applicable

14. Expanding the scope of accreditation

Not applicable

15. Suspension, withdrawal or reduction of scope of accreditation

Not applicable

16. Proficiency test and Inter-laboratory comparison

Not applicable

17. Obligations and rights of accredited laboratories

Not applicable

18. Changes to certification content

Not applicable

19. Publication of accredited laboratories

Not applicable

20. Fees

The fees of the preliminary examination will be calculated based on an estimate.

21. Response to Problems and Compensation for Damages

Confidentiality for the preliminary assessment shall be the same as for the accreditation assessment.

22. Procedures for accreditation of overseas laboratories

Not applicable

[Appendix 6] Notation of test methods and test standards within the scope of accreditation

1. When applying for accreditation, the test method and specifications to be entered in the accreditation application form (VF100) shall be as follows.

(1) Enter the same title, edition or year as the test method and standard.

(2) If only the title is entered without the edition or year, it will be regarded as the latest edition, and editions or years before the latest edition will not be included.

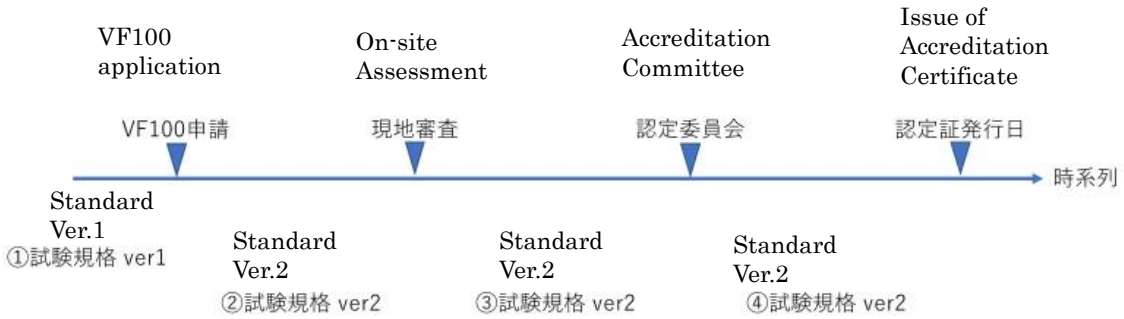
(3) When applying for renewal of accreditation, fill in the information in accordance with (1) and (2) above.

2. The test method and standard notation on the certificate shall be as follows. (The same applies to information on accredited testing laboratories VLAC Internet website.)

(1) Describe as entered in the accreditation application form by the laboratory.

(2) Based on the request of the laboratory, if only the title is written without the edition or year, it is regarded as the latest edition, and the edition or year before the latest edition is not included.

(3) If the method or standard described in (2) above is revised after the date of granting the certification, VLAC will reissue the certification with the version or year at the time of granting the accreditation. If the test standard is revised between the application for accreditation and the issuance of the accreditation certificate, the version or issued year of the standard to be indicated on the accreditation certificate will be as shown in the figure below.



	条件	有効版	認定証の年号記載
①	VF100の申請から認定証発行日まで規格の変更なし	ver1	年号記載なし
②	現地審査前に規格が改訂されたが、現地審査でver2の審査不実施	ver1	年号記載あり
②	現地審査前に規格が改訂されたが、現地審査でver2の審査実施	Ver2	年号記載なし
③	現地審査以降に規格の新版発行	Ver1	年号記載あり
④	認定委員会以降に規格の新版発行	ver1	年号記載あり

version or issued year of the standard to be indicated

version or issued year of the standard NOT to be indicated

[Appendix 7] Use of ICT

VLAC use the cloud server "Box" provided by Box, Inc. (900 Jefferson Ave., Redwood City, CA 94063 USA) as a storage place for documents, records, and other data of VLAC and laboratories used for accreditation activities. In addition, when conducting a remote assessment, VLAC will use the web conference "Webex" provided by Cisco Systems, Inc. (300 East Tasman Dr., San Jose, CA 95134 USA). If the laboratory cannot agree on the use of these ICTs, it shall discuss other appropriate methods with VLAC.

[Appendix 8] Statement of Laboratories' scope of accreditation

In addition to 1.2 of this provision, laboratories must ensure that test reports they issue do not mislead customers or third parties.

If a test method (standard) has requirements other than "testing" (e.g. risk assessment) and the test report mentions those items other than "testing" (e.g. pass/fail judgment), they must clearly state that they are outside the scope of accreditation. This also applies to test reports that bear the accreditation symbol and test reports that do not bear the accreditation symbol but state that the laboratory is accredited.

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--- End of Document ----

Revision of this document from VR100A-2023(R4)

8.2 Added the requirement to submit a corrective action report for non-conformities found during document review.

16. Requires that corrective action be taken if the results of proficiency testing or inter-laboratory comparison fall outside the judgment criteria set by the laboratory.

17. (5) Requires that accredited laboratories report to us any incidents that may damage their own integrity or credibility.

Appendix 2 Add both VR102-4 and VR102-5.