	<i>The American Association for Laboratory Accreditation</i>	
	<b>I102 – INSTRUCTIONS FOR RESPONDING TO THE ASSESSOR DEFICIENCY REPORT</b>	Document Revised: January 28, 2010
		Page 1 of 4

Deficiencies cited during your A2LA assessment must be addressed and resolved through the formal corrective action process required by the conformity assessment standard to which you are seeking accreditation (e.g. per Section 4.11 of ISO/IEC 17025:2005).

### I. Submission of Corrective Actions to A2LA

You may submit your corrective actions either electronically (e.g. via email or submitted on a cd/dvd or a flash drive) or in hard copy format; however the preferred method of submission is via electronic means.

Please include your organization’s corrective action form (e.g. Corrective Action Request (CAR) form) and all supporting and applicable objective evidence of closure for *each* deficiency cited.

***Regardless of the media in which you provide your corrective action submittal to A2LA, the A2LA Accreditation Officer (AcO) will not queue your corrective actions for review until a response for all deficiencies have been provided.***

#### ***Electronic Submission:***

a) General rules for all electronic submissions:

1. All electronic submissions must follow the same naming convention as follows:

**“xxxxx-CAxx-DEFxx-xx.document type”** Where

“xxxxx” equals the five digit assessment ID found on the summary of assessment report

“CAxx” equals the corrective action revision level

“DEFxx” equals the deficiency number referenced directly from the deficiency report

“xx” equals the attachment number (if submitting using section b) 4 below)

“document type” equals the format of the submitted document such as “.doc” or “.pdf”, etc.

- Do not include the parentheses in the document name.
- Do make sure that each section of the name is separated by a dash “-”.
- All x’s in the naming convention above must be substituted with the appropriate numbers as they correspond to your corrective action submission (CAxx, DEFxx and xx must contain at least 2 digits).

2. Folders are **not** acceptable.


3. Zip files are acceptable.

4. Zip files contained within other zip files are **not** acceptable.

5. Zip files shall **not** contain folders.

6. Documents that are embedded within or hyperlinked through another document are **not** acceptable.

7. Adobe pdf documents are the preferred method of submission. Please ensure that all security protections in the document (e.g. disallowing printing, extractions, annotations, copying, etc.) are turned off prior to saving the final PDF.

	<i>The American Association for Laboratory Accreditation</i>	
	<b>I102 – INSTRUCTIONS FOR RESPONDING TO THE ASSESSOR DEFICIENCY REPORT</b>	Document Revised: January 28, 2010
		Page 2 of 4

b) Please provide your corrective actions in one of the following four options using the naming convention described above. An example of the required naming convention is with each option listed below.

1. One document containing the corrective actions for all deficiencies

- This format must contain all the corrective actions sequentially with all objective evidence grouped together by deficiency.

Example

- “12345-CA01.pdf”

2. Group several corrective actions into one document. Email submissions are limited by size; therefore if the file size is larger than 10Mb (and you intend to submit your corrective actions via email), it must be split into smaller file sizes. For example: A corrective action submission with a file size of 18Mb must be split into two files so that each file falls below the 10Mb threshold. The format would be the same as if you were submitting one document as described above.

Example

- “12345-CA01-DEF01-DEF05.pdf”

3. One document or file per deficiency. If choosing this option, please ensure that the document names meet the criteria outlined in section c below.

Example

- “12345-CA01-DEF01.pdf”

4. Multiple files addressing one or more deficiencies. Each document name shall clearly describe the contents of the file with respect to the deficiency report as outlined in section c below.

Examples

- “12345-CA01-DEF01-01.pdf”
- “12345-CA01-DEF01-02.doc”
- “12345-CA01-DEF01-03.xls”


c) If your submission is too large to email in one email you may submit them in multiple emails/smaller groupings or in compressed zip files provided the rules listed above are met.

Any electronic submission that does not meet all of the above listed requirements may be returned to you for reformatting and resubmission.

***Hard Copy Submission:***

Please mail one complete set of your corrective actions to A2LA Headquarters.

Please include your MASTER CODE and ASSESSMENT ID in the top right-hand corner of each page of your corrective action response and supporting documentation. *This is only necessary when submitting your corrective actions in printed form.*

	<i>The American Association for Laboratory Accreditation</i>	
	<b>I102 – INSTRUCTIONS FOR RESPONDING TO THE ASSESSOR DEFICIENCY REPORT</b>	Document Revised: January 28, 2010
		Page 3 of 4

## II. Objective Evidence

The corrective action response must include the objective evidence (e.g. revised/updated lab procedures, paid invoices, packaging slips, training records, etc.) to indicate that the corrective actions have been implemented/completed.

**LABORATORIES SEEKING ACCREDITATION TO ISO/IEC 17025:** Per ISO/IEC 17025:2005, clause 4.11.2, your corrective action must start with an investigation to determine the root cause of the deficiency. *Therefore the corrective action response must also include the documented results of the root cause analysis and the objective evidence (e.g. revised/updated lab procedures, paid invoices, packaging slips, training records, etc.) to indicate that the corrective actions have been implemented/completed to address the root cause.*

For more information regarding root cause analysis, please see the FAQ-Understanding ISO/IEC 17025 page at [www.A2LA.org](http://www.A2LA.org).

**IF ADDRESSING A DEFICIENCY TO YOUR QUALITY MANUAL,** please do not send us your entire revised Manual. Send only the pertinent revised and controlled section(s) of the manual that specifically addresses the deficiency.

**IF ADDRESSING A DEFICIENCY TO THE A2LA TRACEABILITY POLICY:** Please note that if you are using a calibration provider that does not meet the A2LA Traceability Policy, to satisfy the deficiency you do ***not*** need to immediately re-calibrate the equipment in question using an acceptably accredited calibration source. You must demonstrate in your corrective action response that you will use an acceptable source of calibration *for the next regularly scheduled calibration cycle*. An acceptable source is a calibration laboratory accredited by A2LA or one of our mutual recognition partners. We invite your attention to our website [www.A2LA.org](http://www.A2LA.org) for a listing of our partners.


**IF REQUESTING AN EXCEPTION TO THE A2LA TRACEABILITY POLICY** in response to a deficiency, please see [A2LA F106 - Request for Exception to the Policy on Measurement Traceability](#).

## III. Confidentiality

Once A2LA staff has reviewed your response and determined the supporting documentation to be complete, your assessment package is forwarded to each Accreditation Council (AC) member voting on the assessment package. We make every effort to maintain the confidentiality of your organization's assessment information. We also wish to avoid the possibility of conflict of interest with the AC members who cast the votes to accredit your organization. A2LA will provide you with a list of our Accreditation Council members prior to sending your assessment package to the Council so that you can assist us in avoiding a possible conflict of interest by indicating which Council members should not receive your assessment package.

## IV. Timing and Distribution of Corrective Action Response

Please respond to the Assessor Deficiency Report with a detailed corrective action response, within **30 days** after the date of the exit briefing. **FOR INITIAL ASSESSMENTS** – if you fail to ***respond*** in writing *within four months* after the date of the exit briefing, and you wish to pursue accreditation after that time, you may be required to submit a new application and be subject to new fees and reassessment. If you fail to ***resolve*** all deficiencies *within six months* of being assessed, you shall be subject to reassessment at your expense. **FOR RENEWAL ASSESSMENTS** – you must ***respond*** in writing *within 30 days* of the exit briefing, and ***resolve*** all deficiencies *within 60 days* of the exit briefing. *Failure to meet these deadlines may result in an adverse accreditation action (e.g. reassessment or suspension of*

	<i>The American Association for Laboratory Accreditation</i>	
	<b>I102 – INSTRUCTIONS FOR RESPONDING TO THE ASSESSOR DEFICIENCY REPORT</b>	Document Revised: January 28, 2010
		Page 4 of 4

*accreditation). Further, extensions of accreditation are generally not granted when delays are due to the applicant's failure to respond to requests within established deadlines.*

Observations may be written when the assessor questions the practice or competence of your organization but there is not enough supporting objective evidence to justify a deficiency or the issue cannot be tied to the accreditation requirements. Your organization *does not* have to respond to observations in order for accreditation to be granted. However, the observations are part of the assessment record and will be followed up by the next assessor to visit your organization who will check to see if the observation(s) was addressed by your organization, resulting in an improvement, or possibly may have progressed into a deficiency.

Please call A2LA Headquarters (301 644 3248) if you have any questions.