



The American Association for Laboratory Accreditation

P105 – Policy on Organization Relocation

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The A2LA Conditions for Accreditation state that an applicant must “*Inform A2LA headquarters within 30 days and in writing of changes or pending changes in any aspect of the organization’s status or operation that affects the organization’s legal, commercial or organizational status; organization or management (e.g., managerial staff); policies or procedures, where appropriate; premises; personnel, equipment, facilities, working environment or other resources, where significant; authorized signatories; or such other matters that may affect the organization’s capability, or scope of accredited activities, or compliance with the criteria, requirements and conditions for accreditation;*” As such, if your organization is to be relocated to a facility that differs from the location that was part of your most recent assessment (the address listed on your scope of accreditation), the progression of events enabling A2LA to reaccredit your organization at the new location is as follows:

- 1) Inform A2LA in writing of the anticipated changes affiliated with the move, including if and when your organization will no longer meet the requisite accreditation requirements (e.g. ISO/IEC 17025, ISO/IEC 17020, ISO 15189, etc.) at your current location;
- 2) Accreditation Services staff will request additional information about the move, such as: extent of the move (new address or within same facility); new equipment acquisition; personnel changes; evidence that equipment has been properly recalibrated, readjusted and verified to give accurate results; and evidence of proper environmental controls within the organization to ensure that method requirements can be met;
- 3) If it is determined that the scope of accreditation is impacted by this relocation, the organization’s accreditation is made ‘inactive’ once the move has physically occurred and until the aforementioned information is received and a determination of ongoing competence is made (either through a document review or through an on-site visit to the new facility);
- 4) Once the required information is received and reviewed, a decision is made as to whether an assessment is required to verify continued technical competence as detailed on the organization’s scope(s). The assessor who most recently visited the organization will be consulted on this decision;
- 5) If the decision is made that the information received is satisfactory to ensure continued technical competency, no further information is requested, the ‘inactive’ status is lifted and the scope(s) and certificate (when appropriate) of accreditation are revised and reissued to reflect the organization’s new location;
- 6) If the decision includes the need for further assessment, the organization is informed and the assessment process is initiated. The assessment and accreditation of the new facility should be completed within (ninety) 90 days. Special or extenuating circumstances which affect this time frame will be considered;
- 7) Once the assessment and corrective action is complete, the ‘inactive’ status is lifted and the scope(s) and certificate (when appropriate) of accreditation are revised and reissued to reflect the organization’s new location.

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