



## Assessment Readiness Review Checklist - Inspection

Please complete this checklist and attach the requested documents to: **Insert APA EMAIL and ASSESSOR** Email no later than 30 days prior to the start of your assessment or by **Indicate date here**. Failure to submit these required documents may result in the cancellation of your assessment.

Company Name: \_\_\_\_\_

Required Documents to be Submitted	Inspection Body Please include appropriate document numbers and add other comments as necessary	Assessor Comments (must be completed for each assessment)
1) Internal Audit completed within the last 12 months		
2) Management Review Completed within the last 12 months		
3) If applicable for your inspection activities, include the following in regards to your proficiency testing program: A) Completed Proficiency Test (s) within the last 12 months –Note for initial assessments at least one should be completed prior to accreditation ; for accredited CABS please provide the PT as scheduled on your PT plan (Refer to PL-1 for additional information on this requirement) B) Please include any updates to your PT plan. Note for initial accreditation assessments a PT plan must be available for the assessor to review. A template of a PT plan can be found on our website on Proficiency testing (LF-81).		
4) Internal Quality Management System Documents, Organizational Structure and a listing of external procedures utilized for inspections.		
5) For initial accreditation clients only- LF-56 Inspection Checklist- <i>Note this checklist should include details i.e. procedure names, dates, person names. Please avoid Y/N only</i>		
6) Attached is the LF-21 Supplement Inspection which is utilized for the planning of your assessment. <b>For initial accreditation assessments only:</b> please complete tab 2 with details of your inspection organization. <b>For accredited inspection bodies,</b> please review the attached LF-21 Supplement		



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Inspection and update as necessary. If no changes are made please sign and return this form as evidence that this has been reviewed by your organization.		
7) For Inspection Bodies under Option B of ISO 17020, please include a current copy of your ISO 9001 certificate and last report.		
8) For accredited (CABS) training records or equivalent of new employees hired since the last assessment.		

### B.

- 1) Attached is your preliminary scope of accreditation. Comments may be made from our program manager that will need to be addressed prior to your assessment. If no comments are made this will be provided to your assessor for confirmation. Please indicate below or attach any revisions to your initial scope of accreditation:

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\_\_\_\_\_ I have reviewed the proposed scope and confirm this is accurate for my assessment.

- 2) For accredited facilities please note below if you want to make any changes to your current scope of accreditation i.e. additional inspections, methods, # of inspectors, distance). Indicate N/A if no changes has occurred.

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- 3) Please indicate any major changes that may have occurred from your initial application or last assessment (i.e. company name, inspection staff impacting your accreditation, address changes, ownership change)-Note per PJLA Procedure SOP-1 it is a requirement to inform PJLA of all major changes. Indicate N/A if no changes has occurred.

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\*Note please visit the PJLA website under the resource section to download forms mentioned above <http://www.pjlabs.com/resources> . All clients need to adhere to PJLA policies on proficiency testing (PL-1), traceability (PL-2), measurement uncertainty (PL-3), scope of accreditation for inspection (WI-9) and PJLA Procedure for the usage of accreditation symbols and language (SOP-3). Adherence to these policies and procedures will be assessed at your assessment. Failure to adhere to these documents will result in a finding. \*

Submitted by: \_\_\_\_\_



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Date: \_\_\_\_\_

C.

**\*PJLA Internal Use Only\***

I reviewed the above documents and recommend that the client **proceed** or **do not proceed** with an on-site assessment.

If you circled do not proceed, please provide your reasoning below:

Lead Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_