

*Enhancing Public Health and Safety
Through Quality Testing and Engineering*



Third Party Accreditation why California needs it

August 10, 2015

C. Bruce Godfrey, Ph.D.

Lab Director, Curtis & Tompkins Labs

Co-Chair, ACIL Environmental Sciences Section
Bruce.Godfrey@ctberk.com

Accreditation Goals

- Ensure data used in making decisions affecting human health and the environment is generated by competent laboratories
- Detect and correct substandard practices
- Ensure protections for lab data users

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ACIL Labs

- Large commercial laboratories performing thousands of tests per month in every FOT for public and private sector clients
- ACIL labs perform ~70% of environmental testing in the USA, and >50% of testing performed in California

ACIL is engaged in this process to educate California policy makers to assist them in creating a world class, standards based laboratory accreditation program

Lab Expectations



- Appropriately accredited AB
- Equal assessment to a standard regardless of lab size
- Consistency for all labs; public/private, large/small
- Effective, transparent, and accountable program management
- Value received for fees charged.



California ELAP

- Accreditation Authority (**AA**) acting as an unaccredited **AB** providing inadequate, substandard services
- Inexperienced management & undertrained staff struggling to repair >10 years of neglect
- Reform efforts significantly impaired by state personnel management policies & procedures
- Lab expectations and accreditation goals will be unmet for many years into the future

ELAP's service provision model must be changed to meet accreditation goals & lab expectations

Changing ELAP Service Model

- Adopt the TNI-NELAP Standard of Practice for Labs
- Establish licensing fees
- Recognize ISO 17011 conforming NonGovernmental Accreditation Bodies (NGAB) to provide ELAP conformity assessments to TNI standard

***The Fix...Recognize ISO 17011 conforming NGABs to
provide accreditation services for California laboratories***

What's in it for the labs?

- One accreditation service provider for all conformity assessment needs
- Better value, improved consistency, reduced uncertainty

What's in it for ELAP?

Lower costs, mechanism to address rare FOTs, improved consistency, reduced backlog of unassessed labs, competition & “benchmarking”

What's in it for Taxpayers?

Improved lab conformity, reduced ELAP impact on state budget

Expedient replacement of an inadequate status quo with “World Class” laboratory accreditation program

Requirements for TPA

- ***A Standard of Practice: Choose NELAP, or....develop/implement an ELAP Standard***
- License conforming nongovernmental AB's to provide accreditation services to the standard using TNI NGAB recognition model
- ***Separate fees for licensing and accreditation services***

ELAP Customers

- 80% ELAP accredited small labs
- 20% NELAP licensed larger labs

Nonstandard ELAP performance fuels *two tier* laboratory accreditation system in California

Large commercial labs only want ELAP licensure services

ELAP Standard of Practice

- ELAP standard development process will likely take 2-3 years to complete
- Contention in the process will be largely manifest around the ***two tier*** issue

Two Tier System

- Unacceptable to ACIL
- A “Process Control” standard could be implemented for small utilities not providing fee-for-services to public
- ***If California is to have a two tier system, all fee for service labs must conform to the NELAP standard***

Accredit all ABs

- Conformity to ISO 17011 standard for all providers of AB services, ***including ELAP***
- AB credibility requires periodic ILAC, NACLA or TNI assessments
- US-EPA is not standards driven

Design Considerations

- ISO Standards based – Labs & AB's including ELAP
- One standard for all labs, and all ABs in the program
- Level of effort based fees: assessment & licensing
- Labs choose AB from recognized conforming providers
- Sustainable maintenance & evolution of the standard
- Enforcement: Lose accreditation, lose license

Don't change the ELAP service model

Any argument for retaining California's monopoly on the provision of laboratory assessment services is a tacit request for **many more years of ELAP inadequacy.**