Rules for Accreditation of Testing Laboratories

VLAC-VR100:2016

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Voluntary EMC Laboratory Accreditation Center, Inc.
(VLAC)

This document is a simple English translation of original VR100 Japanese edition.

Content

1. Mission

The objective of this document is to establish basic procedures and requirements for smooth and orderly operations of laboratory accreditation.

This document also applies to laboratories already accredited by the center by the effective date.

2. Laboratory accreditation

The accreditation area of VLAC is shown in Appendix 1.

The center has power and responsibility to make a decision on laboratory accreditation which includes granting, maintaining, extending and reducing scope of, suspending and withdrawing accreditation. The substance of accreditation performed by the center is the certificate of competence of the laboratory officially. It does neither concern business performance of the laboratory nor guarantee the result of conformity assessment on products by the laboratory.

Accreditation operation of the center conforms to ISO/IEC 17011 and laboratories accredited by the center conform to the requirement of VR101 “General requirements and policy for the competence of testing laboratories”.

In addition, the center uses documents described in item 1, Article 6 as part of evaluation criteria for competence of testing specific to electromagnetic compatibility. Those documents are designed to provide operational interpretation of requirements of VR100.

Applicant laboratories can appeal against decisions made by the center on accreditation for reconsideration.

3. Confidentiality

The center does not use any material provided by the laboratory for accreditation and any confidential information about the laboratory obtained in the course of accreditation activities for the purpose other than accreditation. The center also does not disclose any of such information to others. However, if there is a need to disclose specific confidential information about the laboratory the center will do so by obtaining the consent and permission of the laboratory in writing unless the law demands the disclosure without the consent of the laboratory.

4. Documents for application (VLAC public documents)

The center keeps documents and forms necessary for application up to date which are to be provided to laboratories upon request and publicly released as well. The center is also ready to provide laboratories with related information. Documents available from the center include those listed in Appendix 2.

5. Application for accreditation and its acceptance

Rules for filing and acceptance of application for accreditation are as follows

1) A laboratory (applicant) seeking accreditation by the center is first required to confirm by itself that it meets conditions for accreditation. Application for accreditation shall be made by filing the number of the sets VLAC requested (of "Application for EMC Laboratory Accreditation," "Annexes" (required for each testing facility of the laboratory) and attachment of such documents as "Quality Manual of the laboratory" (refer to required documents in the application form).

2) The application should be made by one of the following 3 methods

a) Submit the testing facility as the laboratory that to be accredited.

b) Multiple listed applications for more than 2 testing facilities those are located proximity area covered with same quality management system.

c) The facility that is located far away from the main facility(-ies) and using same quality management system of the main laboratory, should be applied separately main- and sub-facility(-ies).

Here, testing facility means that consists of testing personnel and associated testing equipment. Testing laboratory is an organization that manages or operates the testing facilities.

3) In response to the application filed the center sends out a bill of accreditation fees. When remittance to a specified bank account is confirmed the center commences accreditation activities

6. Requirements for laboratories

The documents on requirements apply to laboratory accreditation shows in Appendix 2.

7. Assessment for laboratories

Assessment for accreditation is conducted as VP200.

7.1 Admission for application and assessor(s) appointment

Assessors nominated by the center in the notice of assessors and consented to by the laboratory first perform document review based on the application documents filed by the laboratory together with annexes and attachment.

The notice of assessors is accompanied by their curriculum vitae.

7.2 Documents assessment

In the course of the document review, assessors may ask questions as necessary, and if the response is considered not satisfactory they may request for changes of documents or submission of additional documents. Upon the completion of the document review the assessors carry out an assessment of the laboratory on site.

7.3 On-Site assessment

Assessment teams' visitation to the laboratory's premises shall be preceded by consent of the laboratory to the plan on on-site assessment provided beforehand. Assessment team confirms conformity both quality and technical requirements. Conformity is evaluated following 3 states;

1) Conformity

2) Non-conformity

3) Observation

Corrective actions report for non-conformity shall be reported to VLAC within 30 days after the last day of the on-site assessment. VLAC does not force corrective actions to the laboratory. However accreditation cannot be given unless corrective action is completed.

7.4 Decision by the accreditation committee

The center passes final judgment by the accreditation committee, that members do not have conflicts of interest with the laboratory and VLAC.

8. Notification of assessment result

The center notifies the laboratory of one of the following results of assessment.

1) Granted: Upon the acknowledgement by the center that the requirements for accreditation are met.

2) Reserved: Upon the identification by the center of nonconformities with the requirements for accreditation. In this case the center issues a notice of nonconformities.

3) Failed: Upon the accreditation committee determined that the laboratory does not meet the accreditation requirements.

9. Issuance of accreditation certificate

In case of “Granted” the center issues a certificate of accreditation to the laboratory that bears the following information.

(1) The name of the center and its logo

(2) The name of laboratory that was granted accreditation

(3) The names of premises of the laboratory if it comprises multiple premises covered by the accreditation

(4) Unique accreditation number given to the laboratory

(5) Effective date and valid period of accreditation

(6) Scope of accreditation

(7) Title and/or number of rules and/or standards used for assessment (note : standards number without edition or publication date means latest edition)

(8) Types of test to perform and, if applicable, types of products to test

However, in the case of a single collective application covering multiple sites and categorized measuring facilities, corresponding above 5.2) a) and b), a single certificate bearing the above information is issued to the applicant laboratory while a certificate of the scope of accreditation is issued to each tributary laboratory that bears the name of the site, types of test and others in addition to the name of the laboratory, accreditation number with sub-number and expiry date.

10. Term of validity

The term of validity granted by the center and its nullification are laid down as follows.

(1) Expiration date of accreditation is set 2 years (one day before 2 years from accreditation date). Expiration date is not changed even if expansionary and/or extraordinary assessment is conducted.

(2) When a laboratory granted accreditation (hereafter referred to as accredited laboratory) is disqualified its accreditation is nullified.

11. Surveillance and extraordinary assessment

The center carries out surveillance and extraordinary assessment to ensure that the accredited laboratory continues to conform to the accreditation requirements. Surveillance is carried out within one year after date of accreditation granted.

(1) Surveillance

Surveillance within one year after the first issuance of the certificate is carried out by on site assessment. Surveillance after accreditation renewal is carried out based on document review in principle. If there has been any facility renovation in the laboratory or suspicion roused about

corrective actions taken, then surveillance will be carried out on site instead. An accredited laboratory wishing to stay accredited shall submit ”Application for Surveillance of EMC Laboratory” to the center in the same manner as initial application thirty days prior to the surveillance. If the center identified nonconformities in surveillance it issues a “notice or nonconformities.” The notified laboratory shall come back to the center with documents on the feasibility of corrective actions, resulted improvement by the actions or implementation plan on the actions within 30 days of the date of the notice.

(2) Extraordinary assessment

Provoked by something exceptional happening in the accredited laboratory during the term of accreditation the center can carry out audits by dispatching assessor(s) to the site. Usually, audit is prearranged in collaboration with the subject laboratory but the center reserves the right to carry out extemporaneous audits preceded only by a notice of visit.

12. Renewal of accreditation

Filing and reception of application for renewal of accreditation, and reassessment, notification of results and issuance of certificate are conducted based on the following rules.(re-assessment, or renewal-assessment)

1) Application of renewal assessment - If an accredited laboratory wishes to stay accredited after the expiry of the term of accreditation, it shall apply for reassessment by filing the number of sets that the center requested of application package made of "Application for EMC Laboratory Accreditation," "Annexes” and documents specified to be included in the Attachment.

2) Time limit of application of renewal assessment - Filing shall be done by three months before the expiry date If the renewal application is submitted after the due date but still before expiry date the center will accept the application if it judges assessment for renewal is feasible before the expiry date based on communication with the applicant laboratory on schedule for document and onsite assessment etc. In this case VLAC may extend the expiry date for maximum 3 months from that point. If the center judges it is not feasible then it will treat the renewal application as a new application and will issue accreditation number anew (the same procedure is applied for subsequent reassessment.)

3) Start of assessment - In response to the filed renewal application the center will send out a bill of reassessment fees. When remittance to a specified bank account is confirmed the center commences reassessment.

4) Reassessment is conducted in accordance with the procedure described in Articles 6 through 9.

5) Extension of accreditation expiration date - In case due reassessment is judged not completed before the expiration date of the current accreditation after VLAC accepted the application of the renewal, VLAC can extend the expiration date until the date of completion of reassessment provided that the manager of the accreditation operation department recognizes the accreditation to be renewed.

6) The center will issue a new certificate of accreditation in principle when renewal is granted

13. Extension of scope of accreditation

Filing and reception of application for extension of scope of accreditation, and reassessment for extension, notification of results and issuance of certificate are conducted based on the following rules

1) If an accredited laboratory wishes to have its scope of accreditation extended, it shall apply for extension of scope by filing two sets of application package made of "Application for EMC

   Laboratory Accreditation," "Annexes" (required for each testing facility of testing site) and documents specified to be included in the Attachment.

2) Reassessment is conducted in accordance with the procedure described in Articles 6 through 9.

3) The center will issue a new certificate of accreditation when extension of scope is granted. Valid period of accreditation with its scope extended does not exceed the original period

It should be noted that, cases in which an accredited laboratory added new facilities to existing testing facilities covered in the current accreditation, and the laboratory wishes to have the added facilities covered in the accreditation, then this rule is also applicable. If extension of scope of accreditation on account of facilities expansion is not intended within the current period of accreditation, then the expanded facilities can be subject to application of renewal of accreditation upon expiry of the current period.

14. Suspension, withdrawal and reduction of scope of accreditation

Suspension, withdrawn and reduction of scope of accreditation is done by the following. Also accredited laboratories can apply for a suspension, withdrawn, and reduction of scope of accreditation.

14.1 Suspension of Accreditation

If it is not possible to meet the accreditation requirements shown in Article 6 temporarily, or if it cannot be filed corrective action report for nonconformities, the accreditation is suspended. It should be noted that the period of suspension shall not exceed the validity of the expire date. During the suspension period of accreditation, laboratories should not issue a test report with the accreditation symbol. The center assess laboratory for returning the accreditation. (documents review, on-site assessment or both) the expire date of accreditation valid in accordance with the description of the new accreditation certificate.

14.2 Withdrawal of accreditation

If the laboratory does not meet the requirements in the article 6 above continuously, did not report for corrective actions, unautholized use of accreditation or refuse assessment etc., The center withdraw the accreditation of the laboratory. Laboratory also can submit withdrawal of the accreditation due to the certain reasons.

14.3 Reduction of accreditation

If the laboratory did not meet the part of accreditation requirements including the laboratories' competence continuously, the center reduce that part from the scope of accreditation and the center issue the new accreditation certificate. Laboratory can submit withdrawal of the accreditation due to the certain reasons.

15. Laboratory proficiency testing (inter-laboratory comparison)

Accredited laboratories and applicant laboratories are required to participate in proficiency testing that is implemented in accordance with ISO/IEC 17043. In principle proficiency testing is organized by The center or other provider. The center publicizes VR106 Policy on proficiency testing. The center accepts participation from both accredited and non-accredited laboratories, however accredited laboratories are taken precedence. (Because proficiency test is required by ISO/IEC 17025.)

16. Rights and obligations of accredited laboratory

Rights of the accredited laboratory are as follows. As to obligations they are prescribed in VF108 “Agreement on laboratory's duties concerning granted accreditation.”

1) Upon request of its client the accredited laboratory can issue a report bearing the accreditation symbol of The center on the test results to the client. However, results of any test carried out outside the scope of the accreditation granted under Article 6 shall not be included in the report bearing the accreditation symbol of The center.

2) The accredited laboratory may publicize the fact that it is accredited by The center in communication media including the Internet, documents, brochures and advertisement..

3) The accreditation symbol of The center may be put in test reports, certificates, brochers and business cards. Any other use is prohibited.

4) ILAC combined MRA mark can be used after required agreement is concluded with The center

Note: Details on items 2), 3) and 4) above are available in VR107 “Policy on the use of accreditation symbol and the reference to accreditation.”

17. Changes to accreditation substance

In case there are vital changes made to status or operations of the laboratory such as indicated below after accreditation (including renewal) is granted the accredited laboratory shall register the changes to The center for approval within 30 days from the date of change. It is recommendable to notify The center of any change before it is actually implemented because the change may invalidate test reports issued by the laboratory depending on its extent.

(1) Legal, commercial, ownership or organizational status

(2) Organization, top management or key personnel

(3) Major directions

(4) Management resources and facilities

(5) Reduction or deletion on of accreditation scope

(6) Notification of changes shall be done by submitting replacing pages of the originally filed documents for initial or renewal applications together with a paper clearly describing reasons for the changes. The original documents referred to here are; "Application for EMC Laboratory Accreditation" including Annexes (for initial assessment or reassessment) or "Application for Surveillance of EMC Laboratory including Annexes.

Upon reception of a notification of changes the center examines the content of changes. If the changes are judged to be substantial, the center notifies the laboratory of the necessity of re-assessment.

18. Publicizing accredited laboratories

The Center publicizes a directory of accredited laboratories covering the name, address, scope of accreditation and the terms of accreditation by internet website, brochures, and other media.

19. Fees

Laboratory shall pay the following fees at the respective timing whose amount are prescribed separately in VE201-1 “Standard on Fees Computation for Accreditation Assessment.”

- At the time of filing of application for accreditation:
  Accreditation assessment fees, technical assessment fees, assessment fees per field (as necessary) and administration fees (same at the time of renewal of accreditation)
- At the time of surveillance:
  Accreditation assessment fees, technical assessment fees, assessment fees per field (as necessary) and administration fees

In addition the laboratory shall bear traveling expenses for visitation of assessors and experts on assessment duty.

If the laboratory notifies the center of cancellation of assessment, the center will charge the laboratory the amount calculated according to Article 5 of VE201 Standard on Fees Computation for Accreditation Assessment. Laboratories to participate in proficiency testing as described in article 15 shall separately bear necessary expenses for testing. Expenses on the extraordinary assessment to the accredited laboratory as described in in (2) of Article 11 will not be charged to the laboratory.

20. Appeals and compensation for damages

The laboratory and the center shall cooperatively settle compensations in good faith for appeals and damages caused in the course of accreditation activities through a dialogue.

21. Procedure for cross frontier accreditation

See Appendix 3.

22. Revisions and abolishment of the standards

VR200 Document Control Rules shall be applied for the documentation.

23. Effective date

The rules stipulated in this document go into effect on January 20, 2017.

[Appendix 1] Details of accreditation scope

Testing area and applicable standards list for subjected accreditation is shown in VF100 on the web (http://www.vlac.co.jp). Standards number without edition or publication date means latest edition.

[Appendix 2] Materials on Application for Accreditation of EMC Testing Laboratory

A list of standards, explanatory materials and application forms

1. Standards

Doc. No.	Title
VR100	Rules for accreditation of EMC testing laboratories
VR101	General requirements and guide lines for the competence of testing laboratories
VR102	Specific requirements for the competence of EMC testing laboratories
VR102-2	Specific requirements for Energy Star Program of the EPA in the United States.
VR102-3	Policy for the laboratories that perform conformance test of Wi-SUN communication devices.
VR103	Policy on measurement traceability
VR105	Policy on measurement uncertainty
VR106	Policy on proficiency testing
VR107	Policy on use of accreditation symbol and reference to accreditation
ISH1	Interpretation for application of traceability for test and measurement

[Appendix 3] Procedure for cross frontier accreditation

This appendix supplements VR100 for procedure to assess and accredit overseas testing laboratories that seek accreditation by the center. Whatever is not prescribed here shall follow VR100.

1. Things to be confirmed with the applicant before accepting applications

(1) The center shall do the following if there is an accreditation body available which is good for accreditation scope in question and is a signatory of ILAC MRA or APLAC MRA in the country (or economic bloc) of the applicant.

① Ask the applicant if they know there is an accreditation body in their country which is eligible to provide required accreditation service.

② Persuade the applicant that it will probably be economically advantageous to use an accreditation body in their own country

③ Explain that service of an accreditation body being a signatory of ILAC MRA or APLAC MRA is on parity with any other signatory's service.

(2) In case the applicant wishes to use VLAC anyway regardless of above explanations, VLAC will communicate with the accreditation body in the country of the applicant –

① that VLAC decided to accept a request from the applicant in the circumstances, and

② that VLAC welcomes the accreditation body to participate in the assessment as an observer

(3) In case ILAC MRA or APLAC MRA signatory (accreditation body "A") in the country of the applicant does not cover required scope of accreditation, VLAC shall ask the applicant if they are interested in submitting an application to the accreditation body "A" in parallel with VLAC either with the following options,

① becoming an observer of assessment work by VLAC for their learning purpose

② providing VLAC assessment team with an assessor

③ doing joint assessment with VLAC so the applicant will obtain two certificates from the two accreditation bodies, VLAC and "A."

2. Post-accreditation considerations

VLAC will consider the transfer of the ownership of granting right of accreditation granted to the overseas applicant to accreditation body "A" or "B" (eligible on all accounts from the beginning) of the country (or economy) of the applicant if either of the following circumstances occurred in the future –

- the accreditation body "A has become a signatory of ILAC MRA or APLAC MRA with the accreditation scope covering applicant's accreditation, or
- the applicant wishes to change accreditation body from VLAC to "B."