

QUALITY ASSURANCE
LABORATORY ACCREDITATION PROGRAM GUIDE

Developed by

WACEL

7508 Wisconsin Avenue, 4th Floor Bethesda, Maryland 20814

301-652-7925

www.wacel.org

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INTRODUCTION

WACEL (formerly the Washington Area Council of Engineering Laboratories), An Association of Engineering Laboratories, Inspection Agencies and Public Building Officials was founded in 1974 principally to upgrade the standards of practice among engineering laboratories operating in the national capital area, as well as areas south to Richmond (VA) and north to Baltimore (MD). Since that time, WACEL's practice territory has expanded nationwide.

WACEL's initial activities focused on personnel standards. WACEL established a certification program to validate qualifications of soil, and concrete technicians as well as reinforced concrete, structural concrete, structural masonry, foundation and structural steel special inspectors and laboratory technicians. In 1982, the group broadened its scope by developing its Laboratory Accreditation Program. Today, WACEL laboratory accreditation is a requirement of membership. Every laboratory in the WACEL region, as defined by the Board of Directors, must be accredited by WACEL or an accreditation body recognized by WACEL to be a WACEL member. Every WACEL Inspection Agency Member must participate in the Inspection Agency Quality Assurance Audit Program. Additionally, laboratories accredited by a WACEL- recognized program must participate in an annual audit performed by WACEL or another organization recognized by WACEL.

This document relates information about the WACEL Laboratory Accreditation Program and laboratory accreditation requirements as they have been revised and updated over the years, and includes various documents associated with Program implementation. WACEL conducts periodic evaluations of the Program and makes changes as necessary. WACEL requires accreditation to ASTM C1077, D3740, and E329, applicable to the disciplines practiced by a laboratory, in addition to the requirements of this guide.

WACEL regards the Quality Assurance Laboratory Accreditation Program as one of its most significant contributions to improved practice among engineering laboratories. The Program identifies criteria that laboratories must meet in order to perform their work in a conscientious and capable manner and helps assure that accredited laboratories in fact meet those criteria. The Program provides valuable reassurance to the public, governmental agencies, clients and others that accredited laboratories can perform their work in the proper manner, and that their findings comprise an accurate indication of conditions assayed. Of course, no program can guarantee an accredited laboratory will at all times perform in a proper manner, that equipment will at all times be in proper calibration, etc. However, the process of seeking accreditation demonstrates a firm's concern for proper performance, just as obtaining accreditation demonstrates its ability to provide proper performance at the time accreditation was conferred. The program also recognizes that quality assurance is an ongoing and ever-improving process. For that reason, the program constantly seeks to maintain its quality standards through annual review audits.

WACEL Laboratory Accreditation is available to members and nonmembers that meet program requirements. This document refines and improves upon previous documents and, undoubtedly, future revisions will be issued to make the accreditation process even more meaningful and effective. Toward that end, WACEL welcomes comments and suggestions from all who may read or use this document.

1.0 ABBREVIATIONS

Several abbreviations are used throughout this Guide, as follows:

1.0.1 Director of Technical Services (DTS)

The Director of Technical Services is a member of the WACEL staff who has full turnkey responsibilities for the WACEL Laboratory Accreditation and Inspection Agency Quality Assurance Audit Program. The

DTS performs all inspections, audits and reviews, writes and issues inspection and audit reports updates this manual and determines if laboratories meet WACEL requirements.

1.0.2 MFRI

A Materials Review and Facilities Inspection (or MFRI) Report is issued after an applicant's quality-related materials have been reviewed and facilities have been inspected, and the DTS summarizes findings of the facility inspection in the MFRI Report. In some instances, a review of revised materials or a reinspection of facilities is required to assure proper remedial measures have been taken. Accreditation is not conferred until the DTS determines all deficiencies have been satisfactorily addressed. If a laboratory fails to satisfactorily address accreditation requirements in the MFRI Report by the prescribed deadline, the DTS will issue a written notification advising the laboratory that the accreditation will not be issued and that the laboratory will have to begin the accreditation process anew.

1.0.3 PA

The Program Administrator (or PA) is the individual in the WACEL office charged with day-to-day administration of the program. The PA's functions are explained throughout the Guide.

1.0.4 LAC

WACEL's Laboratory Accreditation Committee (or LAC) is charged with Program oversight. WACEL's DTS serves as the LAC Captain on all accreditations. The LAC Captain reviews all required documents to help assure he/she is kept apprised of progress.

2.0 THE PROGRAM

2.1. PURPOSE

The purpose of the WACEL Laboratory Accreditation Program ("the Program") is to:

- a. Identify criteria that an engineering laboratory must have to provide consistently accurate data derived from tests and services it routinely performs and provides to identify salient characteristics of soil, concrete and/or other materials.
- b. Through identification of criteria, provide to engineering laboratories, and those that may for whatever reason rely upon them, guidelines for measuring performance quality.
- c. Provide a vehicle whereby an engineering laboratory may obtain an objective, knowledgeable evaluation of its performance quality.
- d. Ensure that laboratories meet ASTM E329, D3740 and C1077 standards.
- e. Provide a means for reassuring the public, government agencies, and others that an engineering laboratory is capable of providing accurate, reliable test data in accordance with established standards.
- f. Meet prescribed ASTM requirements.
- g. Enhance the image of WACEL members and quality-oriented laboratories.

2.2 SCOPE

The Program's scope includes:

- an examination of an engineering laboratory's Quality Assurance Manual;
- an inspection of the engineering laboratory to view facilities and equipment and observe daily operations in progress;
- review of formal competency reviews of certified technicians;
- conduct of follow-up activities necessary to assure deficiencies or concerns have been properly addressed before final accreditation is issued, and
- annual audits to assess if the laboratory continues to operate in a manner consistent with the requirements of the WACEL Laboratory Accreditation Program.

Accreditation does not include testing of equipment for proper operation and calibration or conducting on-site evaluations of technicians performing tests. Such activities are performed by other agencies. However, accreditation does include a review of other agencies' calibration and other quality-related reports, as well as documentation of actions taken to help correct deficiencies identified.

2.3 PREREQUISITES

Any engineering laboratory that tests soil and/or concrete is eligible to participate, providing it performs, at a minimum, all of the tests identified in Exhibit 1 and meets certain other prerequisites. Among these is the requirement that a laboratory's technical functions be directed by a full-time professional engineer registered in the jurisdiction in which the laboratory is located. This individual must meet the legal service requirements of the jurisdiction in which the laboratory is physically located.. Additionally, a

laboratory that seeks accreditation for concrete testing must have undergone inspection by the C.C.R.L., the Corp of Engineers (CoE), or another program that WACEL deems to be the equivalent, within two years of the date of the WACEL facilities inspection. The scope of the inspection must cover the required tests for concrete accredited laboratories as identified in Exhibit 1. A laboratory also must provide evidence of participation within the past year in a WACEL-recognized Concrete Reference Sampling Program such as C.C.R.L., the WACEL Round Robin or other program recognized by WACEL. Proof of reference sampling program participation must be submitted annually to WACEL's DTS in order for an accreditation to remain valid.

Similarly, a laboratory seeking soils accreditation must have undergone inspection by A.M.R.L., the Corp of Engineers (CoE), or a program that WACEL deems to be the equivalent, within two years of the date of the WACEL facilities inspection. The scope of the inspection must cover the required tests for soil accredited laboratories as identified in Exhibit 1. A laboratory also must submit evidence of annual participation in A.M.R.L. or another WACEL-recognized Soil and Aggregate Reference Sampling Program within the past year (See Exhibit 4) in order for an accreditation to remain valid. Proof of annual reference sampling program participation must be submitted annually to WACEL's DTS in order for an accreditation to remain valid.

Certain other prerequisites are identified elsewhere in this [Guide](#). For a laboratory to be accredited, it must present certain documentation relating to quality assurance activities, business organization, and satisfy ASTM E239, C1077 and D3740 requirements. Additionally, a laboratory must demonstrate that it is ready for accreditation at the time of application. For that reason, a set of materials required for accreditation must be available to the DTS at the time of application.

2.4 ACCREDITATION DURATION, SUSPENSION, TERMINATION AND RENEWAL

2.4.1 Duration

Accreditation extends three calendar years from the date accreditation requirements are met and that the laboratory continues to operate within program requirements.

2.4.2 Annual Audit -- Continued Compliance

Approximately four weeks prior to the first anniversary of accreditation, the P.E. in charge of the lab will be issued a Certification of Continued Compliance (Exhibit 4). The P.E. in charge of the laboratory and WACEL's DTS must arrange for an Annual Audit before the accreditation anniversary date. The scope of the audit is based on predetermined criteria (See Section 5), past experience, recommendations of the most recent MRFI Final Report and changes to the accredited laboratory's operations during the past year. A walk-through evaluation, in addition to a paperwork review, may be all that is necessary. Alternatively, a limited reinspection may be required.

The same procedures must be followed 30 days prior to the second anniversary of accreditation. Should the accredited laboratory fail to provide evidence of participation in a Reference Sampling Program or if there are deficiencies, suspension or termination of accreditation could result.

2.4.3 Major Event

A major event affecting the activities of an accredited laboratory must be called to the attention of the WACEL DTS in writing who shall determine if a reinspection or audit is warranted. A major event includes addition of a new service for which accreditation has not been obtained, relocation of a laboratory,

change of PE in responsible charge, expansion, change of ownership or operating procedures, etc. An accredited laboratory's failure to contact WACEL within three months after a major event can be considered grounds for suspension or termination of accreditation.

2.4.4 Suspension of Accreditation

Suspension of accreditation means that a firm technically loses its accreditation for a period not to exceed 30 days. It is applied typically to accredited firms that are tardy in returning their signed Certificates of Continuing Compliance or do not arrange for an Annual Audit or failure to respond satisfactorily to deficiencies uncovered in the annual audit or failure to notify WACEL of a major event or failure to operate the laboratory as required by the WACEL Laboratory Accreditation Program. It is also provided to firms that are late in applying for accreditation renewal.

2.5 TERMINATION OF ACCREDITATION

Accreditation may be terminated for failure to return a signed Certificate of Compliance within 60 days of the date of issuance, or if it is discovered that a major event has not been reported within 90 days of the event's occurrence. Termination occurs if a firm fails to participate annually in a Reference Sampling Program in which accreditation has been obtained (concrete and/or soil). Additionally, termination occurs if an accredited WACEL member has its membership terminated for a violation of the WACEL Bylaws, fails to pay invoices within the required time period or elects to discontinue its membership. Terminated firms may reapply for accreditation as a nonmember. A terminated firm must delete all references to WACEL accreditation in all materials within two weeks of accreditation termination. Once a

laboratory's accreditation has been terminated, the Program Administrator (PA) updates its list of accredited firms on the WACEL web site – www.wacel.org -- notifies area jurisdictions quarterly.

2.6 RENEWAL

Renewal of accreditation is provided in the exact same manner as the initial accreditation. Accredited firms are advised to initiate re-accreditation activity approximately three months prior to expiration of existing accreditation. Each Certification of Continued Compliance (Exhibit 4) carries such a reminder notice. In addition, approximately three months before an accreditation expires, the DTS issues a separate reminder notice.

3.0 APPLICATION

3.1. Notification of Application for Accreditation

An engineering laboratory shall contact WACEL to indicate its desire to seek accreditation. In response to a WACEL Member accreditation request, the DTS shall promptly issue a link for this Guide. This is sent with a covering email that stresses the need to comply with prerequisites and to obtain guidance if they are unsure about compliance.

3.2 APPLICATION

An engineering laboratory that meets prerequisites shall apply for accreditation by completing and submitting an application form along with the accreditation fee.

3.3 FINALIZATION OF DATES

The DTS shall contact the Applicant's representative to identify specific dates acceptable for Facilities Inspection. The DTS shall discuss with the Applicant's Representative the procedures that will be followed and the tentative timetable, all of which the Applicant's Representative should be familiar with by virtue of having read this Guide.

3.3.1 Reminder and Review

The DTS shall check to assure that the applicant will have all of the required materials available for review, and shall identify any materials that may be missing. Approximately one week prior to the Facilities Inspection, the DTS shall call or email the Applicant's Representative to remind him or her of the date and times involved, need for private space at certain times, etc., to minimize the briefing time required during the Facilities Inspection. The DTS may also wish to send to the Applicant's Representative a copy of the schedule developed by the DTS subsequent to the Materials Review Meeting.

3.4 CONFIDENTIALITY

Confidentiality is of utmost importance. All information furnished by the applicant laboratory for purposes of Accreditation Review shall be considered privileged. Accordingly, no materials furnished by the applicant laboratory shall be shown to or discussed with anyone and the applicant's representative. Likewise, no comments based on privileged information shall be made about the applicant laboratory except in private meetings of the DTS and meetings between the DTS and the applicant laboratory.

During meetings of the WACEL Board of Directors or LAC, a LAT representative may discuss the status of the accreditation.

4.0 **FACILITIES INSPECTION**

4.1.1 Meeting with Applicant's Representative

The DTS shall arrive at the applicant's facility between 9:00 am and 10:00 am for a morning inspection and between 1:00 pm and 2:00 pm for an afternoon inspection. At that time, the DTS meets privately with the Applicant's Representative for purposes of introductions, and to review procedures and schedules.

4.1.2 Meeting with Personnel

After introductions, the Applicant's Representative should call a brief staff meeting to introduce the DTS to laboratory personnel. Afterward, the DTS should be given a brief general tour of facilities.

4.1.3 AM Inspection

For approximately 2.5 hours, the DTS shall observe work in progress, review various records, including formal competency reviews of certified technicians, interview various personnel, etc., according to the previously agreed-to schedule.

4.1.4 Lunch

The DTS shall have a one-hour luncheon recess. At this time, the DTS shall discuss findings to date and shall review the schedule for the afternoon. Schedule changes deemed advisable by virtue of preliminary findings shall be made at this time.

4.1.5 PM Inspection

The DTS shall continue its Facilities Inspection approximately for at 2.5 hours.

4.1.6 Summation Meeting

Prior to departing, DTS shall hold a Summation Meeting in a private room provided by the applicant and discuss findings in a qualitative manner. The DTS shall then review these to assure consensus in terms of the applicant's strengths (activities or materials which are subject to judgmental evaluation and which are excellent or require no improvement), tolerable weaknesses (activities or materials which would benefit from improvement), and deficiencies (activities or materials which must be improved before accreditation (soils and/or concrete) can be accorded).

Decisions made at the Summation Meeting are extremely important, because they determine whether or not the laboratory is to be accredited. There are no hard and fast rules in this regard. It is a decision of the DTS based on his/her education, training, experience and judgment. When deficiencies exist, of course, the decision is obvious. Deficiencies would include, among many others, failure to document equipment calibration, use of equipment, which is broken or clearly unreliable, improper storage of cylinders, personnel performing functions which they have not been properly trained to do, failure to comply with ASTM standards and so on.

The most difficult decisions usually will relate to minor problems, that is, those that are just over the borderline between a situation that is intolerable and one that needs only slight improvement to be tolerable. When the applicant has demonstrated a clear commitment to quality control, the tendency would be to give the benefit of the doubt. But this would be an improper decision.

If it will only take a little effort to correct the problem, all the more reason to delay accreditation for the few days needed to have the problem taken care of. In essence, both the DTS and the Applicant must

recognize and appreciate the significance of accreditation. It comprises a "stamp of approval" rendered on behalf of innumerable people who are not in a position to make such qualitative judgments on their own, and who may have a tremendous amount at risk, depending on the quality of service rendered by a laboratory.

A large number of tolerable weaknesses can be interpreted to indicate lack of attention to detail, and the likelihood of quality deterioration in a relatively brief period of time. In such instances, it may be appropriate to delay accreditation until some of the most significant of these tolerable weaknesses are improved upon.

Of course, the Applicant's Representative will almost always be anxious to obtain accreditation then and there. The DTS must in all cases resist any pressure. However, in cases where the applicant seeks accreditation in both soils and concrete, the DTS does have authority to accredit for one, but delay accreditation for the other, pending improvements and if necessary -- reinspection.

The DTS will perform on the first and second anniversary of accreditation an audit, verifying that procedures and practices needed for the accreditation have been maintained (See Section 5).

As a final element of Summation Meeting business, the DTS shall finalize the schedule for subsequent activities. The DTS will attend the Exit Meeting with the Applicant's Representative when it would be convenient for a follow-up inspection (if necessary), and when revised materials will be provided (if required), as the anticipated date when the MRFI report will be issued.

4.1.7. Exit Meeting

The DTS shall meet privately with the Applicant's Representative to discuss findings in terms of strengths, tolerable weaknesses and deficiencies. If there are deficiencies, the DTS shall advise that accreditation

must be withheld (in one or both disciplines) until improvements are made. The DTS shall also review the nature of improvements required and by when they should be instituted (within 30 days maximum). If such improvements relate to equipment or activities, a follow-up inspection will be required to visually ascertain that improvements have in fact been instituted.

In the event the DTS discovers suspected improprieties such as fabrication of records, reports, certifications, etc., these may not be related immediately to the Applicant's Representative, but instead to a principal of the Laboratory who would have the option to conduct an internal investigation of the deficiencies before the notice of the alleged impropriety would be issued by WACEL to the Applicant's Representative.

4.2 MATERIALS REVIEW AND FACILITIES INSPECTION (MRFI) REPORT

Within approximately 14 business days from the date of Facilities Inspection, the DTS shall prepare a draft Materials Review and Facilities Inspection (MRFI) Report to the applicant putting into written form the substance of the report presented orally at the Exit Interview (see Exhibit 6).

4.3. EXPENSE REPORT

Subsequent to submitting the MRFI Report, the DTS Captain shall submit a complete expense report, comprising his expenses. The WACEL PA will authorize immediate WACEL payment of all expenses, and shall directly bill the applicant to recover all applicable costs. WACEL will rescind an accreditation conferred if expenses have not been paid within 90 days of the invoice.

4.4 DEFICIENCIES CORRECTION AND REVIEW

The applicant has thirty days from the date of the MRFI Report and the Annual Audit Report to correct deficiencies. Any request for an extension of time shall be referred by the DTS to the LAC for review and decision. The LAC may grant one additional month.

If the deficiencies require a reinspection, such shall be discussed at the Summation Meeting (4.1.6) or in the final report. The DTS shall conduct the reinspection.

4.4.1 Continued Deficiencies

If the changes made still do not relieve an applicant of the deficiency, the DTS shall inform him by letter or email and shall give him additional time to finalize corrections. However, the aggregate amount of time permitted shall in no case exceed two months from the date of the MRFI Report. If by that time the deficiencies still have not been corrected, the DTS shall inform the applicant that the Accreditation Review is over, and that the applicant may apply for accreditation again.

4.4.2 Elimination of Deficiencies

If the changes made by the applicant eliminate deficiencies, the DTS shall send to the applicant a notice by email indicating that the review showed that deficiencies have been corrected and that the applicant is recommended for accreditation (in soils and/or concrete) by WACEL.

4.5 PA FOLLOW-UP

After being notified that an applicant's accreditation procedure has been completed and the applicant is being recommended for accreditation, and after the laboratory has paid all sums owed to WACEL, the PA pursues the following activities:

4.5.1 Records Update

- a. The accredited laboratory's file is moved from "in process" to "accredited."
- b. The list of accredited laboratories is revised.
- c. "Tickle" dates are established for issuance of the first annual Certification of Continued Compliance (see Exhibit 3), Annual Audits, second Annual Certification of Continued Compliance, and a reminder notice that accreditation will expire in three months.

4.5.2 Jurisdictional Notification

Jurisdictions will be encouraged periodically to check the WACEL web site for the most current list of WACEL-accredited laboratories.

4.5.3 Certificate

The PA prepares a certificate (see Exhibit 7), and emails it to the accredited laboratory.

Approximately, forty five days before the first anniversary of the accreditation, the Applicant will be sent a copy of the Certificate of Continued Compliance that indicates the certificate must be signed and returned along with evidence of participation in reference sampling programs for each discipline of accreditation (soils and/or concrete) along with a cover letter or email indicating that the Annual Audit must be conducted within the next six weeks. Failure to return the Certificate of Continued Compliance and reference sampling program participation evidence will result in automatic termination of accreditation.

5.0 ANNUAL AUDIT

Upon receipt of the signed certificate of continued compliance and reference sampling program data, WACEL's Director of Technical Services shall contact the lab representative to arrange a date for the annual audit.

5.1 SCOPE OF ANNUAL AUDIT

The purpose of the Annual Audit is to reaffirm that the laboratory continues to operate in a manner that is consistent with the requirements of the accreditation program. It offers the laboratory the opportunity to demonstrate improvements made as a result of its participation in the Laboratory Accreditation Program and to obtain an independent evaluation of the effectiveness of changes made to enhance quality control policies and procedures. The scope of the audit involves, at a minimum, a review of records indicating equipment has been calibrated in the last year, a visual examination that equipment is in operable condition, verification that the laboratory remains capable of performing the tests identified in Exhibit 1, verification that technicians who have been employed more than ~~120~~90 days have obtained certification in the technical disciplines in which they are providing observation and testing services and review of documentation indicating the laboratory has participated in a WACEL-recognized reference sampling program for each discipline in which accreditation has been conferred. In addition, actions the laboratory has taken to improve tolerable weaknesses identified in the MRFI and significant changes, if any, that a laboratory may have undergone in the last year will be discussed.

5.2. FINALIZATION OF AUDIT DATE

Upon receipt of the correspondence notifying the Applicant of the need to conduct an Annual Audit, the Director of Technical Services (DTS) shall contact the Applicant's Representative to identify specific dates acceptable for the Annual Audit. Once a date has been agreed to, a confirmation should be sent to the Applicant Representative with a copy to the PA.

5.3 AUDIT VISIT

The DTS, upon arrival at the laboratory, should meet privately with the Applicant Representative to review procedures and the schedule for the Audit. These include review of records, spot check of equipment and a discussion of policies and procedures implemented to enhance quality since the last visit.

5.3.1 Summation Meeting

After reviewing records and equipment, the DTS shall meet with the Applicant to review findings. As was the case with the initial summation meeting, the DTS shall review strengths (activities or materials which are subject to judgmental evaluation and which are excellent or require no improvement), tolerable weaknesses (activities or materials which would benefit from improvement), and deficiencies (activities or materials which must be improved before accreditation can be accorded).

The DTS must exercise judgment in determining whether or not the laboratory continues to meet program requirements. The decision is obvious if a laboratory has not participated in the required reference sampling program or scope of activity does not include the ability to provide testing services identified in Exhibit 1.

The difficulty will be to determine if there are sufficient tolerable weaknesses that preclude the continuation of accreditation. At the conclusion of the meeting, the DTS will report the results of the Audit, informing the Applicant Representative if the laboratory continues to meet program criteria. If so, the Captain informs the PA of the continuation of accreditation.

If there are deficiencies that preclude continuation of accreditation, the DTS shall advise that accreditation has been suspended in one or both disciplines until improvements are made. The DTS shall review the nature of improvements required and by when they should be instituted (within one month of the audit). If such improvements relate to equipment or activities, a follow-up audit will be required to visually ascertain that improvements have in fact been instituted.

5.4 AUDIT REPORT

Within one week from the date of the Audit, the DTS shall prepare and send an Audit Report to the applicant, documenting the conclusion reached at the audit and follow up action that may be required.

5.5 EXPENSE REPORT

The DTS shall submit a complete expense report to the WACEL PA, comprising expenses for the audit. The PA will review the charges and forward payment of all expenses, directly billing the Applicant to recover applicable costs.

5.6 DEFICIENCIES

The Applicant has 30 days from the date of the audit report to correct any deficiencies. Any request for an extension of time shall be referred by the DTS to the LAC for review and decision. The LAC may grant one additional month. If the deficiencies require a reinspection, such shall be discussed at the conclusion of the Audit. The reinspection should be brief.

5.5.1 Continued Deficiencies

If the laboratory fails to respond to the deficiencies identified in the Audit Report or if the response does not satisfy the deficiencies, the DTS shall inform the Applicant and shall give the applicant two additional weeks to finalize corrections. If the deficiencies are not resolved by the deadline, the DTS shall inform the Applicant and PA. The PA shall then write to the applicant indicating that the Annual Audit is over, the accreditation has been terminated and that the applicant may apply for accreditation again.

5.5.2 Elimination of Deficiencies

If the changes made by the applicant eliminate deficiencies, the DTS shall send the applicant a brief report indicating that the review showed that deficiencies have been corrected and that the applicant is recommended for accreditation in the appropriate discipline.

6.0.1 **COMPENSATION AND FEES**

6.0.2 WACEL MEMBERS

WACEL members shall pay a fee of \$1,500 to WACEL for coordinating the accreditation procedure on their behalf and \$750 for each annual audit. This fee shall be payable with the application and is not refundable. If the Facilities Inspection has not been held within one year from the date of application acceptance, the \$1500 is forfeited and the member firm must reapply, unless delays have been caused solely by the DTS or other WACEL staff member.

If reinspection is not required, accreditation shall not be made final until the bill is paid. If reinspection is required, it shall not be performed until the bill is paid. However, if the bill is paid, a subsequent bill shall be required for reinspection, to cover the expenses of the individual performing reinspection. This second bill shall be handled as the first, unless the DTS performs reinspection. In no case, will accreditation be formally conferred unless all bills have been paid. Additionally, accreditation will not be conferred upon any member whose account is more than 60 days in arrears.

6.0.3 Termination of Membership

Should a firm's membership terminate at any time during the Accreditation Review process, all WACEL charges must be paid at the nonmember rate before accreditation will be provided.

Should a firm's membership terminate after accreditation has been conferred, the laboratory accreditation will no longer be valid. The laboratory has the option of re-applying as a nonmember.

6.1 NONMEMBERS

Procedures applicable to nonmembers are essentially identical to those applicable to members, except the accreditation fee charged by WACEL shall be \$6,500. The nonmember applicant (as the member applicant) is responsible for the expenses of the DTS. The bill for DTS expenses shall be issued by the PA subsequent to issuance of the MRFI Report.

Should reinspection be required, the nonmember shall pay \$1000 plus expenses, unless more than four hours (including travel time) are required for reinspection. If so, the fee shall be \$1,250 plus expenses.

Should the Facilities Inspection not be conducted within one year from the date of application, the nonmember applicant shall receive a refund. The amount of this refund shall be determined by the PA. In general, the application fee may or may not be refunded, depending on the cause of the delay, as already discussed. If expenses have been incurred on the applicant's behalf, these will be deducted from whatever other amounts may be due. Also, if the LAT Captain has spent considerable time on procedures up to but not including Facilities Inspection, a \$500 charge may be imposed, depending on the cause.

6.2 FEE MODIFICATIONS

The fees charged by WACEL for coordination and those imposed on nonmembers for the service of WACEL member representatives are subject to change at any time, per directives of the WACEL Board of Directors. Should such changes be made, this Program Guide and the application form shall be revised. Applicants using outdated application forms shall be advised of new charges once their application is received. Those who apply prior to the institution of new rates shall pay the rates applicable at the time of application.

7.0 APPEAL

An applicant or any LAT participant shall have the right to appeal any decision made by WACEL representatives during any aspect of the Accreditation Review or Audit. To appeal, an individual shall write to the Program Administrator (PA) and identify exactly why the appeal is being made. This will state the individual's position and what he believes the LAT's, or PA's or other party's position to be. He shall then state why in his opinion the decision made should be reversed or otherwise modified.

The PA shall forward copies of the appeal request to the LAC Chairman and to those persons or that person whose decision is being challenged. The latter shall have three weeks to issue a response setting forth his or their position. This response shall be addressed to the LAC Chairman, with a copy being sent to the appellant and others to whom the appeal was sent. The appellant and any other interested parties will then have two weeks to comment in writing to the LAC Chairman, relative to either or both letters.

Following the commentary period, the LAC Chairman shall prepare to call a meeting. Any individual serving on that Committee who is affiliated with the appellant or any individual whose decision is being challenged shall be unable to vote, however. If the number remaining -- including the WACEL President who shall meet with the LAC -- is less than five, the President shall appoint other persons to the LAC. The LAC Chairman shall then distribute copies of correspondence received (and any comments he may care to add) to the LAC as then constituted, and shall set a date for a meeting to be held no more than two weeks from the date of distribution of correspondence.

The LAC in its meeting shall have a full and vigorous discussion of the issues. It shall then vote on the matter. Its vote will be final and binding by virtue of at least a two-thirds majority opinion. If a two-thirds majority opinion cannot be obtained, the parties involved will be so notified, and the matter will be heard once again within four weeks of the meeting. At this time, the appellant shall attend to present his position orally, with those persons or that person whose decision is being challenged being invited to do likewise. Following the conclusion of presentations, and questions which may be posed by the LAC, the LAC shall go into executive session to vote, with its decision to be determined by a simple majority.

8.0 TIME CONSIDERATIONS

Certain activities associated with Accreditation Review depend on timing factors, e.g., time permitted between date of application and date of Facilities Inspection; time permitted to correct deficiencies. In that considerable time may be lost due to the appeal procedure, the time involved shall be applied as a credit in the applicant's favor when the applicant is the appellant. However, if the appeal is filed after a given time span has elapsed, no further time will be provided, unless the LAC shall decide otherwise.

9.0 PROMOTION

All accredited laboratories are encouraged to make known their accredited status, to help generate competition on the basis of quality. However, certain restrictions apply, and – as part of the application process – an applicant must agree to these (and all other applicable restrictions included in this Program Guide).

9.1 ACCREDITATION DELINEATION

In all cases and all applications, notice of WACEL ACCREDITATION MUST INDICATE THE DISCIPLINE INVOLVED, e.g., "WACEL Accreditation Soil and Concrete."

9.2 MEDIA SELECTION

Notice of accreditation may be used without restriction in or on any media subject to rapid modification. These would include web sites, social media platforms, in-house communication vehicles and similar other media..

9.3 MULTIPLE LABORATORIES

An organization which comprises more than one laboratory may apply WACEL accreditation notice only to specific laboratories. It may not state "Laboratory Accredited by WACEL" or words to that effect. Each laboratory must be identified by city and state location.

9.4 LOSS OF ACCREDITATION

A firm which loses its accreditation for any reason shall have two weeks to delete accreditation notices from any and all media bearing same. This can be done through overprinting such notice, if necessary. In any manner implying accreditation by WACEL when such accreditation no longer exists shall be considered fraud, and shall make whatever entity commits such fraudulent act subject to whatever civil and/or criminal penalties shall apply.

9.4.1 Suspension of Accreditation

Reasons for suspension of accreditation have been identified elsewhere in this Program Guide. A suspension lasts no longer than 30 days. During suspension, a laboratory is considered nonaccredited, but is not required to take those actions associated with loss of accreditation.

10.0 RECORD RETENTION

All document submitted and/or developed as part of the WACEL Laboratory Accreditation Program are treated as and considered confidential. The Program Administrator will maintain and store the following records:

- Application for Accreditation
- Copies of the final MRFI Report
- Copies of Correspondence indicating that laboratories have accredited
- Copies of the signed Certificates of Continues Compliance, including evidence of reference sampling program participation
- Copies of Annual Audit Reports
- List of Accredited Laboratories
- Program correspondence

The DTS should only retain copies of the final MRFI Report. All other materials obtained from the participating lab should be destroyed or returned.