

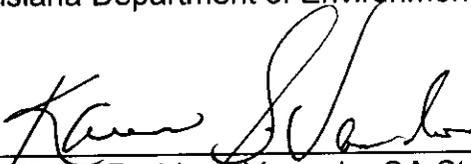
**Quality Assurance Plan
for
Louisiana Environmental Laboratory Accreditation Program**

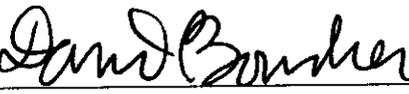
Revision 5

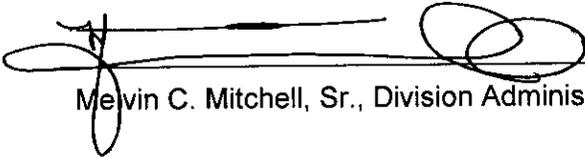
Laboratory Services Division

Office of Environmental Assessment

Louisiana Department of Environmental Quality

Development Team:  Date: 5-4-07
Karen Rodriguez Varnado, QA Staff

Lead Developer:  Date: 5-4-7
David Boucher, Ph.D., LELAP Supervisor

Approved by:  Date: 5-7-07
Melvin C. Mitchell, Sr., Division Administrator

Approved by:  Date: 5/7/07
Elaine Sorbet, QA Officer

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Document Review and Revision Record

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1.0 SCOPE

The Louisiana Environmental Laboratory Accreditation Program (LELAP, the Program) quality assurance (QA) plan is intended to meet all applicable requirements concerning quality assurance/quality control (QA/QC). The Department Quality Management Plan (QMP) and LELAP Quality Assurance Plan (QAP) govern activities required to insure that LELAP administers the Louisiana Administrative Code (LAC), Title 33, Part I, Subpart 3, Laboratory Accreditation regulations. LELAP staff and external contractors are bound by the requirements delineated in this QAP and the Department's QMP. Wherever applicable, the National Environmental Laboratory Accreditation Conference (NELAC) criteria are used to ensure that these regulations are fulfilled. The Program is responsible for providing the public with current and timely information on the accreditation status of laboratories and the regulatory requirements of the State of Louisiana. Quality in LELAP contributes to the technical credibility of the Louisiana Department of Environmental Quality (LDEQ, the Department).

1.1 POLICY

The LELAP management is committed to carrying out the assigned responsibilities within the quality requirements of these documents. All employees have access to this manual and are responsible for being familiar with and adhering to its contents.

1.2 ORGANIZATION

LELAP is an integral part of the Laboratory Services Division within the Office of Environmental Assessment, LDEQ. LELAP is an accrediting agency within the Department as found in the Louisiana Department of Environmental Quality FY2000 Quality Management Plan, Revision 4 (the QMP).

The Department's organizational charts are found in Appendix A.

LELAP may utilize the professional services of private-sector laboratory assessors. Independent contractors shall be bound to the requirements specified in their contract, the Department's QMP, the LELAP QAP and the Louisiana Administrative Code, Title 33, Part I, Subpart 3.

1.3 RESPONSIBILITIES AND AUTHORITIES

LELAP Assessors are responsible for the accreditation of laboratories per Title 33, Part I, Subpart 3. Personnel are responsible for discharging their duties in accordance with the Department's QMP, QAP, applicable standard operating procedures, and the Department's policies and procedures.

All regulations must follow promulgation procedures outlined by the Administrative Procedures Act.

1.3.1 ADMINISTRATOR

The Administrator of the Laboratory Services Division is responsible for planning, monitoring, evaluating, and improving the program's operations. The Administrator reports to the Assistant Secretary of the Office of Environmental Assessment.

The Administrator oversees the program and is responsible for staffing, scheduling, budget, and contract. The Administrator is the approved LELAP signatory.

1.3.2 SUPERVISOR

The Supervisor is responsible for the day-to-day operations of LELAP and supervises the staff. The supervisor is responsible for ensuring that the staff functions in accordance with the regulations. The Supervisor reports to the Administrator of the Laboratory Services Division. The Supervisor performs the following additional tasks:

- Manages the contract between LELAP and its external contractor to ensure a clear understanding of the factors associated with the scope of the contract.
- Reviews all correspondence before signing or prior to being sent to the Administrator for signature.
- Performs all the duties of an Assessor, particularly conducting on-site assessments as required by regulation.
- Attends conferences and training sessions as necessary.
- Serves as liaison between LELAP and the regulated industry.

- Maintains an active role in work groups and committees of the National Environmental Laboratory Accreditation Conference (NELAC), The NELAC Institute (TNI) and other various governmental and industrial organizations.

1.3.3 ASSESSOR

The Assessor is responsible for implementing the accreditation process of the individual laboratories assigned. The Assessor reports to the Supervisor. The Assessor performs the following tasks:

- Reviews assigned laboratories applications, corrective action documents, proficiency test results, accreditation programs of other states, and recognition accreditation packages.
- Conducts the on-site assessment as required by regulation and drafts assessment report notifying the laboratory of deficiencies.
- Monitors the assigned laboratory's compliance with regulations.
- Recommends assigned laboratories for accreditation based on compliance with all regulations.
- Develops and maintains lines of communication and a working relationship between LELAP and assigned laboratories in the program.
- Keeps the AAMS database current for assigned laboratories.
- Ensures that the Administrator and Supervisor are aware of their day-to-day activities .
- Attends conferences and training sessions as necessary.
- Works with the contract assessors for on-site assessments and any requested additional tasks.
- Provides information on accredited laboratories, proficiency test requirements, Department approved methods, and any other information in response to public inquiries consistent with the Department's policies and procedure governing the release of information.

- Ensures that the LELAP website is kept current and that the status of laboratories having applied for accreditation is correct and current.

1.3.4 PROGRAM ANALYST

The Program Analyst is responsible for maintaining the AAMS database for the LELAP program. The Program Analyst reports to the Supervisor. The Program Analyst is responsible for the following tasks:

- Assist in data entry for the LELAP database.
- Creates and maintains the LELAP files.
- Date stamps and directs incoming mail as necessary.
- Logs the receipt of all records and documents from applicants into the database.
- Works with LELAP personnel to ensure smooth operations.
- Tracks all assessment reports, corrective actions, and other official documents required by regulations.
- Assists the Laboratory Services Administrative secretary with mail and phone duties.
- Creates, mails, and copies Fiscal Services on all invoices required for LELAP.

1.3.5 QUALITY ASSURANCE COORDINATOR

The Quality Assurance Coordinator is responsible for overseeing the quality function of the program. The Quality Assurance Coordinator reports directly to the Administrator of the Laboratory Services Division and the Department's Quality Assurance Manager (QAM). The QAC is responsible for the following tasks:

- Oversees the program's QAP and compliance with all quality issues, including document control, annual audit, and annual quality assurance report to the Division QAO.
- Prepares and distributes the quality assurance plan.
- Participates in the development, approval, implementation and maintenance of all standard operating procedures.
- Responsible for ensuring conformance with the Department's Quality Management Plan.
- Responsible for ensuring conformance with the LELAP Quality Assurance Plan.
- Reports any non-compliance issues by initiating a corrective action form. In the event of nonconformance with the Department QMP or the LELAP QAP, notifies the Administrator, Supervisor, and the Department QAM of the nonconformance to safeguard the program's objectives.
- Concurs with proposed corrective actions, verifies that the corrective actions have been completed, and documents that the program is in compliance with the Department QMP or LELAP QAP.
- Assess the effectiveness of the LELAP QAP.
- Plans and schedules internal audits. Internal audits may be conducted by the DEQ Laboratory Quality Assurance Officer.
- Maintains records of training and experience of LELAP staff.

1.3.6 INDEPENDENT CONTRACTORS

In support of the Laboratory Accreditation Program, LELAP may utilize the professional services of private-sector laboratory assessors. Independent contractors shall be bound to the requirements specified in their contract, the Department's QMP, Section 4, the LELAP QAP and the Louisiana Administrative Code, Title 33, Part I, Subpart 3. LELAP contractors shall be considered to be employees of the State of Louisiana and as such are governed by state regulations.

The contract shall specify the tasks and products, technical requirements, quality requirements, administrative requirements, deliverables, methods used to measure and monitor the contract performance and any other requirements as specified in the contract.

LELAP Contractors shall be required to meet all requirements of NELAC for On-Site Assessment Personnel as found in the NELAC Standards. LELAP contractors shall be experienced personnel with at least a bachelor's degree in a scientific discipline or have equivalent experience in environmental laboratory assessment. LELAP contractors shall complete the NELAC Basic Assessor's Training, and when available they will complete the NELAC specified technical training. In addition LELAP contractors must:

- a) be familiar with the relevant legal regulations, accreditation procedures, accreditation requirements and appropriate NELAC Standards;
- b) have a thorough knowledge of the relevant assessment methods and assessment documents;
- c) be thoroughly familiar with the forms of records;
- d) be thoroughly cognizant of data reporting, analysis, and reduction techniques and procedures;
- e) have a working knowledge and be conversant with the specific tests or types of tests for which the accreditation is sought and, where relevant, with the associated sampling and preservation procedures; and,
- f) be able to communicate effectively, both orally and in writing.

LELAP contractors shall use the department-approved checklists and report format for all on-site assessments conducted on behalf of the Department. The report format shall meet the requirements of NELAC Standards, Chapter 3, Section 3.7.2.

LELAP shall take full responsibility for contracted work. The Program will ensure that its contractor(s) are competent and comply with the requirements of the Louisiana Laboratory Accreditation regulations and NELAC Standards. The LELAP contractor shall comply with the Department's requirements for confidentiality and shall not act or be directly involved with any laboratory seeking accreditation. LELAP must approve the use of subcontractors by the contractor.

LELAP contractors shall be governed by the State of Louisiana's Code of Ethics. Violations of this code of Ethics may lead to termination of the contract, fines and/or imprisonment. Signed conflict of interest statements shall be required of LELAP contractors and their staff. These signed statements shall be filed in the Contractor's file maintained by the Administrator of the Laboratory Services Division.

LELAP contractors shall submit a Confidential Business Information Policy. A copy of this policy shall be maintained in the Contractor's file maintained by the Administrator of the Laboratory Services Division.

1.4 CONFLICT OF INTEREST CERTIFICATION

Laboratory Services Division management, staff, and contractors functioning as LELAP assessors shall be required to sign a Conflict of Interest Statement (Attachment B) prior to assessing or auditing any laboratory applying for accreditation. Conflict of Interest Statements shall be laboratory-specific and signed by all LELAP personnel and/or the program's contractor(s) involved in the on-site assessment of the specific laboratory. Any LELAP assessor unable to sign a Conflict of Interest Statement for a particular applicant laboratory shall be ineligible to conduct an assessment at that laboratory, review documents submitted by the applicant laboratory, etc.

In the event an Assessor is unable to sign the Conflict of Interest Statement, the Laboratory Services Supervisor shall re-assign the applicant laboratory to another Assessor.

Additionally, LELAP personnel are governed by the State of Louisiana's Code of Ethics. Violations of this Code of Ethics may lead to termination, fines and/or imprisonment.

Conflicts of Interest issues that arise shall be handled by the Administrator of the Laboratory Services Division and shall follow the requirements of the Louisiana Code of Ethics.

1.5 PERSONNEL QUALIFICATIONS

LELAP personnel shall be qualified to perform assigned tasks. Initial and ongoing personnel qualifications shall be determined, training needs shall be identified, access to appropriate training opportunities shall be provided, and the acquisition of needed knowledge and skill shall be verified.

1.5.1 GENERAL PERSONNEL QUALIFICATIONS

Requirements are determined on job class and position specific bases. Personnel qualifications for job classes are determined by the program Administrator and Human Resources and must be approved by the Louisiana Department of State Civil Service. The Human Resources Section shall maintain documentation concerning individual employee qualifications. LDEQ's personnel procedures are located in LDEQ's Policy and Procedures Manual.

1.5.2 QUALIFICATIONS FOR ASSESSORS

Qualifications for the LELAP employees and its contractors shall meet the requirements of the LAC 33:I. 4709.B and the most recently adopted NELAP standards. These qualifications include, but are not limited to:

1. Assessors must be familiar with the relevant legal regulations, accreditation procedures, and accreditation requirements;
2. Assessors must have a thorough knowledge of the relevant assessment methods and assessment documents;
3. Assessors must be thoroughly familiar with the various forms of records described in NELAC. 3.5.3 - Records Review;
4. Assessors must be thoroughly cognizant of data reporting, analysis, and reduction techniques and procedures;
5. Assessors must have a working knowledge and be conversant with the specific tests or types of tests for which the accreditation is sought and, where relevant, with the associated sampling and preservation procedures; and
6. Assessors must be able to communicate effectively, both orally and in writing.

1.5.3 DOCUMENTATION OF QUALIFICATIONS FOR ASSESSORS

The Human Resources Section of the Louisiana Department of Environmental Quality shall maintain documentation concerning individual employee qualifications. Human Resources shall maintain records on all training conducted through the LDEQ Safety and Training Unit. The LELAP QAC shall be responsible for maintaining training records for all LELAP personnel.

The QAC shall be responsible for documenting training for all LELAP personnel. A file containing copies of training certificates, LELAP training log and signed Conflict of Interest Statements will be maintained for each LELAP staff member. Training records will be located in the office of the LELAP QAC. The QAC will update training records as soon as training has been completed by each of the LELAP personnel.

Documentation of qualification of LELAP contractors shall be part of the signed contract. A copy of the original Request for Proposals and the signed contract shall be maintained by the Office of Management and Finance, Contracts and Grants. Additionally, a copy of the signed contract shall be maintained by the Administrator of the Laboratory Services Division.

1.6 POSITION / JOB DESCRIPTIONS

Job descriptions must be prepared for each LDEQ position. The job descriptions shall specify essential job functions, the level of effort devoted to the job functions, physical and environmental demands and hazards, and job-related knowledge and skills. Personnel evaluations and Performance Planning and Reviews (PPRs) shall be conducted annually by immediate supervisors following the procedures established for PPRs in chapter 10 of the Louisiana Civil Service Rules. Human Resources shall maintain job descriptions and official personnel ratings. The Laboratory Services Division shall maintain performance-planning documents. The LELAP QAC shall maintain records of training.

1.7 PERFORMANCE PLANNING AND REVIEWS (PPRS)

The LELAP Supervisor and/or Laboratory Services Division Administrator shall be responsible for completing the State required PPR for each LELAP employee. The Louisiana State Employees Performance Planning and Review (PPR) Form (Attachment C) allows the LELAP Supervisor or Administrator to establish performance expectations or criteria for each employee specific to the type of work or tasks performed by the LELAP Assessors and support personnel. The Supervisor and/or Administrator documents the performance requirements for LELAP personnel on the PPR.

The planning session of the PPR is conducted with the LELAP employee annually. This ensures that all parties are knowledgeable of their areas of responsibility. The Supervisor or Administrator rates the employee's performance. The employee is given a copy of the document to review and sign. The PPR results are used as the bases for employee merit increases.

LELAP and Human Resources maintain copies of employee evaluations.

1.8 TRAINING

LELAP Assessors shall be experienced professionals with at least a Bachelor's degree in a basic science and have experience in laboratory assessment or related fields as required in LAC 33:1.4709.B. New candidate Assessors must undergo training with a qualified LELAP Assessor during 4 or more actual assessments until judged proficient by LDEQ. All Assessor-training programs must meet NELAP standards and LELAP Assessors will participate in the NELAP developed training programs. LELAP Assessors shall participate in Ethics training annually.

The assessor training program must include completion of the applicable technical training requirements for at least one field of accreditation. Assessors must take annual refresher/update training as defined in the NELAC standards.

Training needs shall be determined annually on an individual basis by supervisors in consultation with employees. Training determinations shall be based on statutory requirements, management directives, career ladder requirements, SOPs, QAPs and annual employee performance evaluations. Training needs can be documented in the PPRs.

The Human Resources staff maintains employee-training records for all training conducted through the LDEQ Safety and Training Unit. The Laboratory Services Division maintains training records for their respective personnel.

The Department's QAM shall be responsible for conducting all necessary quality assurance courses.

1.9 CONSULTATION

LELAP Personnel or its contractors shall not offer consultancy or any other services that would compromise the objectivity or impartiality of the accreditation process and decisions.

2.0 QUALITY ASSURANCE ORGANIZATION

LDEQ utilizes an agency-wide QMP and relies on the individual Offices, Divisions and Programs to implement their respective quality assurance program plans. The QAM, housed in the Office of the Secretary, directs the quality assurance activities for the Department. The Department's Quality Assurance Officer for each Office, along with program managers, and quality assurance coordinators within each Division, will be responsible for their respective quality assurance activities. Each person in LELAP is responsible for conducting their functions in accordance with the Department's QMP and program's QAP.

The quality assurance staff shall have access to all work areas and sufficient authority to identify, initiate, recommend and provide solutions to quality issues and to verify the implementation of solutions to these issues through corrective action.

Quality assurance activities are typically some form of audit or review by the quality assurance coordinator or a Quality Assurance Team (QAT). If the audit or review reveals deficiencies in the process, a timeline must be established for corrective actions to be completed and the process to be back within the parameters established by the SOPs.

2.1 COMMUNICATION

Management is responsible for the LELAP quality system being understood and effectively implemented through planning activities, employee training, ongoing assessments, and quality improvement activities. These activities, programs, and controls are described in either the Department QMP or this QAP.

2.2 CORRECTIVE ACTION

LELAP staff shall report any non-compliance issues by initiating a corrective action form. In the event of nonconformance with the QAP or QMP the QAC will notify the Administrator, Supervisor, and the Laboratory Services Division QAO of the nonconformance to safeguard the program's objectives.

The LELAP QAC shall approve proposed corrective actions, verify that the corrective actions have been completed, and document that the program is in compliance with the QAP or QMP.

2.3. AUDIT REPORT

The QAC provides management with an audit reports concerning the effectiveness of the quality system and the adequacy of resources.

The QAC shall follow the requirements established in SOP #LELAP QA-001. Reviews of the quality system shall be conducted annually. Reports will be generated by the QAC and submitted to the Laboratory Services Division Administrator, LELAP Supervisor and the QAO. Reports shall include corrective actions with time frame and require the concurrence of the Administrator. A follow-up quality systems internal audit shall be conducted 6 months after completion of all corrective actions.

2.4. RESOURCES

Management must ensure that resources are adequate to achieve and maintain quality in the program. Resource allocations for quality assurance and quality control activities and personnel shall be determined on an annual basis and adjustments made as necessary to achieve program objectives.

2.5. IMPLEMENTATION

Implementation shall be conducted through standard operating procedures (SOPs). SOPs shall be developed, reviewed annually and revised as needed under the supervision of the LELAP QAC.

2.6 CONTRACTORS

LELAP shall monitor its contractor's performance. The contractor's performance will be monitored in accordance with the requirements of the Louisiana Division of Administration. The LELAP Supervisor shall be responsible for ensuring that the contractor meets the requirements as set forth in the regulations, the Department QMP, and the LELAP QAP and SOPs. In addition the Contractor shall meet the requirements set forth in the most recently adopted NELAC Standards.

Contractors shall be governed by the same ethical requirements as the LELAP employees and shall not provide contractual services to applicant laboratories.

Contractors shall submit a Confidential Business Information Policy. A copy of this policy shall be maintained in the Contractor's file maintained by the LELAP Administrator.

LELAP contractors shall be required to submit signed conflict of Interest statements. These statements shall be filed in the contractor's file maintained by the Administrator of the Laboratory Services Division.

3.0. DOCUMENTS AND RECORDS

A document is any volume that contains information that describes, defines, specifies, reports, certifies, requires, or provides data, results or information pertaining to the program. All records and documents are considered public record and as such shall be available to the public during working hours. Documents that specify requirements and instructions affecting the quality of the program shall be adequate for the intended purpose and shall be controlled. Quality assurance records shall be produced, controlled and maintained to reflect the achievement of the required quality and to fulfill statutory, regulatory, and contractual requirements.

Document control procedures are specified in the QMP, Section 5 and referenced therein.

3.1. RECORD RETENTION AND LOCATION

All records pertaining to the accreditation of a laboratory must be maintained in a secure, limited access area. When any record is removed from the area the LELAP personnel must sign it out in the document control logbook.

All records and documents must be kept for a minimum of 10 years. All records and documents must be kept in a centralized area located within the Laboratory Services Division. Records and documents that can be filed in legal-sized file folders will be housed in filing cabinets. Oversized documents such as the laboratory submitted QAPs, and other oversized documents shall be located in the same centralized area within LELAP. Electronic files may be included as records and documents. Duplicates of electronic files shall be maintained at another physical location.

3.2. RECORDS/ FILES

A record is any document related to a specific laboratory or facility however named. For the purpose of LELAP all records shall be filed in reverse chronological order. Records will be kept by year.

All file folders shall be identified with the appropriate laboratory name and identification numbers. There are two identification numbers, the agency interest number and the internal LELAP number. The agency interest number must be requested from the TEMPO group. TEMPO is the Department's centralized database. The Program analyst assigns the internal LELAP numbers.

Documents not pertaining to a specific laboratory having applied for accreditation shall be maintained in a general document file.

All contracts and records pertaining to contracts shall be maintained in the centralized file area within the LELAP section of Laboratory Services Division.

3.3 RECORDS REVIEW

LELAP personnel shall be responsible for reviewing the accreditation process and the documents submitted by the applicant laboratories.

3.3.1 QUALITY ASSURANCE PLAN AND STANDARD OPERATING PROCEDURES

The LELAP QAC and the Laboratory Services Division Quality Assurance Officer (QAO) shall review the Program SOPs and QAP annually to ensure that these documents remain accurate and current. SOPs and QAP shall be updated whenever it becomes necessary. The QAC shall update the QAP and SOPs.

3.3.2 NELAP STANDARDS

LELAP personnel shall meet regularly and at a minimum of twice a year to discuss the accreditation process. Sign-In sheets will be provided at all LELAP meetings and must be signed by all attendees. The QAC shall keep record of all meetings. These meetings will be conducted after the LELAP representatives return from the NELAP annual and interim meetings.

LELAP Assessors shall be responsible for reviewing proposed and finalized updates to the NELAC Standards (Standards) as they become available. LELAP will amend its regulations or adopt new regulations whenever as necessary when NELAP publishes revised Standards. Regulatory changes will follow the Louisiana Department of Environmental Quality's procedures for adopting or amending regulations, LDEQ PPM 0003-88, revised August 9, 2000, Rule Development Procedures. The process for adopting the Standards shall begin within thirty days (30) of the NELAP Standards becoming final.

3.3.3 APPLICANT LABORATORY DOCUMENTS AND RECORDS

The Laboratory Services Division Administrator shall assign a LELAP Assessor to each applicant laboratory. The Assessor shall be responsible for reviewing all

documents and records for the applicant laboratories. Review of records shall be documented through the use of the Application Review Checklist, Application Evaluation form and correspondence generated between the applicant laboratories and LELAP.

4.0. STANDARD OPERATING PROCEDURES

Standard operating procedures are proposed, drafted and reviewed by LELAP personnel. SOPs are approved by the QAC and owned by the LELAP Supervisor. All SOPs shall be reviewed annually and revised as necessary under the supervision of the QAC. The SOP review must be documented. New SOPs and revisions to existing SOPs will be uniquely identified in the document control format.

All SOPs must be clearly worded. Procedures must be written in a step-by-step format that clearly describes the steps in chronological order. SOPs will be written using EPA QA/G-6 "Guidance for the Preparation of Standard Operating Procedures (SOPs) for Quality-Related Documents" and the Department's "Guidance Document for Standard Operating Procedures (SOPs)".

SOPs for the LELAP program will be bound in accordance with the Department's requirements found in "Guidance Document for Standard Operating Procedures (SOPs)". Each SOP shall remain intact and will not lose its identity concerning SOP owner, purpose, approval, revision number, etc.

All SOPs written, revised and approved for the use of LELAP must contain the following disclaimer on the title page as required by the Department's "Guidance Document for Standard Operating Procedures (SOPs):

Please Note: The official version of this document is maintained on the LDEQ Intranet. Copies, whether in electronic or printed form, are not official and should be verified for currency against the official document on the Intranet. The control Header of the SOP will be used for comparison to the official document.

4.1. IMPLEMENTATION SCHEDULE

SOPs must be reviewed and revised annually, or as necessary to document significant changes.

SOPs must be implemented as soon as approval has been given by the QAC. All required signatures must be present on the approval page before a new or revised SOP will be put into use by LELAP.

5.0 COMPUTER HARDWARE AND SOFTWARE

The acquisition and installation of computer hardware and software shall be controlled to insure conformance with standards and compatibility with existing and planned network, hardware, and software. The Office of Management and Finance sets standards and the Information Services Division approves acquisitions and performs installations. Purchase of hardware and software is described in detail in section 6 of the Department's QMP.

5.1 DATA AND INFORMATION

LDEQ backs up all data on tape as per the requirements established in the Department's QMP

6.0 IMPLEMENTATION OF WORK

LELAP shall perform so as to ensure the needs and requirements of the program are met. All work products will be produced in a timely manner. Contract work performed on behalf of LELAP shall be implemented in accordance with the approved contract or plan. Exceptions, deviations, and changes to these documents shall be approved and documented prior to implementation.

Annual QA summaries shall be due to management and the Department QMP by December 31 of each year. The annual QA summary must include any quality-related issues, quality-related assessment and the assessment results. The annual report shall include a copy of any assessment and the corrective actions implemented by the program.

6.1 PURCHASING

Purchasing for LELAP shall follow the Department's Purchasing Policy and Procedure (PPM 2003-88) and the Department's QMP.

6.2 CONTRACT SERVICES

Contracting for services shall follow the Department's Policies and Procedures Manual and the QMP.

6.3 CONTRACT SERVICES FOR ASSESSORS

Contracting for assessor services shall include the requirements of Sections 1.2. and 1.5.2 of this document, the Department's Policies and Procedures Manual and the QMP.

7.0 COMPLAINTS/RESOLUTIONS

7.1 LELAP shall document all complaints and respond in writing to the complainant within 20 days. All complaints will be documented and investigated by the Quality Assurance Coordinator (QAC) for the program. A copy of any report derived from said complaints will be forwarded to the Administrator of the program and the supervisor.

7.2 Documented complaints and resolutions to said complaints shall be filed in the appropriated laboratory file or a general complaint file. The QAC shall maintain a record of all complaints and resolutions.

8.0 APPEALS

8.1 Notices of suspensions or disaccreditations will be effective as of the date of the notice.

8.2 Any laboratory that receives a notice of suspension or discreditation will have the right to an appeal. The laboratory must file a written request with the Secretary no later than thirty days (30) after receipt of the notice.

8.3 The request for appeal must specify the provisions of the notice on which the hearing is requested and briefly describe the basis for the request. Failure to timely request an appeal constitutes a waiver of the laboratory's right to an appeal on a disputed issue of material fact and the notice of suspension or discreditation shall become final.

9.0 NOTIFICATION OF CHANGES TO THE LELAP PROGRAM

LELAP shall notify the NELAP Board of Directors and TNI Executive Director of any changes to the Program within thirty (30) calendar days of implementation once LELAP becomes a recognized NELAP Accrediting Authority.

The notification shall cover a change in organizational structure, rules, regulations, standard operating procedures, physical address, mailing address, telephone numbers, electronic mailing addresses, and contractual agreements.

10.0 USE OF ACCREDITATION BY LELAP AND NELAP ACCREDITED LABORATORIES

LAC 33:I.5313.A requires that work carried out by a laboratory must be covered by a report that accurately, clearly, and unambiguously presents the test results and all other relevant information. LELAP will require all accredited laboratories to include the LELAP certificate number on all laboratory reports and correspondence. The LELAP certificate number shall be placed in the upper right corner of all laboratory correspondence and results. Analytical results that are not certified by LELAP must be so indicated. LELAP will require the accredited laboratories to use the NELAP logo in conjunction with the LELAP certificate number once LELAP becomes recognized as a NELAP Accrediting Authority.

LAC 33:I.5701 requires the laboratory to display the current certificate in a location visible to the public. In the case of suspension or discreditation the laboratory shall remove the certificate. LELAP certificates are property of the State of Louisiana and as such should a change in accreditation status occur the Department will recall the original accreditation certificate with attachments.

LELAP shall initiate the process for revocation or suspension of the accreditation status should a laboratory be identified as misrepresenting its accreditation status. LELAP Assessors shall review client reports to insure that the laboratory's accreditation status is accurately represented on the documents. The Assessor shall document findings of mis-use of accreditation. LELAP will proceed with discreditation or suspension if it is found that accreditation status has been misrepresented or misused.