RULES

Article 1

The NISIT Act 1993 and any regulations associated with it shall apply to the Scheme. All accredited laboratories are mandated to comply with relevant section of this legislation and associated legislations or regulations.

Article 2

In these Articles of the Scheme and in the Memorandum of the Scheme the following definitions (in alphabetical order) shall apply:

"accreditation" third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks.

"accreditation program" means a program for accreditation of laboratories undertaking a particular activity complying with a specific set of defined criteria and designated as a program by the Scheme. Such programs include, but are not limited to a laboratory accreditation program, an inspection service accreditation program, a reference material producers accreditation program, a personnel accreditation program and a principles of good laboratory practice program.

"accredited laboratory" means a laboratory accredited by the Scheme.

"approved signatory" means a natural person nominated by a laboratory as responsible for the results of testing or related service or both performed by a testing laboratory and approved for that responsibility by the laboratory.

"assessor" person assigned by an accreditation body perform, alone or as part of an assessment team, an assessment of a conformity assessment body.

"Executive Manager" means the Executive Manager of the Accreditation Division of the National Institute of Standards and Industrial Technology.

"authorised representative" means either:

a) a person nominated in writing by a testing laboratory operating a testing laboratory or service laboratory with its own resources; or

b) the persons nominated in writing by the parties operating a multi-party organisation.

Such nominations to the Scheme shall also evidence that the nominees have accepted the nomination empowering them to exercise the rights of an accredited laboratory and accepting the appropriate responsibility defined in the Articles, with respect to one or more accredited laboratories.

"the Board" means the "Testing Laboratory Accreditation Board".

"reducing accreditation" means cancelling part of the scope of accreditation. laboratory whose accreditation has been reduced retains the rights and obligations of a accredited laboratory, except that the laboratory may not claim to be accredited nor issue endorsed reports for the part of the scope of accreditation covered by the reduction.

"suspending accreditation" means putting temporary restrictions in place for all or part of the scope of accreditation

"withdrawing accreditation" means cancelling accreditation for the full scope.

"maintaining accreditation" means confirming the continuance of accreditation for a defined scope.

"extending accreditation" means adding conformity assessment activities to the scope of accreditation

"the Chair" means the one person appointed by the Council to act as Chair of the Scheme as well as of the Council and of the Board.

"the Council" means the National Institute of Standards and Industrial Technology (NISIT) Council for the time being.

"the Director General" means the Director General for the time being of the National Institute of Standards and Industrial Technology (NISIT) and includes any person performing the duties of the Director General for the time being.

"endorsed reports" means a report which is endorsed in the name of the Scheme and in accordance with the provisions of these Articles.

"field of testing" means a group of technically-linked tests, within the laboratory accreditation program, designated as a field by the Scheme.

"the Register" means the register of testing laboratories or service laboratories accredited by the Scheme.

"related services" means one or more of an activity complementary to testing, including, but not restricted to sampling, selecting and testing activities involved in quality assurance and quality control;

"report" means a written statement whose purpose is to report the results and/or outcomes of activities for which a testing laboratory has been accredited. Reports include, but are not limited to test reports, calibration certificates, inspection reports and reference material certificates, and similar documents whose format is approved in advance by the Board.

"the Scheme" means the "Papua New Guinea Laboratory Accreditation Scheme".

"scope of accreditation" means specific conformity assessment activities for which accreditation is sought or has been granted.

"terms of accreditation" means the statement used by the Scheme to define the activities of the accredited laboratory which are covered by the accreditation.

"testing" means the service of testing, measuring, calibrating, examining, identifying, checking or otherwise a material, a specimen, a component, a product, a system, a thing, an event or other matter for conformity with specified requirements or otherwise.

"testing laboratory" means a laboratory engaged in testing.

"unendorsed report" means a report which is not endorsed in the name of the Scheme in accordance with the provisions of these Articles.

"the Vice-Chair" means the one person appointed by the Council to act as Vice-Chair of the Scheme as well as of the Council and of the Board.

THE COUNCIL

Article 3

1. There shall be a National Institute of Standards and Industrial Technology (NISIT) Council which shall carry out the functions and objectives, manage the affairs and exercise the powers of the Institute.
2. The appointment of members shall be made in accordance to the NISIT Act 1993 and relevant legislations. This also includes the composition of the Council.
3. The roles, functions and operations of the Council are also specified in the NISIT Act 1993.

Article 4

1. The Council may from time to time, by Council's Resolution, delegate any of its powers to:
   a) Committees consisting of such persons as it thinks fit, including but not limited to the Board;
   b) the Chair of such Committees;
   c) the Director General either directly or, with specific prior Council approval, by further delegation from a Committee;
   d) the Executive Manager and
   e) to other officers of the Scheme with specific prior Council approval, by further delegation by the Executive Manager, and may from time to time revoke such delegations.
2. A current list of all Council approved delegations shall be maintained by the Executive Manager and the register shall be available to members of the Council, Board, Committees and officers of the Scheme.
3. Any such person or committee shall, in the exercise of the powers so delegated, conform to all Articles and regulations from time to time imposed on it by the Council.

Article 5

The Council may from time to time make such Articles for the regulation of the affairs of the Scheme as it may think fit and may amend and repeal any Articles so made and such Articles, provided each and all of these are ratified by the members of the Scheme, so long as they shall be in force, shall form part of the Articles of the Scheme and shall be binding upon all members.

BOARD

Article 6

1. The Board shall consist of five members appointed by the Council from accredited laboratories, industries, research institutes, academic institutions, regulatory agencies and relevant government stakeholders.
2. Elections of Board members shall be carried out in accordance with Article 7.

Article 7

1. Six months before the term of a Board member expires, the Board Secretariate shall, by notice in writing, invite all relevant organisations to submit nominations in writing to fill the vacancies arising from the retirement of Board members who have completed their 3 year term of office. Notices shall be returned to the Board Secretariate, not more than 30 days from the date of posting.
2. a) Where the number of nominations equals the number of vacancies, all nominees are elected and the Board Secretariate shall inform all nominees of this result.
   b) Should the number of nominations be less than the number of vacancies, unfilled positions shall be treated as casual vacancies and may be filled as prescribed in Article 13.
   c) Where the number of nominations exceeds the number of vacancies, the Executive Manager shall select suitable candidates taking into consideration a balance representation.
3. After the closing of nominations, the Board Secretariate shall forward the names of nominees to all Council members for consideration.

Article 8

1. After the appointment of members of the Board by the Council, the Board Secretariate shall contact all Board members who will be in office at the conclusion of the next Board Meeting and determine from each whether they wish to stand for election as Chair or Vice-Chair of the Board.

2. At the next Board meeting the Board members shall elect from the candidates one candidate as Chair and one as Vice-Chair. The Chair and Vice-Chair's term will cease at the end of any biannual meeting.
   a) If two or more candidates receive an equal number of their names. In the case of a tie, the Executive Manager, as Returning Officer, shall exercise a casting vote by lot.
   b) The interim chair shall then declare the successful candidate(s) elected.

Article 9

The quorum for a meeting of the Board shall be three (3) members.

Article 10

Telecommunications may be used for meetings of the Board, including quorum requirements. Remote technologies can also be utilized and substituted for normal meetings in the event of unforeseen circumstances.

Article 11

In the Chair's absence the Vice-Chair shall be chair of the meeting.

Article 12

The Board shall cause minutes to be kept to be provided for the purpose of all:

1. the names of the members of the Board present at each meeting of the Board; and
2. resolutions and proceedings at all meetings of the Scheme and the Board.

Article 13

If a vacancy occurs in the membership of the Board, the Executive Manager may invite from among the members of the Council to become a new Board member. This arrangement shall be temporary until such time a new member is appointed.

LOGO AND SYMBOL OF THE SCHEME

Article 14

The logo of the Scheme shall be the registered logo of the scheme as shown arranged and displayed in accordance with design specified in the First Schedule and in PNGLAS Policy PL2.

Article 15

The logo and symbol may be enlarged or reduced in size provided that the dimensions retain the proportions of the drawings depicted in the First Schedule and Fourth Schedule.

Article 16

1. The logo of the Scheme and symbol shall be used only as prescribed in these Articles and as prescribed by Policy PL2.
2. Any dispute regarding the use or misuse of the logo shall be resolved by the PNGLAS.

ACCREDITATION PROGRAMS

Article 17

The accreditation programs and fields within an accreditation program shall be as prescribed by the PNGLAS considering advice from the Advisory Committees from time to time and listed in the Second Schedule to these Articles. Changes to the published Schedules shall be advised in an appropriate Scheme publication.

CONDITIONS FOR ACCREDITATION

Article 18

1. An applicant for accreditation shall satisfy the PNGLAS with regard to conditions for accreditation specified in Article 18.2.
2. Conditions for accreditation are:
   a) the laboratory has the people and other resources required for satisfactory performance of the functions for which accreditation is sought;
   b) management of its people and other resources is satisfactory;
   c) it is able to satisfactorily perform proficiency testing programs and/or measurement audits or other practical or theoretical tests set by or recognised by the Scheme and specific to the work to be covered by the scope of accreditation; and
   d) it complies with any other special qualification, requirement or condition prescribed or authorised by the Board/Scheme;
   e) past and present conduct including technical and professional skills of the applicant which, is consistent with maintaining the standing, the professional integrity or worldwide reputation of the Scheme.
3. The applicant shall pay all prescribed fees pertaining to the application set by the PNGLAS including application, preliminary visit (if applicable) and initial assessment fees.

Article 19

For the maintenance of accreditation, the Scheme shall be satisfied that the following conditions, but not limited to the following conditions are met:

a) continued compliance with the conditions for accreditation prescribed in Article 18;

b) satisfactory performance of testing covered by the accreditation including satisfactory reporting of:
   i) the results of these testing on endorsed reports;
   ii) the results of these testing for which the laboratory is not accredited for on unendorsed reports unless some or all of these tests are excluded from this requirement by agreement between the accredited laboratory and the Scheme;

c) satisfactory performance in mandatory proficiency testing programs and measurement audits set by or recognised by the Scheme and specific to the testing and related services covered by the accreditation;

d) compliance with the Articles of the Scheme;

e) past and present conduct including technical and professional skills of the accredited laboratory which, in the opinion of the Board, is consistent with maintaining the standing, the professional integrity or worldwide reputation of the Scheme; and

f) payment by the prescribed dates of fees and annual subscriptions set by the PNGLAS for continuance of accreditation, for participation in proficiency testing programs and for participation in measurement audit programs.

Article 20

The PNGLAS shall make available a publication or publications stating the conditions for accreditation consistent with Article 18 and the conditions for continuance of accreditation consistent with these Articles and all such publications shall be listed in the Third Schedule to these Articles. Changes to published Schedules shall be advised in an appropriate Scheme publication.

Article 21

If the testing facility accredited by the PNGLAS under the PNGLAS Rules at any time fails or its principles at any time fail, in the opinion of the PNGLAS, to comply with any condition for continuance of its accreditation, the PNGLAS may:

1. if such failure to comply is of a temporary nature or does not warrant withdrawal of accreditation, the Executive Manager shall issue the testing facility in writing with a notice that from the date of notice, the accreditation is suspended in regard to all or any of the tests or related services in respect of which it has been accredited; or
2. if the failure to comply is such that the PNGLAS decides to withdraw the accreditation, suspend the accreditation and issue to the testing facility a Notice to Show Cause why accreditation should not be withdrawn; or
3. in its absolute discretion withdraw the accreditation of a testing facility.

ADVISORY COMMITTEES

Article 22

The Council shall appoint Advisory Committees for activities for which accreditation is offered and for other purposes as deemed appropriate. When such Committees are appointed the following procedures shall be applied.

Article 23

1. Members of Advisory Committees shall be appointed by the Council as individual experts provided always that the Board/PNGLAS may invite appropriate professional institutes or industry bodies to nominate members and may appoint members or co-opt persons for specified terms of office.
2. The membership of Advisory Committees shall be reviewed by the Council at least once every three (3) years.
3. Each Advisory Committee shall have five members.

Article 24

The Committee members shall elect a Chair and if required a Vice-Chair for each Advisory Committee from among the members of the Committee. The Chair shall not be involved in assessments of laboratories.

Article 25

The quorum necessary for the transaction of the business of an Advisory Committee shall be at least half of the total number of members. Representatives of the PNGLAS shall attend meetings of the Board as observers.

Article 26

The Chair and/or Vice-Chair of the Board, the Executive Manager and/or the PNGLAS Staff may attend meetings of Advisory Committees but shall not in these capacities be entitled to vote at such meetings.

Article 27

The following functions shall be performed by Advisory Committees:

For Accreditation Advisory Committees:

a) The Committee should offer suggestions related to accreditation issues of a certain field of testing and calibration laboratories: preparation of the accreditation documents and other documentation, determination of qualification requirements for technical assessors.
b) The Committee participates in the meetings of sharing of experience between assessors.
c) The Committee should offer suggestions, related to making the decisions on accreditation, on concerns with appeals or on other accreditation activities.
d) to advise the PNGLAS on such other matters as may improve the standard of testing and related services in Papua New Guinea;
e) to perform such other functions as may be prescribed from time to time by the Board and/or Council.

Article 28

1. An Advisory Committee may establish sub-committees to assist in the performance of its functions subject to the approval of the Board. An Advisory Committee may delegate any or all of its responsibilities to such sub-committees.
2. An Advisory Committee may refer to the Executive Manager and his or her officers administrative tasks involved in the performance of some or all of its functions.

ACCREDITATION PROCESS

Article 29

1. Every application for accreditation shall be on the appropriate application form published by the Scheme and the applicant shall provide all the information required to be provided by the Scheme. The application shall be accompanied by such fee or subscription as shall be prescribed by the PNGLAS.
2. When submitting an application, the applicant shall after the concluding of contracts must also submit an agreement signed by the laboratory management and/or authorised representative.

Article 30

1. At the request of the laboratory, PNGLAS shall provide general information about accreditation, the criteria and the accreditation process. This information package can be obtained by telephone, electronic mail (e-mail) or through postage, following a written request or via personal contact. PNGLAS shall submit the informative materials related to the accreditation, which are available at NISIT-PNGLAS web site: https://www.nisit.gov.pg/95-accreditation
2. Upon receipt of an application for accreditation the PNGLAS ensures all supporting documents are received and application is correct and complete.
3. The Application is then registered and a Team leader is appointed to deal with the application.
4. All applications are to be completed within 12 months from the time of registration. If this time frame is exceeded the PNGLAS will take necessary steps to resolve this. Final decision on the treatment of each application rests with the Executive Manager.

Article 31

1. PNGLAS shall analyze the scope of accreditation sought and evaluate the capability of resources to provide accreditation service as requested by the laboratory whether in part or all of the scope.
2. PNGLAS foresees the assessment team and shall inform the laboratory of possibilities proposed.
3. A preliminary visit is also determined during this phase and steps for its conduct, as in Article 33.

Article 32

1. If the laboratory agrees with the possibilities proposed PNGLAS shall proceed with selection of an assessment team.
. PNGLAS shall guarantee confidentiality, impartiality, independence and professionalism of assessors and technical experts.
4. PNGLAS shall arrange and inform the laboratory of assessment date, composition of the assessment team and onsite assessment plan in advance.
5. The laboratory can submit written remarks on the composition of the assessment team. Maximum objection to an assessor and assessment date is two.

6. The Executive Manager shall decide on the laboratory's' remarks/objections. The Executive Manager's decision is final after consultation with the PNGLAS Manager/Team leader.
7. When PNGLAS decides to start the assessment process the contract between PNGLAS and the laboratory shall be signed.

Article 33

1. If a preliminary visit is required PNGLAS shall appoint an assessment team according to Article 32.1.
2. Within 14 days after the preliminary visit PNGLAS shall provide a report of non-conformities.
3.The applicant shall correct the non-conformities within 1 month of receipt of the report before initial assessment can be confirmed to proceed.
4. If the applicant cannot correct the non-conformance within the specified time the Executive Manager shall decide on the continuation of the assessment process in consultation with the laboratory.
5. If preliminary visit outcomes are satisfactory PNGLAS shall proceed with initial assessment. Selection of the assessment team for initial assessment shall be as described in Article 32.

Article 34

1. Initial Assessment process begins. Assessment documents shall be analyzed by the team members within 2 months of signing of contract and a report of analysis shall be provided to the laboratory with possibilities to assess onsite.
2. If minor corrections the PNGLAS shall prepare for onsite assessment.
3. If non-conformities are determined the PNGLAS shall inform the laboratory to respond and correct within 1 month of receipt of the report.
4. The Executive Manager/PNGLAS Manager on the basis of the laboratory's response, prescribes to withdraw the registration of the application. The laboratory is informed about this in writing.

5. If the outcome of document analysis is favourable, PNGLAS shall conduct initial assessment at the laboratory's premises following the agreed assessment plan.

6. The assessment shall include all or key activities by which PNGLAS shall confirm that the laboratory fulfills the accreditation requirements for all areas of the accreditation scope for which accreditation has been sought, and in all or key places/premises of implementation of the procedures therein.

Article 35

1. The assessment team shall present the interim report on non-conformances identified and remarks at the closing meeting with the Laboratory. The representative of the laboratory shall confirm the identified nonconformities by the means of his/her signature on the report. Within 5 days the Final report is given to the laboratory. The laboratory shall respond and shall propose corrective measures and timeline for enforcement. Within the designated timeline, not longer than 1 month, the laboratory shall submit a report of undertaken corrective measures and enclose documentation confirming the aforementioned to the PNGLAS.
2. The assessment team shall prepare a report on verification of the undertaken corrective measures and if needed shall conduct a follow – up assessment.
3. If the established nonconformities indicated in the report referred to in 1 of this Article are not eliminated within the time period of no longer than 1 month, the accreditation procedure shall be terminated.
4. In the exceptional cases an additional 1 month can be given to the laboratory to address the non-conformities. If the corrective actions are not completed in the 1 month extension, accreditation process is terminated.

Article 36

On the basis of the assessment report, the recommendations of the assessment team, the PNGLAS shall adopt a decision on granting of accreditation. The scope of accreditation shall be defined in accordance with the recommendations of the assessment team presented in the team's final report.

Article 37

1. When decision on granting accreditation is taken by the PNGLAS within 14 days the Laboratory shall be issued an accreditation certificate, scope of accreditation, Order of Accreditation, Logo Use agreement and a Notification letter to the Laboratory.
2. Along with the granting of the Accreditation the Laboratory shall acquire the right to refer to accreditation and use the PNGLAS's symbol together with its certificate number.
3. The Laboratory shall use the PNGLAS's symbol in accordance with the PNGLAS Policy PL2 for Use of Logo & Symbol.
4. PNGLAS shall enlist the Laboratory in the publicly available accreditation body's register.

5. The date of accreditation decision shall be considered as the date of accreditation.

Article 38

When during the accreditation procedure all the correction possibilities have been exhausted or following the follow-up assessment nonconformities are still present in the Laboratory's system, or the nonconformities are not been eliminated within the designated timeline and in a proper manner, PNGLAS shall not grant accreditation and the rejection shall be conveyed in writing to the Laboratory. The Laboratory shall have the right to appeal the decision that rejects the accreditation of PNGLAS. The appeal shall be reviewed and resolved pursuant to the Appeals Panel Regulation R03.

Article 39

In order to maintain the granted accreditation, the Laboratory shall continuously fulfill the accreditation requirements.

Article 40

At any point in the application or initial assessment process, if there is evidence of fraudulent behavior, if the conformity assessment body intentionally provides false information or if the conformity assessment body conceals information, the accreditation body shall reject the application or terminate the accreditation process.

Article 41

1. Upon granting of accreditation, PNGLAS shall perform the first regular surveillance visit within 12 months. Afterwards, it shall perform regular surveillance visits but in such a way that the period between two successive surveillance visits is no longer than 18 months. During the surveillance visits, representative samples of the accredited scope shall be assessed. PNGLAS can perform an extraordinary visit as in Article 48, if there are key changes at the Laboratory or when suspicious information in relation to the proper performance of certain activities at the Laboratory have been identified.

2. The expenses for the surveillance visits is as in the Fee Schedule.

3. The surveillance and the reassessment shall follow the same procedure as that of the initial assessment.

SUSPENSION, WITHDRAWAL, REDUCTION OF ACCREDITATION, AND EXPIRATION OF THE VALIDITY OF THE ACCREDITATION CERTIFICATE

Article 42

1. PNGLAS shall suspend the granted accreditation. If nonconformities have been identified during the assessments, which significantly influence the results of the accredited activities in a way that questions the competency of the accredited body to operate under the accredited scope or a part thereof or misuse of symbol or non-compliance on PNGLAS accreditation requirements, PNGLAS can immediately suspend the granted accreditation for a part of or the full accreditation scope.

2. The suspension in 1 of this Article shall mean temporary withdrawal of the accreditation for a part of or the full scope. Upon elimination of the identified nonconformities and non-compliance issues in Article 42.1, the Client shall submit evidence for elimination of nonconformities and compliance to PNGLAS. The suspension shall last until all nonconformities have been eliminated and non-compliances have been remedied, however not longer than 12 months.

Article 43

Withdrawal of accreditation shall refer to a procedure of withdrawing the accreditation for a part of or the full scope of accreditation. If the Client does not eliminate the nonconformities and non-compliance issues within the deadlines referred to in Article 42.2, PNGLAS shall adopt a decision for accreditation withdrawal. If during assessments, nonconformities are identified which significantly influence the results of the accredited activities in a way that questions the competency of the accredited body to operate under the accredited scope or a part thereof, PNGLAS can immediately withdraw the granted accreditation for a part of or the full accreditation scope

Upon withdrawal of accreditation, the Client can resubmit an application for accreditation within a time period of no less than 6 months from the date of the decision for withdrawing the accreditation.

The accreditation can also be completely or partially withdrawn at the Client's request.

Article 44

The Scheme shall reduce the scope of accreditation by suspending test(s) under question following unsatisfactory PT performance, loss of key personnel and equipment used for performing those test(s) during an on-site assessment.

Article 45

The Client shall submit an Application for Renewal of accreditation 3-6 months before the expiration date of the Accreditation certificate. Following the Application for renewal, PNGLAS shall carryout reassessment to determine reaccreditation of the testing laboratory.

PNGLAS shall publish the suspended, withdrawn and expired accreditations on its website.

REASSESSMENT OF ACCREDITED LABORATORIES

Article 46

Accreditation shall be for the later of:

a) three years from the date of accreditation decision; or

b) three years from the date of accreditation decision in accordance with Article 63.

Article 47

After performing regular surveillance visits, PNGLAS shall perform a reassessment. Prior to the expiry date of the Accreditation Certificate, a renewal of accreditation and reassessment procedure shall be conducted. The renewal should be carried out 3-6 months before the expiry of the Accreditation Certificate, so as not to exceed the deadline for implementation of any corrective measures, identified during the reaccreditation. In order to carry out the reaccreditation, the laboratory shall be obliged to submit an Application for renewal of accreditation. The recommended period for submitting an Application for accreditation is 3-6 months before the expiry date of the Accreditation Certificate from the previous cycle. PNGLAS shall nominate an assessment team for the reassessment. The PNGLAS's policy is that the engagement of two assessors for one body, whenever possible, shall last for one accreditation cycle (starting from the preliminary/assessment until the completion of the third surveillance). The maximum period for which the team member can assess the same laboratory is two accreditation cycles.

As soon as possible after the reassessment, the assessment team will provide a reassessment report to the laboratory as in Article 35.

After verification of non-conformances by the assessment team as described in Article 35, a report on recommendations for accreditation from the assessment team and advisory committee is provided to the Board for decision making. This report on recommendation shall include:

a) whether the accredited laboratory complies with the conditions for continuance of accreditation;
b) if the accredited laboratory complies with the conditions for continuance of accreditation, whether there should be any changes to the scope of accreditation, the approved signatories or the conditions for continuance of accreditation;
c) if the accredited laboratory does not comply with the conditions for continuance of accreditation, whether the accreditation should be continued, cancelled in whole or in part or suspended in whole or in part;
d) if under paragraph (c) hereof it is recommended that the accreditation be continued, what changes if any should be made to the scope of accreditation, the approved signatories or the conditions for continuance of accreditation.
e) The PNGLAS shall within 14 days advise the organisation operating an accredited laboratory or laboratory of the decision of PNGLAS regarding the reassessment.

Article 48

1. The Executive Manager may direct an assessment team to conduct an extraordinary visit of an accredited laboratory without notice to that laboratory and to conduct such other examinations and enquiries as the

Assessment team may deem to be necessary to ascertain whether the testing laboratory is in compliance with the conditions for continuance of accreditation.

2. Whenever an assessment of an accredited laboratory is conducted in accordance with Article 48.1 above:
   a) the Assessment team shall take all reasonable steps to ensure that the laboratory's Authorised Representative(s) is able to be present, and
   b) the assessment team shall be approved by the Executive Manager, or in the Executive Manager's absence, his/her designee.
3. Whenever a reassessment is conducted in accordance with Articles 48.1 and 48.2 the assessment process shall be the same as for Initial Assessment. After the assessment and verification of non-conformances the Assessment team shall report forthwith to the Executive Manager. The assessment team and AAC prepares a report on recommendation to the Board, which in particular shall advise:
   a) whether the accredited laboratory complies with the conditions for continuance of accreditation;
   b) if the accredited laboratory complies with the conditions for continuance of accreditation, whether there should be any changes to the scope of accreditation, the approved signatories or the conditions for continuance of accreditation;
   c) if the accredited laboratory does not comply with the conditions for continuance of accreditation, whether the accreditation should be continued, cancelled in whole or in part suspended in whole or in part;
   d) if under (c) it is recommended that the accreditation be continued, what changes if any should be made to the scope of accreditation, the approved signatories or the conditions for continuance of accreditation.
4. The PNGLAs Manager/Team leader shall within 14 days advise the member of the decision of the Board regarding the reassessment.

Article 49

1 When an organisation operating an accredited laboratory submits an application for variation (extension) to the scope of accreditation, the PNGLAS Manager shall within 14 days refer the application to the relevant Team leader.

2 The scope to be extended shall be assessed as described in Articles 30, 31, 32, 34, 35 and 36. The full expertise of the technical part of documents of scope of accreditation to be extended is performed. The assessment team and committee shall report to the Board whether the application should be granted in whole or in part.

3 In cases when extension to the scope of accreditation, is based only on changes of documents indicated, in the scope of accreditation which are not concerned, with technical competence of personnel and equipment and have not any substantial influence on test methods, assessment on-site according to the technical part of documents as in Article 49.2 can be omitted.

4 By the laboratory's assent extension to the scope of accreditation/variation visit can be performed together with surveillance visit.

5 If there is no need to issue a new accreditation certificate, a revised scope of accreditation is issued.

6 If the decision on assessment results is negative, the laboratory is informed in writing outlining reasons for this outcome.

RIGHTS AND OBLIGATIONS OF ACCREDITED LABORATORIES

Article 50

1. An accredited laboratory shall exercise its rights and meet its obligations through its Authorised Representative, who shall be the official contact between the Scheme and the laboratory. All formal contact, correspondence, advice and assessment reports from the Scheme will be sent to the Authorised Representative(s).
2. The accredited laboratories' rights exercised through the Authorised Representative include the right to nominate persons for election to Board and the right to stand for election to Board (Article 6). The accredited laboratories' rights are also detailed in Article 30 and Article 47 for acceptance of assessors; in Article 48 for attendance at assessments; in Article 49 for variations of accreditation; and Article 58 for appeals and complaints. The accredited laboratories' obligations are also detailed in Article 29 for provision of application information and fees; and in Article 47 and Article 48 for reassessment of accredited laboratories.
3. The accredited laboratories' obligations concerning reports and the requirements for such documents, the retention of data, advertising of accreditation, and retention of rights when staff changes, and when accreditation is cancelled or suspended are described in the Articles.

4. The accredited laboratories' obligations accepted on behalf of the testing laboratory by the Authorised Representative shall include:
   a) the requirement to notify the Scheme of significant changes to any elements of the accredited laboratory as required by Article 54;
   b) ensuring that no misuse of the Scheme's symbol occurs as required by Articles 14, 15, 16 and 63;
   c) ensuring that endorsed reports conform with the requirements of the Articles;
   d) the responsibility to maintain the practices of the accredited laboratory to acceptable standards including, but not necessarily limited to, compliance with the relevant requirements relating to:
      i) organisation, management and quality system;
      ii) staff;
      iii) accommodation and environmental conditions
      iv) technical procedures and processes;
      v) equipment, including calibration and metrological traceability;
      vi) ensuring the validity of results;
      vii) test item or other item handling;
      viii) reporting of results.
   e) the responsibility for ensuring that the accredited laboratory meets its obligations to the Scheme, including responsibility for:
      i) prompt payment of all fees and charges due to the Scheme as laid down in the Articles;
      ii) indemnifying the Scheme against any claims arising from the accredited laboratories' actions as required by Article 63.
   f) the responsibility for advising the Scheme in writing within seven days, including all relevant facts and circumstances, in the event that the Authorised Representative becomes unable to exercise the rights or comply with the obligations of the testing laboratory under this Article. Receipt by the Scheme of a notification under this sub-paragraph shall not release the testing laboratory from its obligations to the Scheme.
5. The Authorised Representative(s) shall advise the Scheme in writing of their acceptance of the responsibilities as laid down in Article 50.4 above.

Article 51

1. A testing laboratory may report the results of testing within the scope of its accreditation on endorsed reports.
2. Endorsed reports may be issued as test reports, calibration certificates , and shall include the symbol of the Scheme contained in the Fourth Schedule to these Articles.
3. Accredited laboratories may issue reports either endorsed or unendorsed for tests performed in accordance with its scope of accreditation.

   However, unendorsed reports must be issued if:

   a) the tests reported are outside the scope of the laboratory's accreditation;
   b) the laboratory has a suspended or cancelled accreditation;

4. When a testing laboratory issues an unendorsed report in accordance with Article 51.3 above, such documents shall not include:

   a) a symbol of the Scheme;
   b) references to the accreditation;
   c) any other reference to the Scheme;
   d) any other reference or suggestion of symbol or accreditation by or from the Scheme;

5. A testing laboratory may place a label containing a symbol approved by the Scheme on an item of equipment provided that the label carries, as a minimum, an identification of the testing laboratory and a cross reference to the appropriate endorsed report.

Article 52

The requirements for endorsed reports shall be as prescribed by the PNGLAS.

These Requirements for Accreditation shall include:

1 Requirements for endorsed reports covering content, signatories, data evaluation, expressions of opinion and uncertainty statements.

2 Requirements relating to sampled batches, the inclusion of outside laboratory data and preliminary test reports.

Article 53

1. A testing laboratory shall retain for three years or as prescribed by PNGLAS or as required by contract or regulation:
   a) copies of all endorsed reports;
   b) copies of all unendorsed reports which include the results of testing within the scope of its accreditation;
   c) all records pertaining to (a) and (b); and any other records relevant to testing and related services within its scope of accreditation.
2. Photographic, mechanical and electronic methods (including external hard drives/CD) and such other methods may be used for storage of the information prescribed in (1) of this Article.

Article 54

1. An organisation operating an accredited laboratory shall advise PNGLAS in writing whenever there is a significant change in the persons, ownership, other resources, management practices, premises or functions of that accredited laboratory within fourteen days of such change and when there is a change in Authorised Representative or any approved signatory, also within fourteen days.
2. Changes referred to in Article (54.1), shall be analyzed on-site and if needed a decision shall be taken by the PNGLAS.

Article 55

A organisation operating one or more accredited laboratories may state on its letterheads, in its advertisements and otherwise that its services are accredited by the Scheme and may use the symbol of the Scheme in such statements provided that it does not:

a) contravene the provisions of those Articles pertaining to the issue of endorsed and unendorsed reports (see Articles 51 and 52); or

b) in the opinion of the PNGLAS, give a false or misleading impression of the nature of the accreditation of its laboratories.

Article 56

1. When an accreditation is suspended in accordance with the provisions of these Articles:
   a) for all testing included in the scope of accreditation, no endorsed report shall be issued and the organisation operating the accredited laboratory shall not make statements of the type described in these Articles unless and until the accreditation is restored to an operative basis; membership rights are retained but the use of the Scheme's symbol is not permitted for any purpose, including advertising.
   b) for some only of the testing and related services included in the scope of accreditation, the endorsement of reports and any use of the Scheme's symbol, including advertising, shall be confined to those testing not suspended.
2. Should an accreditation have been or become suspended for one year or more, PNGLAS may review such accreditation and determine either that such accreditation:
   a) remain suspended; or
   b) be cancelled.

The organisation operating the accredited laboratory or the laboratory shall be notified of such decision.

Article 57

When an accreditation is cancelled in accordance with the provisions of these Articles:

a) for all testing and related services included in the scope of accreditation, membership rights are cancelled. No endorsed reports shall be issued and the testing laboratory shall not make statements of the type described in these Articles unless and until the accreditation is restored to an operative basis;

b) for some only of the testing included in the scope of accreditation, the endorsement of reports shall be confined to the results of testing not covered by the cancellation.

APPEALS AND COMPLAINTS

Article 58

1. If the laboratory is dissatisfied with the outcome of the accreditation decision, within (5) days of receipt of the notice of accreditation decision, the accredited laboratory shall notify PNGLAS in writing of its intention to appeal against the PNGLAS's decision(s).
2. An appeal shall be lodged no later than 28 days after notification of the accreditation decision.
3. An application for appeal filed pursuant to Article 58.2 shall:

   a) be in accordance with the prescribed form; and

   b) be accompanied by any report or other evidence to be relied upon at the hearing.

4. The NISIT Council shall constitute the Appeal Panel as follows:

   c) one person expert in the accreditation procedures particular to the Scheme, appointed by the Chairman of the NISIT Council;

   d) two other persons considered to be expert in the discipline relevant to the appellant selected by the claimant from a list of four persons nominated as eligible by the Chairman of the NISIT Council.

5. Within 21 days of receiving the application for review, the Appeals Panel Secretariate shall advise the claimant of the names of the nominated members, and that the claimant may object to two of those persons nominated by the Chairman. If no objections are received within seven (7) days of nomination of the Appeal Panel members, the Chairman will set the final membership of the Appeal Panel from among those nominated. The Chairman will select a Chair of the Committee from the final membership.
5. The Secretariate shall obtain from the members of the Appeal Panel dates suitable for all of them to attend the hearing and shall conduct the hearing on one or more of those available dates. At least five days prior to the scheduled hearing the Secretariate shall advise the claimant of the membership of the Appeal Panel and the day(s) on which it is proposed that the appeal hearing is to be conducted.
6. At the hearing the Appeal Panel shall:

   a) consider the material which was before the Board and upon which the decision which is the subject of the appeal;

   b) consider the material filed by the claimant with the application for appeal; and

   c) determine whether on the basis of information referred to in (a) and (b) above, the Boards decision, which is the subject of the appeal, was correct.

7. In conducting the review, the Appeal Panel shall seek further information from the Board or claimant or witnesses if it considers it necessary to assist in determining the correctness of the Boards decision at the time it was made.
8. The Appeal Panel on determination of the appeals resolution:

   a) shall decide by at least a two thirds majority that the Boards decision, which is the subject of the appeal, was correct; or

   b) otherwise, shall overturn the Boards decision;

   and in either case the Appeal Panel, shall advise the Board of its determination within seven (7) days.

9. In the event that the Appeal Panel decides the Boards decision was correct, the Secretariate shall as soon as practicable advise the claimant that the Boards decision to cancel an accreditation, refuse an application, refuse continuation of accreditation, or to modify or suspend an accreditation, as the case may be, is confirmed and immediately effective.
10. In the event that the Appeal Panel overturns the Boards decision, it shall direct the Board to either:

    a) revoke its decision to cancel an accreditation, refuse an application, refuse to continue accreditation, modify or suspend an accreditation, as the case may be; or
    b) issue a Correction Notice to the claimant or require the claimant to respond to any outstanding Correction Notice.

Article 59

1. All complaints, by both accredited laboratories, applicants and interested parties, oral or written, shall be recorded by the Scheme.
2. The Appeals panel will investigate all complaints and resolve them in accordance with these Articles and other procedures as determined by the Board from time to time.
3. The the PNGLAS, after advice to the complainant, may take appropriate action to recover any costs incurred in the investigation of the complaint.
4. The person lodging the complaint shall be advised of the decision of the Appeals panel by the PNGLAS within 14 days of that decision.

ASSESSORS

Article 60

The Scheme appoints assessors to assist in the assessment of laboratories for compliance with conditions for accreditation. When assessors are appointed the following conditions shall apply:

a) assessors shall be appointed by the Scheme as individual experts provided always that the Scheme may seek advice from its Advisory Committees or may invite appropriate professional institutes to nominate individuals for appointment;

b) assessors shall report their observations, conclusions and recommendations to relevant Team leader or directly to the PNGLAS Manager/Executive Manager where appropriate;

c) Assessors are contracted on a voluntary basis;

d) the confidentiality requirements of Article 61 apply to assessors.

PRIVILEGED COMMUNICATIONS

Article 61

All communications, correspondence, reports, minutes and other papers and documents relating to any application for accreditation or variation of accreditation or examination of an applicant or an accredited laboratory shall be privileged and confidential and shall not be passed out of the custody of the appropriate natural person nor shall any of the contents be disclosed outside the PNGLAS, its appropriate committees or assessors except:

a) with the express approval of the applicant(s) or relevant member(s) as appropriate; or

b) when the Scheme has an agreement or requirement in writing with or from the government bodies which requires the Scheme to provide information and the relevant applicant and accredited laboratories have been informed of such agreement or requirement; or

c) when the Scheme is engaged in accreditation in conjunction with or on behalf of one or more other institutes or organisations and the relevant applicants and accredited laboratories have been informed of such arrangements; or

d) when the Scheme considers its failure to notify a third party of any changes to the status of an accreditation or change in scope of accreditation might adversely affect the safety of any person or group.

AMENDMENTS

Article 62

These Articles may be amended, deleted or added to from time to time by resolution of the Board.

INDEMNITY

Article 63

Each organisation or laboratory during its membership and until six years from the date it ceases to be accredited shall indemnify the Scheme against all costs, losses, damages, charges and expenses which the Scheme may incur or become liable for, as a result of the laboratories':

1. negligence;

2. use, misuse or wrongful omission, whether negligent or not, of the Scheme's symbol; and

3. misuse of the accreditation status of the member or misuse of other intellectual property of the Scheme.

SCHEDULE 1

PNGLAS Logo

Design Printing Colours:
Dimensions:

SCHEDULE 2

Accreditation Programs

Accreditation is available only in the Laboratory Accreditation program as prescribed by the Board. When the need arises PNGLAS will extend its scope to other programs like Inspection Service Accreditation, Certification, Reference Material Producer Accreditation, Personnel Accreditation, Principles of Good Laboratory Practice Accreditation and Proficiency Testing Scheme Provider Accreditation

For the laboratory accreditation program, the Board has prescribed the following fields of testing:

- Construction Materials Testing
- Biological Testing
- Chemical Testing

SCHEDULE 3

Publications

General Requirements for Accreditation

PNGS ISO/IEC 17025 General requirements for the competence of testing and calibration laboratories

Accreditation Criteria Documents

General Information Documents

- *General Information PNGLAS ID1: 2020*
- *Rules PNGLAS ID2: 2021*
- *Fee Schedule PNGLAS ID5: 2021*

Mandatory Documents

- *ILAC P10:07/2020 ILAC Policy on Traceability of Measurement Results*
- *ILAC P9:06/2014 ILAC Policy for Participation in Proficiency Testing Activities*
- *ILAC P14:09/2020 ILAC Policy for Measurement Uncertainty in Calibration*

Guidance Documents

- *ILAC G8:09/2019 ILAC Guidelines on Decision Rules and Statements of Conformity*
- *ILAC G17:01/2021 ILAC Guidelines for Measurement Uncertainty in Testing*
- *ILAC G24:2007 ILAC Guidelines for the determination of calibration intervals of measuring instruments*
- *EURACHEM Guide to Quality in Analytical Chemistry*
- *EURACHEM/CITAC Guide to Quantifying Uncertainty in Analytical Measurement*
- *Eurachem Guide: Accreditation for Microbiological Laboratories*

PNGLAS Policies and Procedures including all publications mentioned above in schedule 3 are available on the NISIT-PNGLAS website or the PNGLAS office.

SCHEDULE 4

PNGLAS Symbol

Accredited Testing Laboratory Number:
Certificate No.:
This laboratory is accredited by the Papua New Guinea Laboratory Accreditation Scheme. The tests reported herein have been performed in accordance with the requirements of ISO/IEC 17025 and PNGLAS requirements.