CMEC Laboratory Accreditation Program Procedures Manual

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This is a CMEC Controlled Document and is only valid for 30 days from the date of printing: 10/27/26

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PROCEDURES MANUAL
CMEC ACCREDITATION PROGRAM

1. Introduction

CMEC, Inc. established the CMEC Accreditation Program in June 1988. CMEC is a nationally recognized accreditation organization governed by a Board of Directors. In 2005 CMEC adopted ISO/IEC 17011 as the basis for its laboratory accreditation program.

The objective of the CMEC Accreditation Program is to provide a mechanism for formally recognizing the competency of a testing laboratory to perform specific tests on construction materials. It is a voluntary program available to all laboratories including independent laboratories, manufacturers' in-house laboratories, and university laboratories. CMEC encourages participating laboratories to provide feedback on the operation of Accreditation Program.

CMEC provides laboratory assessments, quality management system evaluations, and proficiency samples for laboratories testing concrete, cementitious, aggregate, masonry, soils, asphalt materials, and pavement preservation.

CMEC utilizes the website to supply documents, make records public, and give general information about the accreditation process and its fees. Information on authority of operations, and a description of its rights and duties are also provided on the website.

2. Scope of CMEC Accreditation Program

CMEC will accredit laboratories for specific tests on concrete, cementitious, aggregate, masonry, soils, sprayed fire resistive materials (SFRM), asphalt, emulsified asphalt, hot mix asphalt, and pavement preservation. The specific tests for which CMEC grants accreditation are those included in the scope of the CMEC assessment programs for which both apparatus and procedures are evaluated.

Accreditation applies to testing performed within the confines of the laboratory accredited. Accreditation applies only to the specific location of the laboratory at the physical address indicated on the accreditation certificate or on the CMEC website. Temporary facilities require separate accreditation. Temporary facilities include trailers

or other structures set up for a specific job and the personnel and equipment associated with them. Temporary facilities have additional requirements that must be met to maintain accreditation. (See Section 3.6)

All decisions to the accreditation process are the responsibility of CMEC. The CMEC accreditation is owned by CMEC and as such may be granted or removed in accordance with the established guidelines of CMEC.

CMEC provides accreditation services to the following standards: ISO/IEC 17025, ISO/IEC 17020, ASTM E329 and AASHTO R18. In addition, CMEC will provide accreditation services to State and/or local government guidelines and/or procedures.

3. CMEC Accreditation Program Criteria

3.1 Quality Management System Criteria - The laboratory shall establish, implement, and maintain a quality management system, which meets the requirements specified in ISO/IEC 17025 and/or AASHTO R18. A laboratory must satisfy additional criteria to be recognized by CMEC as complying with individual AASHTO and ASTM standards.

A laboratory seeking accreditation for ISO/IEC 17025 must submit an application, along with a copy of its current quality manual and supporting documentation, such as standard operating procedures (SOPs), a copy of its most recent internal audit report, and a copy of the records from its most recent management review. CMEC will contact the laboratory if the quality system is essentially in compliance with the requirements of ISO/IEC 17025 and schedule a date for the initial on-site audit of the laboratory or if additional information is required.

3.2 On-Site Assessment and Quality Management System Evaluation Criteria - The laboratory shall receive required CMEC on-site assessment and quality management system evaluations. Laboratory assessments of accredited laboratories will be conducted at 12-month intervals. The laboratory must receive the normal annual assessment.

The laboratory shall have the necessary test equipment and test materials available to perform the test(s) that the laboratory is currently accredited for or is seeking accreditation. Failure to have test equipment, testing personnel, and test materials available at the time of the on-site assessment could result in your laboratory not being accredited for those specific tests.

The laboratory shall, within 30 calendar days of the date of issuance of the formal assessment report noting the nonconformities, provide CMEC with satisfactory evidence that all nonconformities noted were either corrected or that action has been taken to correct the nonconformities. This evidence is outlined in "Standard Operating Procedures' for the Nonconformities Response Criteria". If the laboratory cannot correct the nonconformity and respond within the 30-day period, written notification must be sent and approved by CMEC allowing the response time to be extended to 60 days.

If a laboratory fails to submit their response or a request for extension within the 30-day time limit, CMEC may require the laboratory to be re-assessed prior to accreditation. Costs incurred for the re-assessment shall be the responsibility of the laboratory and may include normal assessment fee plus late charges and out of sequence travel expenses.

3.3 <u>Proficiency Testing Criteria</u> - The laboratory shall participate in applicable proficiency sample programs. Proficiency sample results, which are beyond 2 standard deviations of the grand average (z-scores greater than 2.0), are considered to be poor results.

Proficiency sample results are released during January of the following calendar year. The laboratory shall, by February 28th of the following calendar year, (1) investigate to determine the reason(s) for the poor results, (2) take actions to correct any issues that are uncovered in the investigation, and (3) document and maintain records of the investigation and corrective actions taken.

Consecutive occurrences of either nonparticipation or results beyond 2.5 standard deviations of the grand average (i.e. z-scores greater than 2.5) may result in suspension of accreditation for the applicable test method(s).

CMEC may require the laboratory to be re-tested prior to accreditation. Costs incurred for the re-testing shall be the responsibility of the laboratory and may include normal sample fees and shipping expenses.

3.4 Personnel Qualification Criteria - The laboratory's personnel shall meet the following qualifications:

3.4.1 Manager - The manager of inspection or testing services shall: (1) be a full-time employee and in responsible charge of the laboratory, (2) be a registered professional engineer or a person with equivalent science-oriented education and licensure, (3) have experience in satisfactorily directing testing or inspection services, for the materials covered by the accreditation, and (4) have at least 5 years experience in the inspection and testing of the materials.

3.4.2 Personnel supervising laboratory testing - shall have at least 3 years experience in the inspection and testing of construction materials and shall maintain applicable certifications/qualifications through a program approved by a state DOT, national, or regional authority.

3.4.3 Personnel supervising field testing - shall have at least 3 years experience in the inspection and testing of construction materials and shall maintain applicable certifications/qualifications through a program approved by a state DOT, national, or regional authority.

3.4.4 Technician – The laboratory and field-testing technicians shall maintain applicable certifications/qualifications through a program approved by a state DOT, national, or regional authority, for assigned responsibilities and may perform the following tasks as appropriate: sampling, sample preparation, testing, and recording test results.

3.5 General Criteria

3.5.1 The laboratory shall notify CMEC in writing within 30 calendar days of any major change in its quality management system, capability to perform tests for which it is accredited, laboratory ownership, location (for permanent facilities), managerial personnel, facilities, and any other change which may affect the scope of its accreditation.

3.5.2 The laboratory's functional organization shall be consistent with that reported by the laboratory and appear adequate to support their testing capability.

3.5.3 Interviews with supervisory and technical staff members responsible for performing tests shall indicate that the documented practices for training and assuring competency are consistent with actual laboratory practice.

3.5.4 The laboratory operation shall not be impaired by management problems.
3.5.5 The laboratory shall have managerial staff with the authority and resources needed to discharge their duties.

3.5.6 The laboratory shall maintain a ratio of supervisory to non-supervisory personnel, which ensures adequate supervision.

3.5.7 The laboratory shall provide effective separation between neighboring testing areas that are incompatible.

3.5.8 The laboratory shall be organized in such a way that confidence in its independence, integrity, and impartiality is maintained at all times.

3.5.9 The laboratory personnel shall have the necessary education, training, technical knowledge and experience for their assigned functions.

3.5.10 The laboratory shall conduct tests and render reports accurately, objectively, and without bias.

3.5.11 The laboratory shall use good organization practices and shall take adequate measures to ensure good housekeeping in the laboratory.

3.5.12 The laboratory's workload, indicated by their record system, shall be consistent with available equipment, facilities and personnel.

3.5.13 The laboratory shall pay all fees charged for services required for accreditation.

3.5.14 For those test methods for which it is seeking accreditation:

a) The laboratory shall maintain facilities (fixed or mobile) for proper control of the laboratory environment.
b) The laboratory shall maintain facilities for proper storage, handling and conditioning of test specimens and samples.
c) The laboratory shall own and maintain necessary calibration equipment and reference standards.

d) The laboratory shall maintain facilities and equipment conforming to specification requirements necessary for the testing performed.
e) The laboratory shall have the test areas, energy sources, lighting, heating and ventilation necessary to facilitate performance of tests.
f) The laboratory shall have an environment that does not adversely affect test results and shall have facilities for the effective monitoring, control and recording of environmental conditions as appropriate.
g) The laboratory shall demonstrate the capability of performing tests according to the current version of test specifications.
h) The laboratory shall determine what actions will be necessary regarding the reporting of uncertainty of measurement (See CMEC Policy on Uncertainty of Measurement).
i) The laboratory shall demonstrate adequate care when recording and processing data and test results.
j) The laboratory shall demonstrate proper techniques for selecting, identifying, handling, conditioning, storing and retaining test samples.

3.6. Criteria for Mobile Laboratories and Temporary Facilities

3.6.1 Temporary facilities are accredited for the physical location listed on the certificate where the assessment took place. If a temporary facility is moved within an accreditation period, the laboratory must submit the following to CMEC within 30 days:

a) A copy of the Quality Management System listing all changes between locations.
b) Re-calibration of all equipment at the new location.
c) The laboratory may also have to order and run a proficiency sample for any applicable test methods.
d) The laboratory may be subject to random re-assessment.

4.0. Accreditation Process

4.1 Application - A laboratory desiring information on CMEC accreditation program, on-site assessment, quality management system evaluation, and proficiency sample programs should contact CMEC at the following address:

CMEC
2779 APOPKA BLVD., SUITE 1

APOPKA, FLORIDA 32703
PHONE: (407) 628-3682
FAX: (407) 628-3283
www.cmec.org

Laboratories requesting accreditation must complete and sign an accreditation request form. The application request form shall be signed by an authorized representative of the laboratory. By signing the application request form, you acknowledge that you have read, understood, and agree to be legally bound by this agreement. By signing the application, the applicant laboratory agrees to comply with the CMEC Accreditation Expectations on the CMEC Website. The laboratory shall plan to receive appropriate CMEC on-site assessments, quality management system evaluations, and proficiency samples. Forms will be included in the application package sent to the laboratory to facilitate the laboratory's response to this requirement.

The applicant laboratory must agree to comply with the requirements for accreditation and supply any information needed for the evaluation of the laboratory.

4.1.1 Application Review – The accreditation body reviews its ability to carry out the assessment of the applicant laboratory in terms of its own policy, its competence, its ability to perform in a timely manner, and the availability of suitable assessors and experts.

After reviewing the application and associated documents, a preliminary visit may be suggested with the agreement of the laboratory. The visit occurs prior to the assessment and may result in identification of non-conformities in the system of the applicant laboratory or its competencies. CMEC establishes clear rules and exercises due care to avoid consultancy during such activities.

4.2 Selection of Assessment Team

CMEC assessors are under the direct supervision of the President of CMEC and are not associated with any laboratory seeking accreditation. Therefore, there is no possibility of conflict of interest.

Individuals involved with the accreditation process shall be free of financial conflicts and other conflicts of interest with the client being reviewed. Such conflicts shall be made known to the President prior to the accreditation process commencing. Such conflicts will be resolved by substituting assessors and other personnel to ensure impartiality in the assessment and review.

The CMEC Accreditation Coordinator selects the assessment team required for the scheduled laboratory and confirms the date and plan for the assessment. The qualifications of the assessors are reviewed to ensure that the personnel selected are qualified for the specific scope of accreditation. More than one assessor may be utilized for the laboratory assessment. In cases utilizing more than one assessor, the Accreditation Coordinator shall appoint a lead assessor. CMEC does not use consultants or contractors to perform any portion of the ISO/IEC 17025 Accreditation. In the case where CMEC needs to use consultants / contractors for the assessments leading towards the AASHTO R18 Accreditation, the President and/or the Director of Accreditation will review the qualifications of the consultant / contractor to ensure that there is no conflict of interest, and that the consultant / contractor has the necessary qualifications to perform the assessment.

The laboratory is notified of the name(s) of the assessor(s) prior to the assessment. The laboratory has the right to ask for another assessor if they object to the original assignment, whereupon CMEC will review the objection.

The assessor(s) is provided with the appropriate documents, previous assessment records (if applicable), and the relevant documents and records of the conformity assessment body.

4.3 <u>On-Site Assessment</u> – At the beginning of the assessment, the assessment team holds a pre-assessment briefing to verify the current scope to which the assessment will pursue. If any changes to the scope are noted, proper conveyance to the CMEC Accreditation Coordinator is performed to address possible conflicts.

The on-site assessment will include a visit by CMEC assessors to evaluate the apparatus and procedures used to conduct the physical tests for which the laboratory requested accreditation. The assessment team shall witness the performance of a representative number of staff of the laboratory to provide assurance of the competence of the laboratory across the scope of accreditation. The on-site assessment will include a quality management system evaluation to determine if the laboratory's quality management system implementation activities are consistent with those specified. CMEC bases its on-site assessments on ISO/IEC 17025, AASHTO R18 and individual AASHTO, ASTM and State standard methods of test. Additional methods employed by various local authorities may also be included on a regional basis.

During the assessment process, the assessment team may halt the assessment of the laboratory for various reasons. The following is a partial listing of possible reason to halt assessment services:

A. Discovery of unresolved previous nonconformities.
B. Lack of personnel to demonstrate procedures.
C. Lack of material to demonstrate procedures.
D. Acts in a fraudulent manner.
E. Noncompliance with CMEC Accreditation requirements.

If the assessment team halts the assessment process, the assessor shall notify the President as soon as practical. The laboratory in question will be responsible for costs associated with the re-evaluation of the facility.

If the assessment team cannot reach a conclusion about a finding, the team will contact the President.

At the completion of each CMEC assessment, the assessor holds a closing briefing conference with the laboratory supervisor (or other laboratory personnel) to summarize the findings and point out any nonconformities requiring correction (deviations from standard methods of test for which accreditation is requested or nonconformities associated with the laboratory's quality management system). An opportunity shall be provided for the laboratory to ask questions about the findings, including nonconformities, if any, and their basis. The assessor prepares a close out report to leave with the laboratory.

The President will assign the Director of Accreditation or an independent senior assessor to review the close out copy and notify the Accreditation Coordinator to send a formal report to the laboratory within 14 days of the date of the on-site assessment. The assessment report includes any comments on competence and conformity, and identifies nonconformities, if any, that need to be resolved to conform with all the requirements for accreditation. CMEC is responsible for the content of the assessment report, including nonconformities, even if the assessor is not a full-time employee of CMEC.

The laboratory must provide CMEC with satisfactory evidence that all nonconformities noted were either corrected or that action has been taken to correct nonconformities before CMEC can grant accreditation (see Section 4.5.4). In most cases, this evidence will take the form of written documentation. Occasionally, however, because of action or inaction by the management of a laboratory, another visit to the laboratory may be

required before granting accreditation. The laboratory may have to pay an additional fee for this service if it is required.

A laboratory may obtain additional specific information about the CMEC on-site assessment programs by contacting CMEC (see Section 4.1 for addresses).

4.4 Proficiency Testing - Proficiency testing is an additional factor used to evaluate the performance of a laboratory. It provides information not otherwise available from the on-site assessment and a means of continued monitoring of laboratory performance. The CMEC Accreditation Program requires laboratories to participate in applicable proficiency testing programs depending on the field(s) of testing for which the laboratory is seeking accreditation. Participation includes performing all test methods within the scope of a laboratory's accreditation for which samples are available. Proficiency samples are distributed annually. The distribution of proficiency samples may not coincide with the on-site assessment.

Initial accreditation may be granted to a laboratory if it has enrolled in the appropriate proficiency testing program(s) but the distribution schedule is such that it has not received samples for testing. This assumes all other criteria for the accreditation have been met. However, continued participation in the program(s) is required to maintain accreditation.

See Section 3.3 for Proficiency Testing Criteria.

A laboratory may obtain additional information on proficiency testing programs by contacting the CMEC office. (See Section 4.1 for addresses).

4.5 Accreditation Decisions - The information provided to the accreditation decision-maker(s) includes the following, as a minimum: a) unique identification of the laboratory, including the laboratory's city, state, and unique CMEC number; b) date(s) of the on-site assessment; c) name(s) of the assessor(s) and/or experts involved in the assessment; d) unique identification of all premises assessed; e) proposed scope of accreditation that was assessed; f) the assessment report; g) a statement on the adequacy of the internal organization and procedures adopted by the laboratory to give confidence in its competence, as determined through its fulfillment of the requirements for accreditation - this is summarized in the Quality Management System section of the assessment report; h) information on the resolution of all nonconformities, including the laboratory's Corrective Action Report; i) any further information that may assist in determining fulfillment of requirements and the competence of the laboratory; j) a

summary of the results of proficiency testing conducted by the laboratory and any actions taken as a consequence of the results - this information is reviewed during the on-site assessment and corrective action is only required to be presented for proficiency sample low ratings; for laboratories seeking initial accreditation, only enrollment (but not participation) is required for applicable proficiency sample programs; k) a recommendation as to granting, reducing or extending accreditation for the proposed scope.

Initial recommendations are made by the assessment team upon review of the responses to nonconformities received from the laboratory. CMEC acts as the technical advisor in compiling all necessary information resulting from the on-site assessment, quality management system evaluation, proficiency testing, and communications from the laboratory, which describe steps taken to correct identified nonconformities. The President and/or the Director of Accreditation reviews the accreditation recommendation reached by the assessment team and is responsible for all decisions relating to the accreditation of client agencies of CMEC.

When issues arise in the accreditation approval process, the Director of Accreditation shall inform the President as to the need for an Advisory Committee review. The President shall select individuals with the necessary expertise to serve on an Advisory Committee. The makeup of the Advisory Committee shall consist of the President, Director of Accreditation, and not less than two (2) additional members. The President shall select an Advisory Committee to ensure that there are no conflicts of interest in the decision-making process. The results of the Advisory Committee as well of the makeup of the Advisory Committee shall be made known to the client in question.

If accreditation is denied, the laboratory is notified of the reason for the denial by mail and given an opportunity to respond or appeal the decision.

All accreditation decisions are confined to those matters specifically related to the scope of the accreditation being considered and the policies associated with the CMEC accreditation.

CMEC evaluates a laboratory accreditation status after CMEC assessments; every 12 months after the initial accreditation; and whenever there is evidence to question a laboratory's conformance to accreditation requirements.

4.5.1 Initial Accreditation - CMEC accreditation is initially granted on a test-by-test basis after successful completion of a process, which includes submission of an

application and payment of fees, on-site assessment and quality management system evaluation of the laboratory, enrollment in the required proficiency testing programs, and resolution of identified nonconformities. If a laboratory has nonconformities in a specific test, it may choose to withdraw accreditation for the test rather than respond to the nonconformity.

If a laboratory satisfies all CMEC accreditation criteria, the laboratory's request for accreditation is approved, and CMEC prepares a certificate of accreditation for the signature of the President of CMEC. The certificate, which expires 15 months from the assessment date, is sent to the laboratory, and the laboratory is entered in the CMEC Directory of Accredited Laboratories (see Section 6).

4.5.2 Annual Re-Accreditation - The accreditation status of a laboratory is repeated annually. Approximately three months prior to the laboratory's annual assessment date, the laboratory receives a re-accreditation notification. A laboratory must return the re-accreditation documents to CMEC prior to the laboratory's anniversary date.

4.5.3 Periodic On-Site Assessment and Quality Management System Evaluations of Accredited Laboratories – In lieu of scheduled surveillance assessments, CMEC conducts on-site assessments of the laboratory's test facilities at routine intervals (see Section 3.2). Each on-site assessment and quality management system evaluation of an accredited laboratory provides the laboratory with an opportunity to change the scope of its accreditation. The process which follows each periodic on-site assessment and quality management system evaluation of an accredited laboratory is similar to the process followed after the initial on-site assessment and quality management system evaluation described in Section 4.5.1.

4.5.4 Nonconformity Resolution Following an On-Site Assessment - If notified of a nonconformity resulting from an on-site assessment, a laboratory must respond to CMEC within 30 calendar days of the issuance of the final report. The response must include a description of the corrective action taken and substantiating evidence, such as records, copies of newly prepared or revised documents, equipment invoices, or photographs. Please refer to; "Nonconformity Response Criteria – SOP 111". If the laboratory cannot correct the nonconformity and respond within the 30-day period, written notification must be sent by the laboratory and approved by CMEC allowing the response time to be extended to 60 days.

If a laboratory fails to submit their response or a request for extension within the 30-day time limit, CMEC may require the laboratory to be re-assessed prior to accreditation.

Costs incurred for the re-assessment shall be the responsibility of the laboratory and may include normal assessment fees plus late charges and out of sequence travel expenses.

4.5.5 Nonconformity Resolution Following Notification of Unresolved Criteria - When notified of unresolved criteria, a laboratory is given the opportunity to respond to the conditions specified in the notification. Responses will be reviewed and will result in accreditation being granted, reinstated, denied, suspended, or revoked.

4.6 Appeal Procedure - A laboratory denied accreditation or re-accreditation or whose accreditation has been revoked has the right of appeal if it believes it has submitted sufficient information to warrant accreditation. The laboratory will be notified upon receipt of the appeal and the laboratory will be provided with progress reports and the outcome of the appeal.

4.6.1 Appeal Process – When issues arise in the accreditation approval process, the Director of Accreditation shall inform the President as to the need for an Advisory Committee review. The President shall select individuals with the necessary expertise to serve on an Advisory Committee. The makeup of the Advisory Committee shall consist of the President, Director of Accreditation, and not less than two (2) additional uninvolved assessors. The President shall ensure that the Advisory Committee representatives have the necessary expertise to serve on an Advisory Committee. Members of the Advisory Committee must disclose to CMEC any professional, financial, and work-related interest that could be construed as a potential conflict of interest. The appeal will be submitted to the Advisory Committee for review, investigation, validation, discussion, and decision. The results of the Advisory Committee shall be made known to the client in question. Any decisions on appeals shall not result in any discriminatory actions.

The laboratory is notified of the decision on its appeal by certified mail, return receipt requested. Decisions are mailed within 15 calendar days from when the decision is made by the Advisory Committee. If the appeal is denied, the notification letter will include the reason for the denial. If the laboratory decides to resolve the issue, the laboratory must provide CMEC with evidence of corrective action taken. If the appeal is granted, certificates are prepared, and the scope of the laboratory's accreditation is revised to include the additional test(s).

4.6.2 Second Appeal - A Second appeal may be made to CMEC. The appeal and supporting documentation must be sent within 30 calendar days from receiving notice of

denial of the initial appeal. Upon receipt of the second appeal, the President prepares a memorandum for the Advisory Committee presenting the appeal and the laboratory's supporting documentation. Based on all the comments and recommendations made, the CMEC President prepares an appeal ballot for the voting members requesting that they agree or disagree with the recommendation(s). Support of at least 2/3 of the voting members of the Advisory Committee is required to uphold the recommendation. If the recommendation is not upheld, the opposite position is the ruling of the Advisory Committee.

The laboratory is notified of the decision on its appeal by certified mail, return receipt requested. Decisions are mailed within 15 calendar days from when the decision is made by the Advisory Committee. If the appeal is denied, the notification letter will include the reason for the denial. If the laboratory decides to resolve the issue, the laboratory must provide CMEC with evidence of corrective action taken. If the appeal is granted, certificates are prepared, and the scope of the laboratory's accreditation is revised to include the additional test(s).

4.7 Suspension and Revocation of Accreditation - A laboratory may have its entire accreditation or its accreditation for specific test methods suspended or revoked if it is found not to conform to CMEC criteria.

4.7.1 Suspension of Accreditation - Suspension is a temporary removal of the accredited status of a laboratory when it is found to be out of compliance with the terms of its accreditation. The action of suspension is not necessarily tied to the annual renewal process and may occur at any time for cause. Reasons for suspension include, but are not limited to, loss of key personnel, loss of major equipment, damage by fire or flood, changing laboratory location, failure to pay fees, and failure to resolve nonconformities related to the requirements of accreditation. The President will notify a laboratory of the reasons for and conditions of the suspension, the action required for reinstatement, and the deadline for satisfactorily completing the action.

During the suspension, the laboratory is prohibited from using the CMEC Accreditation logo on its test reports. Additionally, the CMEC directory, which lists accredited laboratories, will show the laboratory's status as suspended.

4.7.2 Revocation of Accreditation - A laboratory may have its accreditation revoked if the laboratory fails to meet program requirements, it is concluded that the nonconformities are too major and/or too numerous to be corrected in a reasonable time frame, if there is evidence of fraudulent behavior, the laboratory intentionally provides

false information, or conceals information. Generally, the decision to revoke a laboratory's accreditation is made by the President. CMEC may revoke accreditation of a laboratory if the laboratory acts in such a manner as to bring CMEC into disrepute or the laboratory makes any statements relative to its accreditation that CMEC considers false or misleading. The laboratory will be notified of the reasons for the revocation. The laboratory may appeal the revocation as outlined in Section 4.7.3.
A laboratory having its accreditation revoked must return its certificates of accreditation and cease use of the CMEC Accreditation logo on its reports, correspondence, or advertising. The CMEC directory will no longer list the revoked laboratory. A revoked laboratory, or a laboratory which voluntarily withdraws its accreditation, may be required to reapply for accreditation as if it were a new laboratory and receive new on-site assessments.

4.7.3 Appealing Revocation - After receipt of a notification of revocation, a laboratory may voluntarily withdraw its accreditation or enter an appeal, which will be processed according to the procedures in Section 4.6.1. If the laboratory appeals the decision within 30 calendar days of notification, the proposed revocation may be stayed pending the outcome of the appeal.

4.8 Supplemental On-Site Visits - At the request of the President or the Director of Accreditation, assessors will make supplemental on-site visits to an accredited facility to (1) investigate a history of not correcting previously identified nonconformities, (2) ensure that changes in the laboratory's quality management system, capability to perform tests for which it is accredited, laboratory ownership, location, management and technical personnel, and equipment and facilities do not affect the laboratory's accreditation status, and (3) follow-up as a result of a formal complaint. These supplemental on-site visits are not scheduled with laboratory personnel and will not be at additional cost to the laboratory.

5.0 Certificate of Accreditation - CMEC issues a certificate of accreditation indicating conformance to ISO/IEC 17025 and/or AASHTO R18, and for the fields of testing covered in AASHTO, ASTM and State Standard Practices. The certificate may also include additional methods employed by various local authorities on a regional basis. Each certificate include:

a) identity and logo of the accreditation body.
b) unique identity of the accredited laboratory.
c) the name and location of the laboratory.
d) unique accreditation number of the accredited laboratory.

e) scope of the accreditation, including field of testing and specific test methods.
f) and the accreditation certificate's effective dates and expiration dates.

Laboratories receive certificates free of charge upon initial accreditation, when their scope of accreditation is broadened to include new fields of testing, and annually, when they are reaccredited. Laboratories requesting an additional copy of a certificate or an updated certificate to reflect current accreditation status may be charged a $50 processing fee for each certificate issued.

6.0 Directory - CMEC maintains a directory of accredited laboratories which contains the following information for each laboratory:

a) Name and location of the laboratory.
b) Unique Accreditation ID Number.
c) Scope of the accreditation.
d) Expiration dates.

A current list of CMEC accredited laboratories is available on the website at http://www.cmec.org.

7.0 Confidentiality - Assessment and Accreditation information is confidential between CMEC and our Client. All posted information shall be based on an assigned client number. Individuals involved with CMEC, management, and staff shall not discuss or release confidential information to any party other than the client except as required by law.

When CMEC is required by law or authorized by contractual arrangements to release confidential information, the laboratory shall, unless prohibited by law, be notified of the information provided.

8.0 Conditions for Accreditation - As stated earlier, the objective of CMEC Accreditation Program is to provide a mechanism for formally recognizing the competency of a testing laboratory to perform specific tests on construction materials. CMEC accreditation is not intended to imply that an individual or a laboratory has the capability of rendering engineering judgments as to whether the materials covered by the accreditation are suitable for specific applications or as to how the materials covered by the accreditation are to be used in a specific application.

The accredited laboratory may publicize their accredited status (including the use of the CMEC Accreditation logo) in reports, stationery, and business and trade publications with the restriction that the advertising accurately reflects the scope of the laboratory's accreditation and does not imply product certification, approval, or endorsement by CMEC.

Use of the CMEC Accreditation logo is based on the following:

a) CMEC reserves the right to control the use of its logo.
b) A laboratory, which meets the criteria, may use the CMEC Accreditation logo.
c) Permission for advertising CMEC accreditation and the use of the logo is conditional on and limited to those cases of test reports that describe testing within the scope of CMEC accreditation. On test reports, which display the CMEC Accreditation logo, the laboratory has the responsibility to distinguish between those test results that are within the scope of the accreditation and those that are not. This distinction may be made by placing an asterisk after test results not covered by the accreditation and a footnote stating this test result is not covered by our current CMEC accreditation.

Note 4 - Photographic and electronic copies of the logo are available from CMEC upon request.

The laboratory's accreditation certificates must be returned to CMEC and advertising references to CMEC accreditation must be discontinued (a) when accreditation has been revoked by CMEC, (b) when the laboratory voluntarily withdraws from participation in CMEC, or (c) if the laboratory becomes unable to conform to any of the criteria required for CMEC accreditation.

9.0 Fees - Laboratories participating in CMEC Accreditation Program are charged appropriate fees for proficiency samples and on-site assessments according to CMEC's normal billing procedures.

A laboratory may obtain additional specific information about the fees for CMEC services by contacting the CMEC office. (See Section 4.1 for addresses).