



CMEC

Accreditation

Program

Procedures Manual

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CMEC ACCREDITATION PROGRAM

1. Introduction

The Construction Materials Engineering Council (CMEC) established the CMEC Accreditation Program in June 1988. CMEC is a nationally recognized accreditation organization governed by a Board of Directors consisting of members from commercial laboratories, industry laboratories, engineers, designers, and DOT personnel. In 2005 CMEC adopted ISO 17011 as the basis for its laboratory accreditation program.

The objective of 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 inspections, quality management system evaluations, and proficiency samples for laboratories testing concrete, cementitious, aggregate, masonry, soils, and asphalt materials.

2. Scope of CMEC Accreditation Program

CMEC will accredit laboratories for specific tests on concrete, cementitious, aggregate, masonry, soils, and asphalt. The specific tests for which CMEC grants accreditation are those included in the scope of the CMEC inspection programs for which both apparatus and procedures are evaluated.

Accreditation applies to testing performed within the confines of the laboratory scope. 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 in order 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.

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CMEC provides accreditation services to the following standards: ISO 17025, ISO 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 17025 and/or AASHTO R18. A laboratory must satisfy additional criteria in order to be recognized by CMEC as complying with individual AASHTO and ASTM standards.


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

The laboratory shall, within 30 calendar days of the date of issuance of the formal inspection 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 Proper Response to Nonconformities”. If the laboratory cannot correct the nonconformity and respond within the 30 day time 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 occurred for the re-inspection shall be the responsibility of the laboratory and may include normal inspection fee plus late charges and out of sequence travel expenses.

3.3 Proficiency Testing Criteria - The laboratory shall participate in all required CMEC proficiency sample programs. Proficiency sample results, which are beyond 2 standard deviations of the grand average, are considered to be poor results. Repeated occurrences of either nonparticipation or poor results may result in suspension of applicable accreditation.

The laboratory shall, within 30 calendar days of the date of issuance of the proficiency sample report, (1) investigate to determine the reason(s) for the poor results, (2) record and report to CMEC the results of the investigation and any corrective actions taken, and (3) maintain records of the investigation and corrective actions taken. If the

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laboratory cannot correct the nonconformity and respond within the 30 day time 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-tested prior to accreditation. Costs occurred for the re-testing shall be the responsibility of the laboratory and may include normal sample fees plus late charges 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 of the laboratory, (2) be a registered engineer or a person with equivalent science-oriented education, or have experience in satisfactorily directing testing or inspection services, or both, for the materials covered by the accreditation, and (3) have at least 3 years experience in the inspection and testing of the materials. Exceptions to the requirement for a professional engineer are waived for laboratories which only conduct internal quality control testing such as material producers.

3.4.2 Supervising Laboratory Technician - The supervising laboratory technician shall have at least 3 years experience in the inspection and testing of highway construction materials.

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.



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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 of judgment, 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 maintain necessary calibration equipment and reference standards.

d) The laboratory shall maintain facilities and equipment conforming to specification requirements necessary for the testing performed.

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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 demonstrate adequate care when recording and processing data and test results.

i) The laboratory shall demonstrate proper techniques for selecting, identifying, handling, conditioning, storing and retaining test samples.

3.6 Criteria for Mobil Laboratories and Temporary Facilities


3.6.1 Temporary facilities are accredited for the physical location listed on the certificate where the inspection 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 any and 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-inspection.

4. Accreditation Process

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

CMEC
 850 COURTLAND ST., SUITE B-1
 ORLANDO, FLORIDA 32804
 PHONE: (407) 628-3682

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FAX: (407) 628-3283
www.cmec.org

Laboratories requesting accreditation must complete and sign an accreditation request form and make arrangements to receive appropriate CMEC on-site inspection, 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.

4.2 Selection of Inspection Team


CMEC laboratory inspectors are independent engineers, employed engineers, or under the direct supervision of the Director of Accreditation 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 Executive Director prior to the accreditation process commencing. Such conflicts will be resolved by substituting inspectors and other personal to ensure impartiality in the inspection and review.

The CMEC Director of Accreditation and the Administrator of Laboratory Accreditation selects the inspection team required for the scheduled laboratory. The qualifications of the inspectors are reviewed to ensure that the personnel selected are qualified for the specific scope of accreditation. More than one inspector may be utilized for the laboratory inspection. In cases utilizing more than one inspector, the Director of Accreditation shall appoint a lead inspector.

4.3 On-Site Inspection – At the beginning of the laboratory inspection, the inspection team holds a pre-inspection briefing to verify the current scope to which the inspection will pursue. If any changes to the scope are noted, proper conveyance to the CMEC Director of Accreditation is performed in order to address possible conflicts.

The on-site inspection and quality management system evaluation requirements specified include a visit by CMEC laboratory inspectors to evaluate the apparatus and procedures used to conduct the physical tests for which the laboratory requested

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accreditation and to determine if the laboratory's quality management system implementation activities are consistent with those specified in the laboratory's quality system manual. CMEC bases its on-site inspections on ISO 17025, AASHTO R18 and individual AASHTO and ASTM standard methods of test. Additional methods employed by various local authorities may also be included on a regional basis.

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

- Discovery of unresolved previous nonconformities
- Lack of personnel to demonstrate procedures
- Lack of material to demonstrate procedures
- Noncompliance with CMEC Accreditation requirements


If the inspection team halts the inspection process, the inspector shall notify the Director of Accreditation as soon as practical. The laboratory in question will be responsible for cost associated with the re-evaluation of the facility.

At the completion of each CMEC inspection, the inspector holds a closing briefing conference with the laboratory supervisor 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). On returning to the office, the inspector prepares a formal report and sends it to the laboratory within 14 days.

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 inspection 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 inspection and a means of continued monitoring of laboratory performance. The

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CMEC Accreditation Program requires laboratories to participate in CMEC 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 on all applicable samples distributed within the specified time frame and returning the resulting data to CMEC for analysis. Proficiency samples are distributed by CMEC on a 12-month interval. The distribution of proficiency samples by CMEC will not generally coincide with the on-site inspection.

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 the CMEC proficiency testing programs by contacting the CMEC office. (See Section 4.1 for addresses).

4.5 Accreditation Decisions - CMEC decisions on accreditation follow the following guidelines. Initial decisions are made by the inspection 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 inspection, quality management system evaluation, proficiency testing, and communications from the laboratory, which describe steps taken to correct identified nonconformities. The Director of Accreditation reviews the accreditation decision reached by the inspection team.

When issues arise in the accreditation approval process, the Director of Accreditation shall inform the Executive Director as to the need for an Advisory Committee review. The Executive Director shall select from the Advisory Board individuals with the necessary expertise to serve on an Advisory Committee. The makeup of the Advisory Committee shall consist of the Executive Director, Director of Accreditation, and not less than three (3) members of the Advisory Board. The Executive Director shall select those members from an Advisory Board 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.

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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 inspections; 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 inspection 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 Executive Director of CMEC. The certificate, which expires one year from the response 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 expiration date on its accreditation certificate(s), the laboratory receives a re-accreditation notification. A laboratory must return the re-accreditation documents to CMEC before the expiration date on its accreditation certificate(s).

4.5.3 Periodic On-Site Inspection and Quality Management System Evaluations of Accredited Laboratories - An accredited laboratory must have CMEC conduct an on-site inspection(s) of their test facilities at routine intervals (see Section 3.2). Each on-site inspection 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 inspection and quality management system evaluation of an accredited laboratory is similar to the process followed after the initial on-site inspection and quality management system evaluation described in Section 4.5.1.

4.5.4 Nonconformity Resolution Following an On-Site Inspection - If notified of a nonconformity resulting from an on-site inspection, a laboratory must respond to CMEC within 30 calendar days of the issuance of the final report. The response must include a

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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 time 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-inspected prior to accreditation. Costs occurred for the re-inspection shall be the responsibility of the laboratory and may include normal inspection 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

4.6.1 Appeal Process - A laboratory makes an appeal by sending explanations and supporting documentation to CMEC. The appeal and supporting documentation must be sent within 30 calendar days from receiving notice of denial or revocation. Upon receipt of an appeal, the Director of Accreditation prepares a memorandum for the Executive Director presenting the appeal and the laboratory’s supporting documentation. The Executive Director reviews the appeal information and makes a decision based on the supplied information.

4.6.2 Second Appeal - A Second appeal may be made to the CMEC Board of Directors. 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 Executive Director prepares a memorandum for the Board presenting the appeal and the laboratory’s supporting documentation. Based on all the comments and recommendations made, the CMEC Chair prepares an appeal ballot for the voting members requesting that they agree or disagree with the recommendation of the Chair. Support of at least 2/3 of the voting members of the Board is required to uphold the recommendation of the Chair. If the recommendation is not upheld, the opposite position is the ruling of the CMEC Board of Directors.

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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 Board. 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 Director of Accreditation 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 or it is concluded that the nonconformities are too major and/or too numerous to be corrected in a reasonable time frame. Generally, the decision to revoke a laboratory's accreditation is made by the Executive Director. However, the Director of Accreditation 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 by 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

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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 inspections.

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 Director of Accreditation, inspectors will make supplemental on-site visits to an accredited facility to (1) investigate a history of not correcting previously identified nonconformities, and (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. These supplemental on-site visits are not scheduled with laboratory personnel and will not be at additional cost to the laboratory.

5. Certificate of Accreditation


CMEC issues a certificate of accreditation indicating conformance to ISO 17025 and/or AASHTO R18, and for the fields of testing covered in AASHTO and ASTM Standard Practices. Each certificate includes the name and location of the laboratory, scope of the accreditation, including field of testing and specific test methods, and the accreditation certificate's issuance 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. Directory

CMEC maintains a directory of accredited laboratories and periodically issues a listing containing the following information for each laboratory:

- a. Name and location of the laboratory
- b. Contact person at the laboratory

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- c. Telephone number
- d. Scope of the accreditation

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

7. 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.

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

- 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.

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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.

8. Fees

Laboratories participating in CMEC Accreditation Program are charged appropriate fees for proficiency samples and on-site inspections 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).