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EXAMPLE REPORT

ISO/IEC 17025:2017

Gap Assessment Report

Laboratory documentation and quality management system readiness review for a manufacturing and testing facility

Prepared for	Halvorsen Precision Components, Inc.
Facility	Quality Laboratory and supporting QMS processes
Prepared by	Dusty Williams, Precision ISO
Report number	PISO-GA-2026-014
Assessment dates	October 20 to 22, 2026
Issue date	November 12, 2026

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This is an example report

Halvorsen Precision Components, Inc., its personnel, documents, records, and findings are fictional. Any resemblance to a real organization is coincidental.

Precision ISO prepared this example to show the structure and depth of a laboratory gap assessment deliverable. It is not a client report.

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About This Report

Example document

This report illustrates a Precision ISO gap assessment deliverable. Halvorsen Precision Components, Inc. is a fictional organization, and every record number, date, and finding in this report is invented for illustration.

This report presents the results of an ISO/IEC 17025:2017 gap assessment of the Quality Laboratory at Halvorsen Precision Components. It identifies where the laboratory's current documentation, records, and practices meet the standard and where they fall short. It also maps each gap to the Precision ISO document library so the laboratory can close gaps with proven, customizable templates.

Document control	
Report number	PISO-GA-2026-014
Revision	0 (initial issue)
Standard assessed	ISO/IEC 17025:2017, with reliance on the existing ISO 9001:2015 system under Option B
Accreditation body (planned)	PJLA
Distribution	President; Director of Operations; Quality Manager; Quality Lab Supervisor
Classification	Example document. Fictional organization, records, and findings.

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SECTION 1

Executive Summary

The laboratory has a strong quality system foundation. Its remaining gaps sit in the technical requirements that ISO 9001 does not cover.

Halvorsen Precision Components, Inc. engaged Precision ISO to assess the readiness of its Quality Laboratory for ISO/IEC 17025:2017 accreditation. The assessment compared laboratory documentation, records, and practices against each clause of the standard. It also evaluated how much of the existing ISO 9001:2015 system the laboratory can reuse.

Halvorsen starts from a solid position. Its nonconformity and corrective action system, document control, records control, and equipment recall program already work well. Most gaps involve requirements unique to laboratory accreditation, such as impartiality, measurement uncertainty, method verification, validity monitoring, and reporting.

The assessment produced **20 findings**: 7 Major and 13 Minor, plus 4 observations. Of the 29 clause areas assessed, 6 conform today and 1 does not apply.

7	13	6/29	~26
Major findings	**Minor findings**	**Clause areas conforming**	**Weeks to readiness**
Technical and audit gaps	Partial or incomplete	1 not applicable	Estimate; PT dependent

Key recommendation

Pursue accreditation under Option B. Reuse the ISO 9001 system for clauses 8.2 to 8.9, extend it to cover the laboratory, and focus effort on the 7 Major technical gaps. Precision ISO estimates about 26 weeks to application readiness. Proficiency testing schedules drive most of that timeline.

Immediate action: hardness tester HT-02

HT-02 failed its annual verification in August 2026. No record evaluates the effect on results reported since August 2025. Complete this impact evaluation now and decide on customer notification before any other remediation work (see GA-15).

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Major Findings Requiring Priority Action

ID	Finding	Clause(s)	Phase
GA-01	Impartiality risks are not identified or controlled	4.1.1 to 4.1.5; 5.5 b)	Phase 1
GA-07	Traceability is not demonstrated for the tensile test system	6.5.1, 6.5.2; 6.6.2	Phase 1 (provider); Phase 2
GA-09	Methods are not verified, and in-house procedures are not validated	7.2.1.2, 7.2.1.5, 7.2.2	Phase 2
GA-11	Measurement uncertainty is not evaluated	7.6.1 to 7.6.3; 7.8.4.1	Phase 2
GA-12	No program monitors the validity of results	7.7.1 to 7.7.3	Phase 1 (enroll); Phase 3 (results)
GA-13	Reports omit required content, and statements of conformity lack a decision rule	7.8.1.3, 7.8.2.1, 7.8.4.1, 7.8.6	Phase 2
GA-19	The internal audit program does not cover ISO/IEC 17025	8.8.1, 8.8.2	Phase 3

Strengths to Build On

These existing processes already meet the standard or need only minor extension. Protect them during remediation.

- **Nonconformity and corrective action.** Every sampled NCR and CAR showed root cause analysis and an effectiveness check.
- **Document and records control.** Electronic approval, revision history, and defined retention already meet clauses 8.3 and 8.4.
- **Equipment identification and recall.** Unique IDs, current labels, and an overdue flag in the gauge database.
- **Handling of test items.** Travelers and labeled racks keep specimen identity intact from receipt to retention.

How to Use This Report

Section 3 rates each clause area. Section 4 maps every gap to a Precision ISO library document. Section 5 details each finding with evidence and actions. Section 7 sequences the work into four phases with a readiness checklist for the PJLA application.

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SECTION 2

Assessment Scope and Method

This section defines what the assessment covered, how Precision ISO gathered evidence, and how to read each rating.

2.1 Organization Profile

Item	Details
Organization	Halvorsen Precision Components, Inc. (fictional organization for illustration)
Business	Contract manufacturer of machined aerospace and industrial components
Existing system	ISO 9001:2015 quality management system, certified by an accredited certification body since 2019
Laboratory	Quality Laboratory: six personnel performing mechanical testing and in-house dimensional calibration
Laboratory customers	Internal production (lot release and first article testing) plus third party testing for two external customers and several suppliers
Planned testing scope	Tensile testing of metallic materials (ASTM E8/E8M); Rockwell hardness (ASTM E18)
Planned calibration scope	Dimensional hand tools: calipers, micrometers, height gauges, and dial indicators
Accreditation goal	ISO/IEC 17025:2017 accreditation through PJLA for testing and calibration
Assessment dates	October 20 to 22, 2026 (two days on site, one day of document review)
Lead assessor	Dusty Williams, Precision ISO
Report number / date	PISO-GA-2026-014 / November 12, 2026

2.2 Scope of the Assessment

Included. All Quality Laboratory activities on the planned scope of accreditation. The assessment also covered the ISO 9001 processes the laboratory will rely on under Option B: document control, records, nonconformity and corrective action, internal audit, management review, purchasing, and risk management.

Excluded. Production processes that do not affect laboratory results. The assessment did not evaluate conformity with ISO 9001:2015, which remains the responsibility of Halvorsen's certification body.

2.3 Assessment Method

1. **Document review.** Precision ISO reviewed the Quality Manual, procedures, work instructions, and forms against ISO/IEC 17025:2017 and the Precision ISO Document Master List (FORM-001).
2. **Record sampling.** The team sampled records from January 2025 to September 2026. Appendix A lists the records reviewed.
3. **Interviews.** Precision ISO interviewed management, quality, and laboratory personnel to confirm how processes operate in practice.
4. **Observation.** The assessor witnessed one tensile test, two Rockwell hardness tests, and one caliper calibration, and walked through each laboratory area.

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2.4 Rating Definitions

Rating	Definition
Conforming	The requirement is addressed, implemented, and supported by objective evidence.
Minor	The requirement is partly addressed, or an isolated lapse exists. The gap does not, by itself, call the validity of results into question.
Major	The requirement is not addressed, or a systemic gap exists that could affect the validity of results or prevent accreditation.
Observation	The area conforms today, but an improvement would strengthen the system or prevent a future gap.
N/A	The requirement does not apply to the laboratory's current activities. The laboratory should document the reason.

Limitations

A gap assessment relies on sampling. It reflects the evidence available on October 20 to 22, 2026, and may not reveal every gap. These ratings describe readiness only. They do not predict how an accreditation body will classify a finding or whether it will grant accreditation.

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SECTION 3

Summary of Results

Clause level results show where the existing system already carries the laboratory and where new work is required.

Sections 4 and 8 of the standard benefit most from the existing ISO 9001 system, although impartiality and internal audit still need attention. Section 7 holds the largest share of Major gaps because its requirements are specific to laboratories. A clause area can carry a Minor rating even when a related finding is rated Major overall, as with clause 6.6 and GA-07.

Section	Area	Areas	Conforming	Minor	Major	N/A
Section 4	General requirements	2	0	1	1	0
Section 5	Structural requirements	1	0	1	0	0
Section 6	Resource requirements	6	1	4	1	0
Section 7	Process requirements	11	1	5	4	1
Section 8	Management system requirements	9	4	4	1	0
Total		**29**	**6**	**15**	**7**	**1**

Clause by Clause Results

The matrix below shows the rating for each clause area and the related finding or observation. Section 5 presents the detail for each reference.

Clause	Requirement area	Rating	Reference
4.1	Impartiality	Major	GA-01
4.2	Confidentiality	Minor	GA-02
5	Structural requirements	Minor	GA-03
6.1	Resources: general	Conforming	
6.2	Personnel	Minor	GA-04
6.3	Facilities and environmental conditions	Minor	GA-05
6.4	Equipment	Minor	GA-06
6.5	Metrological traceability	Major	GA-07
6.6	Externally provided products and services	Minor	GA-07
7.1	Review of requests, tenders and contracts	Minor	GA-08
7.2	Selection, verification and validation of methods	Major	GA-09
7.3	Sampling	N/A	OBS-01
7.4	Handling of test or calibration items	Conforming	

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Clause	Requirement area	Rating	Reference
7.5	Technical records	**Minor**	GA-10
7.6	Evaluation of measurement uncertainty	**Major**	GA-11
7.7	Ensuring the validity of results	**Major**	GA-12
7.8	Reporting of results	**Major**	GA-13
7.9	Complaints	**Minor**	GA-14
7.10	Nonconforming work	**Minor**	GA-15
7.11	Control of data and information management	**Minor**	GA-16
8.1	Management system options	**Minor**	GA-17
8.2	Management system documentation	**Minor**	GA-17
8.3	Control of management system documents	**Conforming**	OBS-03
8.4	Control of records	**Conforming**	
8.5	Actions to address risks and opportunities	**Minor**	GA-18
8.6	Improvement	**Conforming**	OBS-02
8.7	Corrective actions	**Conforming**	
8.8	Internal audits	**Major**	GA-19
8.9	Management reviews	**Minor**	GA-20

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SECTION 4

Document Gap Analysis

This crosswalk compares Halvorsen's existing documents with the Precision ISO Document Master List (FORM-001).

Each row pairs a Precision ISO library document with Halvorsen's closest existing equivalent. The status column shows whether Halvorsen can keep its document, should revise it, or needs to create a new one. Halvorsen can keep its own numbering. The library numbers serve as a reference for selecting templates.

Status	Meaning
Adequate	The existing document meets the requirement. Minor alignment only.
Revise	A document exists but needs laboratory content added to meet ISO/IEC 17025.
Create	No equivalent exists. Adopt and customize the Precision ISO template.
Optional	Not required for the current scope. Adopt only if a business need arises.

10	22	18	4
Adequate	**Revise**	**Create**	**Not on master list**
Keep as is	Add laboratory content	Adopt library template	Additional documents needed

Library No.	Library document	Halvorsen equivalent	Status	Finding
Manual and Policies				
DOC-001	Quality Manual	QM-001 Quality Manual, Rev F	Revise	GA-03, GA-17
POL-001	Calibration and Traceability Policy	None	Create	GA-07
POL-002	Records Policy	QP-7.5 Control of Documented Information (records section)	Revise	GA-10
POL-003	Selection, Verification, and Validation of Methods Policy	None	Create	GA-09
POL-004	Continuous Improvement Policy	QP-10.3 Continual Improvement	Adequate	
POL-005	Control of Data and Information Policy	None	Create	GA-16
POL-006	Quality Policy	Quality Policy (QM-001, Section 2)	Revise	GA-17
New	Impartiality and Confidentiality Policy (not on master list)	None	Create	GA-01, GA-02
Standard Operating Procedures				

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Library No.	Library document	Halvorsen equivalent	Status	Finding
SOP-001	Training and Competency	QP-7.2 Competence, Training and Awareness	**Revise**	GA-04
SOP-002	Facility and Environmental Conditions	None	**Create**	GA-05
SOP-003	Equipment Handling	QP-7.1.5 Control of Monitoring and Measuring Equipment	**Revise**	GA-06
SOP-004	Equipment Verification and Function Checks	None	**Create**	GA-06
SOP-005	External Providers	QP-8.4 Purchasing and Supplier Control	**Revise**	GA-07
SOP-006	Customer Requests and Contracts	QP-8.2 Customer Requirements and Order Review	**Revise**	GA-02, GA-08
SOP-007	Proficiency Testing	None	**Create**	GA-12
SOP-008	Reporting Results	None (ERP certificate configuration only)	**Create**	GA-13
SOP-009	Complaints	QP-9.1.2 Customer Complaints	**Revise**	GA-14
SOP-010	Nonconforming Work and Corrective Action	QP-8.7 Control of Nonconforming Outputs; QP-10.2 Corrective Action	**Revise**	GA-15
SOP-011	Controlling Documents	QP-7.5 Control of Documented Information	**Adequate**	OBS-03
SOP-012	Conducting Audits	QP-9.2 Internal Audit	**Revise**	GA-19
SOP-013	Management Review	QP-9.3 Management Review	**Revise**	GA-20
SOP-014	Calculating and Reporting Uncertainty	None	**Create**	GA-11
Work Instructions				
WI-001 to WI-004	Calibration Procedures 1 to 4	WI-QL-01 to WI-QL-04 Gauge Calibration (calipers, micrometers, height gauges, dial indicators)	**Revise**	GA-05, GA-09, GA-11
New	Testing work instructions (not on master list)	WI-QL-05 Tensile Testing; WI-QL-06 Rockwell Hardness Testing	**Revise**	GA-01, GA-09
Forms				
FORM-001	Document Master List	F-7.5-01 Master Document List	**Adequate**	OBS-03
FORM-002	Training Checklist Form	F-7.2-01 Training Record	**Adequate**	GA-04
FORM-003	Training Matrix	F-7.2-02 Training Matrix	**Revise**	GA-04
FORM-004	Proficiency Testing Plan (LF-81 PJLA)	None	**Create**	GA-12
FORM-005	NCR / CAR Form	F-10.2-01 NCR/CAR Form	**Revise**	GA-15

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Library No.	Library document	Halvorsen equivalent	Status	Finding
FORM-006	NCR / CAR Tracking Sheet	ERP NCR/CAR log	**Adequate**	
FORM-007	Internal Audit Plan	F-9.2-01 Annual Audit Schedule	**Revise**	GA-19
FORM-008	Internal Audit Checklist	F-9.2-02 Audit Checklist (ISO 9001 only)	**Create**	GA-19
FORM-009	Audit Report	F-9.2-03 Audit Report	**Adequate**	
FORM-010	Environmental Conditions Log	Metrology room chart recorder (temperature only)	**Revise**	GA-05
FORM-011	Equipment List	Gauge calibration database	**Revise**	GA-06
FORM-012	Method Verification Form	None	**Create**	GA-09
FORM-013	Management Review Form	F-9.3-01 Management Review Minutes	**Revise**	GA-20
FORM-014	Complaint Form	F-9.1.2-01 Customer Complaint Form	**Revise**	GA-14
FORM-015	Risk and Opportunities Form	F-6.1-01 Risk Register	**Revise**	GA-01, GA-18
FORM-016	Equipment Usage Log	None	**Create**	GA-06
FORM-017	Equipment Maintenance Log	CMMS preventive maintenance records	**Adequate**	
FORM-018	Vendor Qualification Form	F-8.4-01 Supplier Survey	**Revise**	GA-07
FORM-019	Type A Data Record	None	**Create**	GA-11
FORM-020	Uncertainty Budget Record	None	**Create**	GA-11
FORM-021	Preferred Vendors List	Approved Supplier List	**Revise**	GA-07
New	Impartiality Risk Assessment (not on master list)	None	**Create**	GA-01
Templates				
TEMP-001	SOP Template	Halvorsen document format (QP-7.5, Appendix A)	**Adequate**	
TEMP-002	Calibration Report Template	Gauge database entry and label only	**Create**	GA-13
TEMP-003	Type A Data Template	None	**Create**	GA-11
TEMP-004	Uncertainty Budget Template	None	**Create**	GA-11
TEMP-005	Uncertainty Budget Template with Type A Data	None	**Create**	GA-11
TEMP-006	Calibration Report Template Alternative	None	**Optional**	
TEMP-007	Policy Template	Halvorsen document format	**Adequate**	
TEMP-008	Work Instruction Template	Halvorsen document format	**Adequate**	

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Library No.	Library document	Halvorsen equivalent	Status	Finding
New	Test Report Template (not on master list)	ERP Certificate of Test	Revise	GA-13

Documents outside the current master list

The assessment identified needs that the current master list does not cover. Precision ISO recommends adding these documents to the library structure:

- Impartiality and Confidentiality Policy (GA-01, GA-02)
- Impartiality Risk Assessment form (GA-01)
- Test Report Template for testing laboratories (GA-13)
- Testing work instructions for tensile and hardness methods (GA-01, GA-09)
- ILAC P14 as an external reference document for calibration uncertainty (GA-11)

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SECTION 5

Detailed Findings

Each finding states the requirement, the evidence observed, the gap, and the recommended path to close it.

Requirement summaries paraphrase ISO/IEC 17025:2017 in Precision ISO's own words. Confirm the exact wording against your controlled copy of the standard before you write corrective actions. Library document numbers refer to FORM-001 Document Master List.

GA-01	Impartiality risks are not identified or controlled		MAJOR
Clause(s)	4.1.1 to 4.1.5; 5.5 b)	**Target**	Phase 1
Requirement summary	The laboratory must perform its activities impartially, and management must commit to impartiality. The laboratory must identify risks to impartiality on an ongoing basis, including risks from relationships. It must show how it eliminates or minimizes each risk and must not allow commercial or financial pressure to compromise its results.		
Objective evidence	The Quality Lab Supervisor reports to the Director of Operations, who also owns production throughput and on time delivery metrics. No impartiality policy, commitment statement, or impartiality risk assessment exists. Two technicians described verbal requests to retest failed lot release hardness specimens. No documented criteria govern when a retest is permitted or which result the lab reports.		
Gap	Halvorsen has not identified or controlled the conflict between production delivery pressure and laboratory release decisions.		
Impact	High. Assessors treat impartiality as a foundational requirement. An in-house laboratory that releases its own organization's product receives close scrutiny on this clause.		
Recommended actions	▪ Issue an impartiality policy with a signed commitment from top management. ▪ Complete an impartiality risk assessment covering reporting lines, production pressure, shared personnel, and incentives. Review it at least annually and after organizational changes. ▪ Give the laboratory a reporting or escalation path that does not require production approval to release results. ▪ Define retest criteria in the testing work instructions, including when a retest is allowed and how the lab reports all results. ▪ Have laboratory personnel sign an annual impartiality and conflict of interest acknowledgment.		
Library documents	New Impartiality and Confidentiality Policy and Impartiality Risk Assessment form [assign numbers]; FORM-015; DOC-001	**Owner**	President; Quality Manager

GA-02	Confidentiality commitments do not cover customer information		MINOR
Clause(s)	4.2.1 to 4.2.4	**Target**	Phase 1
Requirement summary	The laboratory must protect customer information through legally enforceable commitments. It must tell customers in advance about any information it plans to make public. Personnel, including contractors, must keep customer information confidential.		
Objective	Employee confidentiality agreements protect Halvorsen proprietary information only. They do not		

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evidence	mention information received from external testing customers. Quotations for third party testing carry no confidentiality terms.		
Gap	No enforceable commitment protects information that external customers provide to the laboratory.		
Impact	Moderate. The correction is straightforward, and assessors will expect it before accreditation.		
Recommended actions	▪ Add customer confidentiality terms to quotations and laboratory terms and conditions. ▪ Revise employee confidentiality agreements to include customer information and results. ▪ Address confidentiality in the new impartiality and confidentiality policy (see GA-01).		
Library documents	SOP-006; new Impartiality and Confidentiality Policy	**Owner**	Quality Manager; Sales

GA-03	**Laboratory structure and range of activities are not defined**		**MINOR**
Clause(s)	5.2, 5.3, 5.5, 5.6	**Target**	Phase 1
Requirement summary	The laboratory must identify the management with overall responsibility for it and document the range of activities it performs under the standard. It must define its organization, its place within the parent organization, and the responsibility and authority of its personnel. It must also give named personnel the authority and resources to maintain the management system.		
Objective evidence	The company organization chart shows the Quality Lab Supervisor but does not separate laboratory activities from production inspection. No document defines the laboratory's range of activities. Job descriptions describe ISO 9001 roles only. The Quality Manager's role description does not assign responsibility for ISO/IEC 17025 requirements.		
Gap	The laboratory operates day to day but does not exist as a defined entity within the management system.		
Impact	Moderate. Without a defined range of activities, the lab cannot prepare an accurate scope of accreditation.		
Recommended actions	▪ Add a laboratory organization chart and structure section to the Quality Manual. ▪ Document the range of laboratory activities and use it to draft the scope of accreditation. ▪ Update laboratory job descriptions to define responsibility, authority, and interrelationships. ▪ Designate a laboratory quality lead with authority to implement and maintain the laboratory management system.		
Library documents	DOC-001; DOC-007 (draft scope of accreditation)	**Owner**	President; Quality Manager

GA-04	**Competence criteria and authorization records are incomplete**		**MINOR**
Clause(s)	6.2.2, 6.2.3, 6.2.5, 6.2.6	**Target**	Phase 2
Requirement summary	The laboratory must document competence requirements for each function that influences results. It must maintain procedures and records for training, supervision, authorization, and ongoing monitoring of competence. It must authorize personnel for specific activities, such as analyzing results, issuing statements of conformity, and authorizing reports.		

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Objective evidence	Training records (F-7.2-01) show five laboratory personnel trained on work instructions. The training matrix (F-7.2-02) marks tasks as trained but does not record authorization. No documented competence criteria exist for tensile testing, hardness testing, or gauge calibration. No records show ongoing competence monitoring, such as witnessed tests.		
Gap	Training records prove exposure to a procedure. They do not prove authorization or continued competence.		
Impact	Moderate. Assessors routinely compare report signatories against authorization records. An unauthorized signatory produces a finding.		
Recommended actions	▪ Define competence criteria for each laboratory function and method. ▪ Add authorization columns to the training matrix with the authorizer's name and date. ▪ Monitor competence annually through witnessed tests, replicate testing, or PT results. ▪ Authorize report signatories in writing.		
Library documents	SOP-001; FORM-002; FORM-003	**Owner**	Quality Lab Supervisor

GA-05	**Environmental conditions are not specified or fully recorded**		**MINOR**
Clause(s)	6.3.1 to 6.3.4	**Target**	Phase 2
Requirement summary	The laboratory must document the facility and environmental conditions its activities require. It must monitor, control, and record conditions when a method requires it or when conditions can affect results. It must also control access to areas that affect laboratory activities.		
Objective evidence	A chart recorder logs temperature in the metrology room, but no document defines acceptable limits. The September 2026 chart shows a 41 hour gap with no explanation. The tensile and hardness area has no monitoring. Gauge calibration records do not show thermal stabilization of items before calibration. Production inspectors walk through the metrology room freely.		
Gap	The laboratory monitors some conditions but has not specified, reviewed, or controlled them.		
Impact	Moderate. Dimensional calibration results depend on temperature, and assessors will check the link between limits, records, and results.		
Recommended actions	▪ Document environmental limits for each activity based on method and equipment requirements. ▪ Record temperature, and humidity where relevant, in each laboratory area and review the records on a set frequency. ▪ Add a thermal stabilization step and record to the gauge calibration work instructions. ▪ Restrict metrology room access to authorized personnel.		
Library documents	SOP-002; FORM-010	**Owner**	Quality Lab Supervisor

GA-06	**Equipment records and intermediate checks are incomplete**		**MINOR**
Clause(s)	6.4.4, 6.4.10, 6.4.13	**Target**	Phase 2
Requirement	The laboratory must verify that equipment meets requirements before placing it into service. It must		

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summary	perform intermediate checks when needed to maintain confidence in performance. Equipment records must include items such as software or firmware version, location, calibration results with acceptance criteria, and maintenance.
Objective evidence	The gauge calibration database tracks unique IDs, due dates, and status well. It does not capture acceptance criteria, the software version of the tensile test system, or verification after return from external calibration. Technicians check both hardness testers daily against test blocks but do not record the results.
Gap	The ISO 9001 gauge control program meets most equipment needs but lacks ISO/IEC 17025 record content and evidence of intermediate checks.
Impact	Moderate. Unrecorded checks provide no evidence to an assessor, and they leave no data for trending.
Recommended actions	▪ Expand the equipment list with the missing record fields. ▪ Write an intermediate check procedure that defines frequency, acceptance limits, and the response to a failed check. ▪ Record daily hardness test block checks and trend the results. ▪ Review external calibration certificates before returning equipment to service (see GA-07).
Library documents	SOP-003; SOP-004; FORM-011; FORM-016; FORM-017 — **Owner**: Metrology Technician

GA-07	**Traceability is not demonstrated for the tensile test system**	**MAJOR**
Clause(s)	6.5.1, 6.5.2; 6.6.2 — **Target**: Phase 1 (provider); Phase 2	
Requirement summary	The laboratory must establish metrological traceability through a documented, unbroken chain of calibrations to SI units, with each link contributing to measurement uncertainty. External calibration services normally demonstrate this through an accredited calibration laboratory. The laboratory must also define and apply criteria for evaluating, selecting, and monitoring external providers.	
Objective evidence	An accredited provider calibrates the gauge block set, and that certificate supports traceability. The equipment manufacturer's field service technician performs the annual force verification of the tensile frame. That certificate carries no accreditation symbol and no uncertainty statement. Halvorsen has not verified the provider's accreditation status or scope. Supplier survey F-8.4-01 treats calibration providers as general service suppliers.	
Gap	Halvorsen cannot show that force results trace to SI units with stated uncertainty. Supplier criteria do not require accreditation for calibration services.	
Impact	High. Traceable force measurement underpins every tensile result on the planned scope. PJLA's traceability policy (DOC-009) defines how accredited laboratories must demonstrate traceability.	
Recommended actions	▪ Obtain force verification from a provider accredited to ISO/IEC 17025 whose scope covers the force range and method in use. ▪ Add accreditation status, scope coverage, and reported uncertainty to the selection criteria for calibration providers. ▪ Record each provider's accreditation certificate number and expiration date on the preferred vendors list. ▪ Review every incoming calibration certificate against defined criteria before use. ▪ Adopt a calibration and traceability policy aligned with PJLA's traceability policy.	

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Library documents	POL-001; SOP-005; FORM-018; FORM-021; DOC-009	**Owner**	Quality Manager; Metrology Technician

GA-08	**External test requests are accepted without documented review**		**MINOR**
Clause(s)	7.1.1, 7.1.3	**Target**	Phase 2
Requirement summary	The laboratory must review requests to confirm that requirements are clear, that it has the capability and resources, and that the methods suit the customer's needs. When a customer requests a statement of conformity, the laboratory must define the specification and decision rule. It must agree on the decision rule with the customer unless the specification or standard already contains one.		
Objective evidence	Customer Service reviews production orders under QP-8.2. External test requests arrive by email, and the Quality Lab Supervisor accepts them verbally. None of the six external requests sampled showed a documented review. Four requested pass or fail results against a customer specification, and none recorded an agreed decision rule.		
Gap	Contract review covers product orders but not laboratory requests.		
Impact	Moderate. This gap feeds directly into the reporting finding (GA-13).		
Recommended actions	▪ Extend contract review to cover external and internal test requests. ▪ Add a request review checklist that captures method, specification, decision rule, and reporting needs. ▪ Agree on decision rules with customers before testing when they request statements of conformity.		
Library documents	SOP-006; DOC-002; DOC-006	**Owner**	Quality Lab Supervisor; Customer Service

GA-09	**Methods are not verified, and in-house procedures are not validated**		**MAJOR**
Clause(s)	7.2.1.2, 7.2.1.5, 7.2.2	**Target**	Phase 2
Requirement summary	The laboratory must use appropriate methods and the current valid version of each standard method. Before introducing a standard method, it must verify that it can perform the method properly and keep records of that verification. It must validate nonstandard and laboratory developed methods.		
Objective evidence	The laboratory performs tensile testing per ASTM E8/E8M and Rockwell hardness testing per ASTM E18. No verification records exist for either method. The controlled copy of ASTM E18 is an earlier edition, and no record evaluates the changes in the current edition. The metrology technician wrote all four gauge calibration work instructions in house. They cite no recognized standard, and no validation record exists.		
Gap	The laboratory cannot show that it performs its standard methods correctly or that its own calibration procedures are fit for purpose.		
Impact	High. Assessors expect verification evidence for every method on the scope. Laboratory developed procedures cannot appear on a scope without validation.		
Recommended actions	▪ Verify each standard method using replicate testing, reference materials, or certified test blocks. ▪ Obtain the current edition of each standard and evaluate the changes before adopting it.		

EXAMPLE

	▪ Validate the gauge calibration procedures, or rebase them on a recognized standard and verify them. ▪ Adopt a methods policy that defines when verification or validation applies.		
Library documents	POL-003; FORM-012; WI-001 to WI-004	**Owner**	Quality Lab Supervisor; Metrology Technician

GA-10	**Technical records do not fully support the results**		**MINOR**
Clause(s)	7.5.1, 7.5.2	**Target**	Phase 2
Requirement summary	Technical records must contain enough information to identify factors that affect a result and its uncertainty and to repeat the activity under similar conditions. They must show who performed each activity and who checked the data. Amendments must preserve the original entry and show who made the change, when, and why.		
Objective evidence	Five of twelve tensile worksheets sampled contained values written over the original entry. None identified a data checker. Three did not record the extensometer ID. Hardness records do not identify which tester the technician used when both units were in service.		
Gap	Records lack amendment control, checker identification, and equipment identification.		
Impact	Moderate. Assessors sample worksheets early in an assessment, and overwritten values raise data integrity questions.		
Recommended actions	▪ Require a single line strikethrough with initials, date, and reason for every correction. ▪ Add fields for equipment ID, checker, and check date to every worksheet. ▪ Train personnel on good documentation practice and spot check worksheets monthly for three months.		
Library documents	POL-002; POL-005; SOP-008	**Owner**	Quality Lab Supervisor

GA-11	**Measurement uncertainty is not evaluated**		**MAJOR**
Clause(s)	7.6.1 to 7.6.3; 7.8.4.1	**Target**	Phase 2
Requirement summary	The laboratory must identify contributions to measurement uncertainty and account for all significant ones. A laboratory that performs calibrations, including calibration of its own equipment, must evaluate uncertainty for every calibration. A testing laboratory must also evaluate uncertainty. Where a method prevents rigorous evaluation, the laboratory bases an estimate on theoretical principles or practical experience. Calibration certificates must report uncertainty.		
Objective evidence	No uncertainty procedure or budget exists for any test or calibration. Gauge calibration records show pass or fail only. The metrology technician relies on a 4:1 ratio between the standard and the gauge tolerance as the basis for acceptance. That ratio compares tolerances. It does not quantify uncertainty.		
Gap	The laboratory has no evaluated uncertainty for any activity on the planned scope.		
Impact	High. Calibrations cannot appear on a scope without uncertainty, and PJLA's uncertainty policy (DOC-010) applies to both testing and calibration. Uncertainty also drives decision rules (GA-13).		
Recommended	▪ Write a measurement uncertainty procedure aligned with the GUM and PJLA policy.		

EXAMPLE

actions	▪ Build budgets for tensile strength, yield strength, elongation, Rockwell hardness, and each gauge calibration type. ▪ Collect Type A repeatability data for each method and equipment combination. ▪ Determine the calibration and measurement capability (CMC) for each calibration line on the scope, following ILAC P14. ▪ Review budgets annually and after changes to equipment, methods, or personnel.		
Library documents	SOP-014; FORM-019; FORM-020; TEMP-003 to TEMP-005; DOC-004; DOC-005; DOC-010	**Owner**	Metrology Technician (Precision ISO support)

GA-12	**No program monitors the validity of results**		**MAJOR**
Clause(s)	7.7.1 to 7.7.3	**Target**	Phase 1 (enroll); Phase 3 (results)
Requirement summary	The laboratory must monitor the validity of its results through planned and reviewed activities, such as reference materials, replicate tests, intermediate checks, and retesting of retained items. It must compare its performance with other laboratories through proficiency testing or interlaboratory comparisons where available and appropriate. It must analyze the data to control and improve its work.		
Objective evidence	The laboratory has never participated in proficiency testing (PT) or an interlaboratory comparison. The unrecorded daily hardness checks noted in GA-06 are the only routine validity activity. No control charts or trend reviews exist.		
Gap	The laboratory has no internal or external evidence that its results remain valid over time.		
Impact	High. PT results take months to obtain, so this finding often sets the timeline to application.		
Recommended actions	▪ Write a proficiency testing procedure and a multiyear PT plan covering each discipline on the planned scope. ▪ Enroll in PT rounds for tensile testing, Rockwell hardness, and dimensional calibration from accredited PT providers. ▪ Confirm PJLA's current PT expectations for initial accreditation (DOC-008) and schedule rounds to meet them. ▪ Establish internal validity checks with defined frequency, criteria, and trending. ▪ Report validity monitoring results at management review (see GA-20).		
Library documents	SOP-007; FORM-004; DOC-008	**Owner**	Quality Lab Supervisor

GA-13	**Reports omit required content, and statements of conformity lack a decision rule**		**MAJOR**
Clause(s)	7.8.1.3, 7.8.2.1, 7.8.4.1, 7.8.6	**Target**	Phase 2
Requirement summary	Reports must present results accurately and clearly and include the content the standard specifies, such as unique identification, page identification, method, dates, and the person authorizing the report. Calibration certificates must include uncertainty. A laboratory that states conformity must document its decision rule, consider the associated risk, and identify the rule on the report. The laboratory may		

EXAMPLE

	report to internal customers in simplified form when agreed, provided the omitted information remains readily available.		
Objective evidence	The ERP system generates a Certificate of Test for lot release and external customers. Sampled certificates lack page X of Y numbering, method identification, test dates, and the name of the authorizing person. Every certificate states PASS or FAIL without a decision rule. Gauge calibrations exist only as database entries and labels, with no uncertainty. No documented agreement covers simplified reporting to production.		
Gap	Test reports and calibration records do not meet the reporting requirements, and conformity statements have no documented basis.		
Impact	High. Reports are the laboratory's visible product, and assessors review them in detail.		
Recommended actions	▪ Redesign the test report and calibration certificate templates to include every required element. ▪ Adopt a decision rule policy based on ILAC G8 guidance and state the applied rule on each report. ▪ Document the simplified reporting agreement with production and keep omitted information retrievable. ▪ Add uncertainty to calibration records once the GA-11 budgets are complete. ▪ Pilot the new templates for 30 days before the internal audit.		
Library documents	SOP-008; TEMP-002; test report template; DOC-002; DOC-006	**Owner**	Quality Lab Supervisor; ERP Administrator

GA-14	**The complaints process does not cover laboratory requirements**		**MINOR**
Clause(s)	7.9.1 to 7.9.7	**Target**	Phase 2
Requirement summary	The laboratory must have a documented complaint process and make it available to interested parties on request. It must acknowledge complaints, give progress reports, and formally notify the complainant of the outcome. People not involved in the original laboratory activity must make, or review and approve, the outcome.		
Objective evidence	QP-9.1.2 routes product complaints through Customer Service. It does not address complaints about laboratory results. It does not require acknowledgment, progress reports, or independent review of the outcome. Halvorsen received no laboratory complaints during the sample period, so no records were available.		
Gap	The product complaint process lacks the laboratory specific steps.		
Impact	Low to moderate. The process needs revision rather than replacement.		
Recommended actions	▪ Add laboratory complaints to the complaint procedure with acknowledgment, progress, and outcome steps. ▪ Assign independent review of complaint outcomes. ▪ Publish a short description of the complaint process for customers on request.		
Library documents	SOP-009; FORM-014	**Owner**	Quality Manager

EXAMPLE

GA-15	Nonconforming work procedure omits impact evaluation of previous results		MINOR
Clause(s)	6.4.9; 7.10.1 to 7.10.3	**Target**	Phase 1 (HT-02); Phase 2
Requirement summary	When equipment proves defective or out of specification, the laboratory must remove it from service and examine the effect on previous results. The nonconforming work procedure must assign responsibility, evaluate significance including impact on previous results, notify customers and recall work where necessary, and define who authorizes resumption.		
Objective evidence	Halvorsen's NCR and CAR system works well (see Section 6). However, QP-8.7 addresses nonconforming product only. On August 14, 2026, hardness tester HT-02 failed its annual indirect verification on the high HRC range. NCR-2026-057 documents the adjustment and return to service. No record evaluates the hardness results the lab reported since the previous verification in August 2025, and no record addresses customer notification.		
Gap	The procedure lacks laboratory specific steps, and one equipment nonconformity remains unevaluated.		
Impact	Moderate. The core system is sound. The open HT-02 evaluation requires immediate action.		
Recommended actions	▪ Immediately complete a retrospective impact assessment for HT-02 results reported since August 2025 and document the customer notification decision. ▪ Revise the procedure to cover nonconforming laboratory work, including stop work authority, impact analysis, recall, and resumption. ▪ Add laboratory impact fields to the NCR/CAR form. ▪ Route recurring laboratory nonconformities into corrective action.		
Library documents	SOP-010; FORM-005; FORM-006	**Owner**	Quality Manager; Quality Lab Supervisor

GA-16	Laboratory spreadsheets and data transfers are not validated		MINOR
Clause(s)	7.11.1 to 7.11.3	**Target**	Phase 2
Requirement summary	The laboratory must validate the functionality of its data management systems, including interfaces, before use. It must authorize, document, and validate changes. It must protect these systems from unauthorized access and tampering.		
Objective evidence	Technicians calculate yield strength, tensile strength, and elongation in an unlocked Excel workbook. No validation record exists. Two different versions of the workbook are in use on separate workstations. No record verifies that ERP certificates match the source data.		
Gap	Calculation and transfer steps that produce reported results have no validation or version control.		
Impact	Moderate. An unvalidated calculation can affect every result it produces.		
Recommended actions	▪ Validate the calculation workbook against hand calculations or reference data, then lock the formula cells. ▪ Place the workbook under document control with a single released version. ▪ Verify ERP data transfer for a defined sample of results and record the verification. ▪ Adopt a data control policy covering access, backup, and change control.		

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Library documents	POL-005; POL-002	**Owner**	Quality Lab Supervisor; IT

GA-17	**The Quality Manual and quality policy do not address ISO/IEC 17025**		**MINOR**
Clause(s)	8.1.3; 8.2.1 to 8.2.4	**Target**	Phase 1
Requirement summary	The laboratory must operate its management system under Option A or Option B. Under Option B, an ISO 9001 system can satisfy clauses 8.2 to 8.9 if it supports and demonstrates consistent fulfillment of clauses 4 to 7. Management must establish policies and objectives that address competence, impartiality, and consistent operation.		
Objective evidence	Quality Manual QM-001 Rev F references ISO 9001:2015 only and declares no management system option. The quality policy does not mention impartiality, competence, or consistent laboratory operation. Quality objectives contain no laboratory measures.		
Gap	The existing system documentation does not yet extend to the laboratory.		
Impact	Moderate. This is the anchor document an assessor reviews first.		
Recommended actions	▪ Declare Option B in the Quality Manual and map clauses 8.2 to 8.9 to existing ISO 9001 procedures. ▪ Revise the quality policy to include laboratory commitments. ▪ Add laboratory objectives, such as turnaround time, PT performance, and report error rate. ▪ Add an ISO/IEC 17025 clause cross reference table to the Quality Manual.		
Library documents	DOC-001; POL-006; POL-004	**Owner**	President; Quality Manager

GA-18	**The risk register excludes laboratory risks**		**MINOR**
Clause(s)	8.5.1 to 8.5.3	**Target**	Phase 2
Requirement summary	The laboratory must consider the risks and opportunities associated with its activities, plan actions to address them, and evaluate the effectiveness of those actions. Actions must be proportional to the potential impact on the validity of results.		
Objective evidence	Risk register F-6.1-01 covers business, supply chain, and production risks. It contains no laboratory entries. Interviews revealed clear laboratory risks, including reliance on a single metrology technician and no backup tensile capability.		
Gap	The risk process works but does not reach the laboratory.		
Impact	Low to moderate. The existing register and review cycle can absorb laboratory risks easily.		
Recommended actions	▪ Add laboratory risks and opportunities to the register, including the impartiality risks from GA-01. ▪ Assign owners and actions in proportion to the impact on result validity. ▪ Review laboratory risks at management review.		
Library documents	FORM-015	**Owner**	Quality Manager

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GA-19	The internal audit program does not cover ISO/IEC 17025		MAJOR
Clause(s)	8.8.1, 8.8.2	**Target**	Phase 3
Requirement summary	The laboratory must conduct internal audits at planned intervals to confirm that the management system conforms to its own requirements and to ISO/IEC 17025 and that it operates effectively. The audit program must consider the importance of each activity, recent changes, and previous audit results.		
Objective evidence	The 2025 program covered every ISO 9001 clause. Auditors assessed the laboratory only as a monitoring and measuring resource under ISO 9001, Clause 7.1.5. No checklist addresses ISO/IEC 17025. None of the four internal auditors has ISO/IEC 17025 training.		
Gap	No audit has evaluated the laboratory against ISO/IEC 17025.		
Impact	High. Accreditation bodies generally expect a complete internal audit and management review before the initial assessment [verify the current PJLA application requirements].		
Recommended actions	▪ Train at least two auditors on ISO/IEC 17025:2017 who are independent of the work they audit. ▪ Develop an ISO/IEC 17025 audit checklist for clauses 4 to 8, including witnessed technical activities. ▪ Schedule a full laboratory audit once the revised system has generated enough records (Phase 3). ▪ Integrate the ISO/IEC 17025 audit into the annual audit program.		
Library documents	SOP-012; FORM-007; FORM-008; FORM-009	**Owner**	Quality Manager

GA-20	Management review omits laboratory inputs		MINOR
Clause(s)	8.9.1 to 8.9.3	**Target**	Phase 3
Requirement summary	Management must review the laboratory management system at planned intervals. Inputs include changes in the volume and type of work, validity monitoring and PT outcomes, external assessments, resource adequacy, risk results, and feedback from customers and personnel. Outputs must record decisions and actions.		
Objective evidence	The February 2026 management review minutes (F-9.3-01) address every ISO 9001 input. They include no laboratory inputs, such as validity monitoring, PT, workload changes, or laboratory resources.		
Gap	Management review exists but does not yet cover the laboratory.		
Impact	Moderate. A management review that includes laboratory inputs is a typical prerequisite for application.		
Recommended actions	▪ Add ISO/IEC 17025 inputs to the management review agenda and form. ▪ Hold a management review with laboratory inputs after the Phase 3 internal audit.		
Library documents	SOP-013; FORM-013	**Owner**	President; Quality Manager

EXAMPLE

SECTION 6

Strengths and Observations

A gap assessment should also show what already works, so the laboratory protects it during remediation.

6.1 Strengths

These areas demonstrated effective implementation. Under Option B, Halvorsen can extend them to the laboratory rather than rebuild them.

Area	Evidence of effective implementation
Nonconformity and corrective action	Ten NCRs and six CARs sampled. Every record showed root cause analysis, defined actions, and a documented effectiveness check. This system provides a strong base for the laboratory requirements in GA-15.
Document control	QP-7.5 uses an electronic approval workflow with revision history and withdrawal of obsolete documents. The master document list is current.
Control of records	Halvorsen defines retention periods for each record type and backs up electronic records daily.
Equipment identification and recall	Every gauge sampled carried a unique ID and a current calibration label. The database flags overdue items, and the team found no overdue equipment in use.
Handling of test items	Travelers carry unique lot and specimen IDs. The laboratory segregates untested, tested, and retained specimens on labeled racks.
Leadership and staff engagement	Management committed resources to accreditation, and laboratory staff demonstrated solid technical knowledge during interviews.

6.2 Observations

Observations do not represent gaps today. Acting on them will strengthen the system before the accreditation assessment.

ID	Clause	Observation
OBS-01	7.3; 7.8.2.2	Production inspectors select test specimens under Halvorsen's sampling plan, so the laboratory does not perform sampling. Document this boundary in the Quality Manual. When the lab is not responsible for sampling, reports should state that results apply to the items as received.
OBS-02	8.6.2	The annual customer satisfaction survey reaches product customers only. Extend it to external testing customers and internal production users of laboratory results.
OBS-03	8.3	The laboratory holds a controlled copy of ISO/IEC 17025:2017, but the master document list omits external documents. Obtain the PJLA policies (DOC-008 to DOC-011) and control their versions on the master list.
OBS-04	PJLA policy	Before accreditation, define controls for use of the PJLA accreditation symbol on reports, quotations, and marketing material in line with DOC-011.

EXAMPLE

SECTION 7

Remediation Roadmap

The roadmap sequences the work so that early decisions unlock the technical build and the system generates records before the internal audit.

Phase	Timing	Key deliverables	Findings	Lead
Phase 1: Foundation	Weeks 1 to 4	Declare Option B and revise the Quality Manual and quality policy. Issue the impartiality and confidentiality policy and risk assessment. Define laboratory structure and draft the scope. Complete the HT-02 impact evaluation. Change the force verification provider. Enroll in PT rounds.	GA-01, 02, 03, 07, 12, 15, 17	President; Quality Manager
Phase 2: Technical build	Weeks 5 to 14	Verify and validate methods. Build uncertainty budgets. Release report templates and the decision rule policy. Complete equipment, environmental, competence, contract review, complaint, data, and risk controls.	GA-04 to 11, 13 to 16, 18	Quality Lab Supervisor; Metrology Technician
Phase 3: Operate and verify	Weeks 15 to 22	Operate the revised system to generate records. Complete and evaluate PT rounds. Train auditors and conduct a full ISO/IEC 17025 internal audit. Hold a management review with laboratory inputs. Close resulting corrective actions.	GA-12, 19, 20	Quality Manager; President
Phase 4: Application readiness	Weeks 23 to 26	Precision ISO readiness review. Finalize the scope of accreditation and CMC values. Compile and submit the PJLA application package.	All findings verified	Quality Manager; Precision ISO

Timeline assumptions

The 26 week estimate assumes a dedicated laboratory quality lead at roughly half time, timely provider changes, and PT rounds available within the window. PT provider schedules often set the critical path, so enroll during Phase 1. Precision ISO will update the estimate after Phase 1.

EXAMPLE

Readiness Checklist Before Application

Confirm each item before submitting the PJLA application. Verify current application requirements directly with PJLA.

	Readiness item	Owner	Complete
☐	All Major findings closed with objective evidence		
☐	Impartiality risk assessment approved and reviewed by top management		
☐	Method verification records complete for every method on the draft scope		
☐	Uncertainty budgets and CMC values approved for every scope line		
☐	At least one satisfactory PT or ILC result per discipline, or a documented plan that meets PJLA expectations		
☐	Revised test reports and calibration certificates in use		
☐	Complete ISO/IEC 17025 internal audit and resulting corrective actions closed		
☐	Management review completed with laboratory inputs		
☐	Draft scope of accreditation reviewed against capability and uncertainty		

EXAMPLE

SECTION 8

Conclusion and Next Steps

Halvorsen does not need to build a second management system. Its ISO 9001 processes already meet most of the management system requirements. The laboratory needs to extend those processes and build the technical controls that accreditation requires.

The 7 Major findings share a common thread. Each one concerns evidence that results are impartial, traceable, verified, and reported with known uncertainty. Closing them in the sequence shown in Section 7 gives the laboratory a system an assessor can verify from end to end.

Recommended Next Steps

1. Complete the HT-02 impact evaluation and document the customer notification decision (GA-15).
2. Review this report with top management and confirm the Option B approach.
3. Assign owners and target dates for every finding in the NCR/CAR tracking log.
4. Enroll in proficiency testing rounds for each discipline on the planned scope.
5. Select and customize the Precision ISO library documents marked Create or Revise in Section 4.
6. Schedule a Phase 1 progress review with Precision ISO at week 4.

> **How Precision ISO can help**
>
> Precision ISO supports laboratories through every phase of this roadmap, from customizing library documents to building GUM-compliant uncertainty budgets, training internal auditors, and conducting a readiness review before application. Contact info@precisioniso.com to plan the next phase.

EXAMPLE

APPENDIX A

Records Sampled and Personnel Interviewed

A.1 Records Sampled

Record type	Quantity	Period
Tensile test worksheets and certificates	12	January to September 2026
Hardness test records and certificates	15	January to September 2026
Gauge calibration records	20	2025 to 2026
External calibration certificates	6	2025 to 2026
NCRs and CARs	10 NCRs; 6 CARs	2025 to 2026
External test requests	6	2026
Training and competence files	5 personnel	Current
Supplier files (including calibration providers)	8	Current
Internal audit reports	4	2025 program
Management review minutes	1	February 2026
Environmental monitoring charts	3 months	July to September 2026

A.2 Personnel Interviewed

Interviewees are listed by role: President; Director of Operations; Quality Manager; Quality Lab Supervisor; Metrology Technician; two Laboratory Technicians; Customer Service Lead; ERP Administrator.

EXAMPLE

APPENDIX B

Reference Documents

Halvorsen should maintain these external documents as controlled references. Library numbers match FORM-001 Document Master List. Confirm that each document is the current edition before use.

Library No.	Document
DOC-003	ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories
Not listed	ISO 9001:2015 Quality management systems: Requirements
DOC-002	ILAC G8:09/2019 Guidelines on Decision Rules and Statements of Conformity
DOC-004	ISO/IEC Guide 98-3 (GUM) Uncertainty of measurement: Guide to the expression of uncertainty in measurement
DOC-005	JCGM GUM-6:2020 Guide to the expression of uncertainty in measurement, Part 6: Developing and using measurement models
DOC-006	Tektronix ISO decision rule guide
Not listed	ILAC P14:09/2020 ILAC Policy for Measurement Uncertainty in Calibration (recommended addition to the master list)
DOC-007	PJLA Scope of Accreditation (draft to be prepared)
DOC-008	PJLA Proficiency Testing Requirements
DOC-009	PJLA Measurement Traceability Policy
DOC-010	PJLA Uncertainty of Measurement Policy
DOC-011	PJLA Accreditation Symbol Procedure

EXAMPLE

Disclaimer

This is an example report. The organization, records, and findings are fictional and do not describe any real laboratory.

This report reflects conditions observed during a sample based assessment and the information available at that time. It does not constitute legal, regulatory, or accreditation advice. It does not guarantee that an accreditation body will grant accreditation. Conformity depends on how the organization implements, operates, and maintains its management system.

Requirement summaries paraphrase ISO/IEC 17025:2017 and do not reproduce the standard. Precision ISO library templates provide a customizable starting point. Each organization must review and adapt them to its own scope and processes.

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