TCEQ Laboratory Accreditation Program Update

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What's New in the Accreditation Program?

1. New staff
2. Accredited laboratory numbers
3. Corrective action process
4. Dropping fields of accreditation

New Staff

New Assessors-

Updated Accreditation Numbers

We currently accredit 241 environmental laboratories.

138 have primary accreditation

103 have secondary accreditation

166 are commercial laboratories

75 are government laboratories (including universities)

Reminders

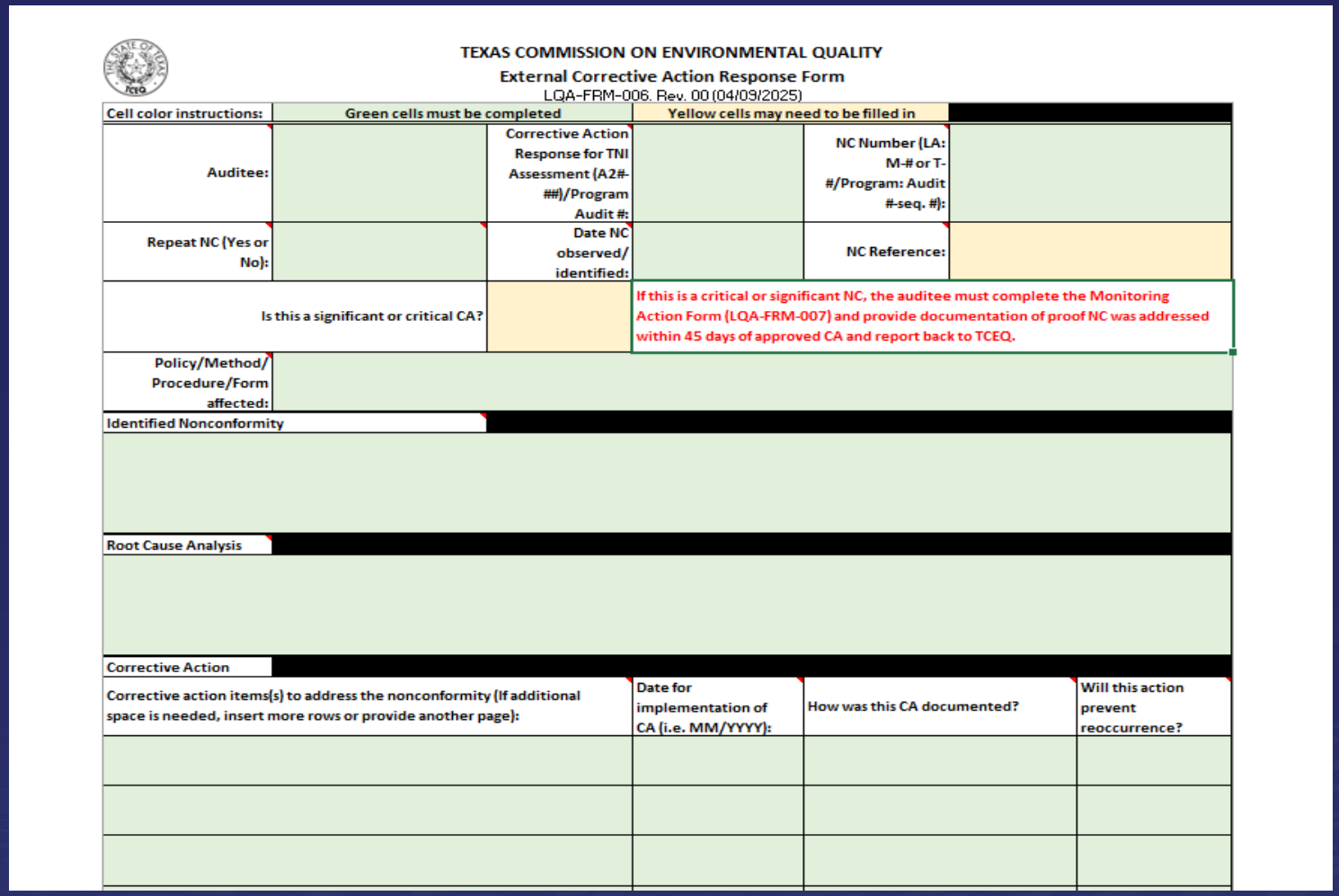
1. We are still performing portions of assessments remotely. This process will continue indefinitely.
2. All laboratory accreditation documents still need to be submitted electronically.
3. Labs will receive their accreditation certificates and scopes electronically. Hard copies will not be mailed.
4. Submit all laboratory accreditation payments to the TCEQ revenue section at the following address.

   Texas Commission on Environmental Quality
   Cashier's Cage
   P.O. Box 13088, MC-214
   Austin, TX 78711-3088

Corrective Actions

- There is an updated required form for submitting corrective actions to TCEQ LAP that can be found on our website
- Instructions are also located there
- Now requiring Monitoring Action Form (LQA-FRM-007) for all critical or significant NCs.
  - Must provide objective evidence the NC was addressed within 45 days of CA being approved.
- There's also a PowerPoint Presentation on corrective action responses on the website

New Corrective Action Form



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

External Corrective Action Response Form

LQA-FRM-006, Rev. 00 (04/09/2025)

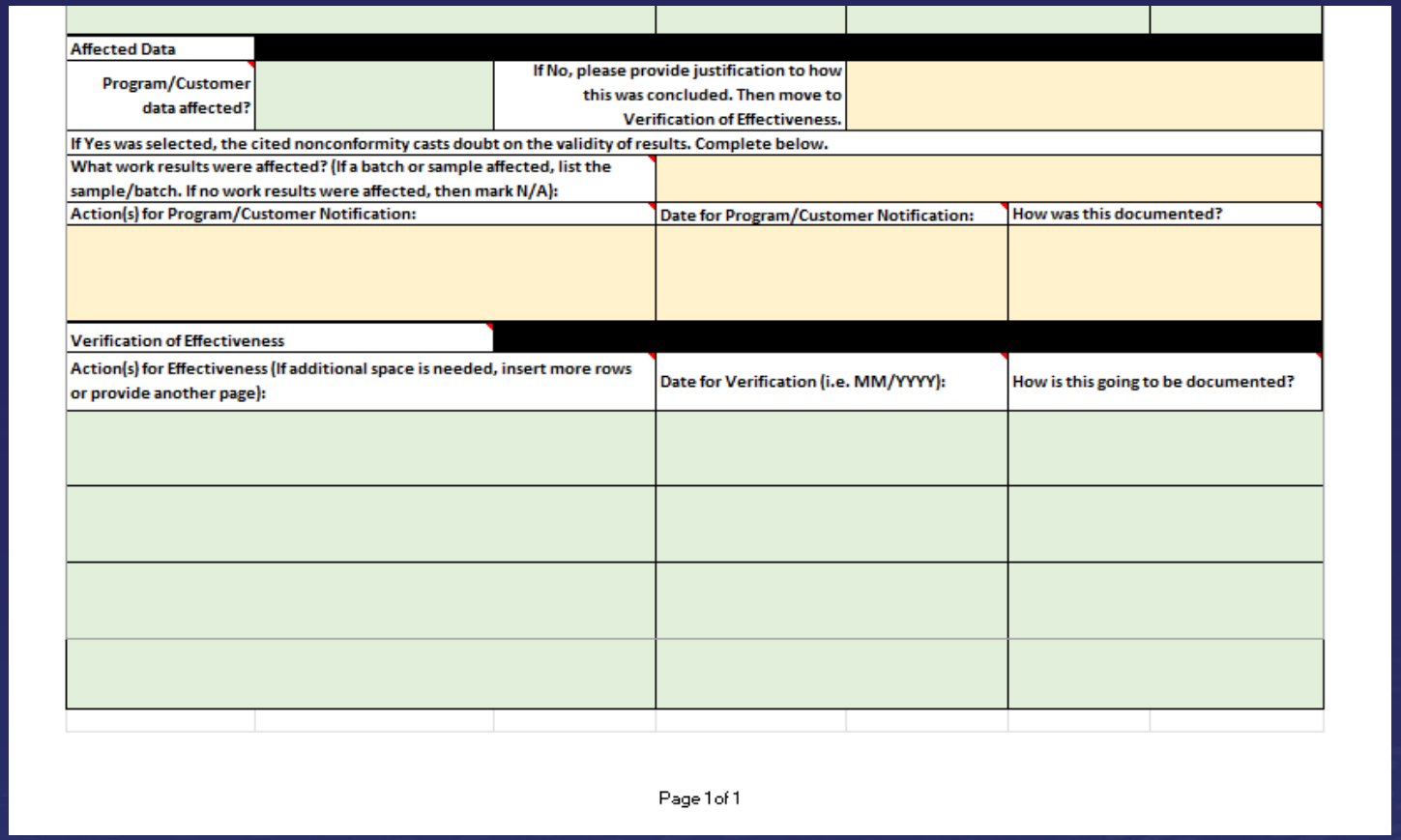
Cell color instructions:	**Green cells must be completed**		**Yellow cells may need to be filled in**		
Auditee:		**Corrective Action Response for TNI Assessment (A2#-##)/Program Audit #:**		**NC Number (LA: M-# or T-#/Program: Audit #-seq. #):**	
Repeat NC (Yes or No):		**Date NC observed/ identified:**		**NC Reference:**	
Is this a significant or critical CA?			**If this is a critical or significant NC, the auditee must complete the Monitoring Action Form (LQA-FRM-007) and provide documentation of proof NC was addressed within 45 days of approved CA and report back to TCEQ.**		
Policy/Method/ Procedure/Form affected:					

Identified Nonconformity

Root Cause Analysis

Corrective Action			
Corrective action items(s) to address the nonconformity (If additional space is needed, insert more rows or provide another page):	**Date for implementation of CA (i.e. MM/YYYY):**	**How was this CA documented?**	**Will this action prevent reoccurrence?**

New Corrective Action Form Part 2



Affected Data			
Program/Customer data affected?		If No, please provide justification to how this was concluded. Then move to Verification of Effectiveness.	
If Yes was selected, the cited nonconformity casts doubt on the validity of results. Complete below.			
What work results were affected? (If a batch or sample affected, list the sample/batch. If no work results were affected, then mark N/A):			
Action(s) for Program/Customer Notification:		Date for Program/Customer Notification:	How was this documented?
Verification of Effectiveness			
Action(s) for Effectiveness (If additional space is needed, insert more rows or provide another page):		Date for Verification (i.e. MM/YYYY):	How is this going to be documented?

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Monitoring Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALTIY

Monitoring Action Form

LQA-FRM-007 Rev. 00 (04/09/2025)

Cell color instructions:	**Green cells must be completed**	**Blue cells are for TCEQ assessors**	
If no verification documentation is submitted, TCEQ will not consider assessment closed.			
Auditee:		NC Number (LA: M-# or T-#/Program: Audit #-seq. #):	
Submitter:		TCEQ Assessor Assigned:	
Date CA was closed?			
Was corresponding documentation completed?			
Was verification documentation submitted?			

Submitter Signature:		TCEQ Assessor Signature:	
Date:		Date:	

Program Manager Signature (or designee):	
Date:	

#5 Most Common NC

#5 V1M2 4.3.2.1

All documents issued to personnel in the laboratory as part of the management system shall be reviewed and approved for use by authorized personnel prior to issue. A master list or an equivalent document control procedure identifying the current revision status and distribution of documents in the management system shall be established and shall be readily available to preclude the use of invalid and/or obsolete documents.

#5 Most Common NC Continued

#5 V1M2 4.3.2.1

- All documents issued as part of the management system (quality manual, SOPs, etc.) must be reviewed and approved for use prior to use
- Must have a master list or a document control procedure that identifies the current revision status and distribution of the documents
  - Intent is that invalid/obsolete documents won't be utilized by staff

#4 Most Common NC

#4 V1M2 5.13.1-Support Equipment

This Standard applies to all devices that may not be the actual test instrument, but are necessary to support laboratory operations. These include, but are not limited to: balances, ovens, refrigerators, freezers, incubators, water baths, temperature measuring devices (including thermometers and thermistors), thermal/pressure sample preparation devices, and mechanical volumetric dispensing devices (such as Eppendorf® or automatic dilutor/dispensing devices).

- Calibration or verification are within specs required of the application
- They are in proper working order
- Each day used, checked and the checks are documented
- Temperature monitoring devices are calibrated and/or verified annually
- Shall verify volumetric measuring devices if quantitative results are dependent upon their accuracy
- Retention of raw data records

#4 Most Common NC Continued

#4 V1M2 5.13.1-Support Equipment

- Define your support equipment
- Ensure it's verified or calibrated, as required
- Retain records for all support equipment including for repairs and maintenance
- Verify on day of use the support equipment is working appropriately

#3 Most Common NC

#3 V1M2 4.13.3.f

All information necessary for the historical reconstruction of data shall be maintained by the laboratory.

Includes raw data, worksheets, data output records, computational steps, sample ID code, date of analysis, time of analysis (includes hold times), manual calculations, instrument identification, sample preparation including clean-up, test results, standard and reagent origin, receipt, preparation, use, calibration criteria, QC protocols, PT results, etc.

#3 Most Common NC Continued

#3 V1M2 4.13.3.f

- Mandatory record keeping system must allow the history of the sample and data to be understood through the documentation
- All laboratory activities must be documented in an accurate manner
  - Recording incubation times (time in and time out of incubator)
  - Recording observation, not interpretation
  - Recording all calculations
    - If generated by a spreadsheet, ensure spreadsheet is locked and QC verified to ensure calculations are performed correctly

#2 Most Common NC

#2 V1M2 4.13.2.1

- *The laboratory shall retain records of original observations, derived data and sufficient information to establish an audit trail, calibration records, staff records and a copy of each test report or calibration certificate issued, for a defined period. The records for each test or calibration shall contain sufficient information to facilitate, if possible, identification of factors affecting the uncertainty and to enable the test or calibration to be repeated under conditions as close as possible to the original. The records shall include the identity of personnel responsible for the sampling, performance of each test and/or calibration and checking of results.*
- *NOTE 1: In certain fields it may be impossible or impractical to retain records of all original observations.*
- *NOTE 2: Technical records are accumulations of data (see 5.4.7) and information which result from carrying out tests and/or calibrations and which indicate whether specified quality or process parameters are achieved. They may include forms, contracts, work sheets, work books, check sheets, work notes, control graphs, external and internal test reports and calibration certificates, customers' notes, papers and feedback.*

#2 Most Common NC Continued

#2 V1M2 4.13.2.1

- Ensure all original observations are retained
  - Don’t write down data on a paper towel and then enter it into a worksheet
- Need to ensure you can establish an audit trail and if necessary, the test can be completed under conditions as close as possible to the original
  - Very common to see beginning and end times of incubations/dryings not recorded
- Ensure individual performing testing is identified

#1 Most Common NC

#1 V1M2 4.2.8.5

Laboratories shall maintain SOPs that accurately reflect all phases of current laboratory activities, such as assessing data integrity, corrective actions, handling customer complaints, and all methods.

Must be readily accessible to staff, clearly identify the effective date, revision number, signature of approving authority, sufficient information to perform tests, one for each accredited analyte or method, etc.

#1 Most Common NC Continued

#1 V1M2 4.2.8.5

- Ensure SOPs accurately reflect the method and they are current
- Review to ensure compliance/accuracy
- Accessible to staff
  - Non-current versions are not accessible

Where Do We Go From Here?

- Continuous improvement of the Program to ensure laboratories have what they need to be successful
- Ensuring labs have a resource to reach out to with questions about the TNI standards to ensure compliance
- Looking at implementing an electronic checklist for our assessments. This enables us to move to a more paperless system.

Questions?

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