

AB ASSESSMENT REPORT

Laboratory/Inspection body:		MOTIVA Laboratories Inc.				
Quality Manager: I. M. Motiva MD			Date(s) of Visit: 13-15 August 2017			
Type of Visit:	<input type="checkbox"/> Pre-Assessment <input checked="" type="checkbox"/> Assessment 	<input type="checkbox"/> 1 st Surveillance <input type="checkbox"/> 2 nd Surveillance	<input type="checkbox"/> Re-Assessment <input type="checkbox"/> Verification	<input type="checkbox"/> Re-visit <input type="checkbox"/> Follow-up		
Facility: Testing / Calibration/ Medical/ Inspection (Circle ONE)			Field(s): Concrete and Steel Testing			
Assessment Team Identification (Names)						
Lead Assessor:	Assessor 1: <i>I.M. Smart Tech</i>			Assessor 2:		
OK Engr						
Assessor 3:	Assessor 4:			Assessor 5:		
Assessor 6:	Assessor 7:			Observer:		
Date of earlier visit:	Non-Conformances recorded during earlier visit <i>N/A First Visit</i> HAVE / HAVE NOT BEEN discharged. (Circle ONE) N/A					
ASSESSMENT SUMMARY: (Lead Assessor Comments on the overall outcome of the Assessment) <i>The laboratory is very keen to get accredited.</i>						
Number of Non-Conformance(s) Raised.	MAJOR 4	MINOR 2				
RECOMMENDATIONS OF ASSESSMENT TEAM: (Does the CAB demonstrate the competence required for accreditation?) <i>This laboratory demonstrates competence in the production of its steel and concrete testing results.</i>						
Date by which remaining Non-Conformances* are to be discharged by the Laboratory: 12 Nov 2017						
I.M. MOTIVA MD Acknowledged by Authorised Signatory of Lab			15 Aug 2017 Date		OK Engr Signature of Lead Assessor	

List of Attachments:

<input checked="" type="checkbox"/> Requested Scope of Testing <input type="checkbox"/> Confidentiality and Conflict of Interest Form(s) No. _____ <input type="checkbox"/> Test and Method Checklist No. _____ <input checked="" type="checkbox"/> Assessment Findings Form(s) No. 7	<input type="checkbox"/> or Calibration <input type="checkbox"/> Assessment Checklist <input type="checkbox"/> Assessment Schedule <input type="checkbox"/> Measurement Audit
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ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 01	
Date: 13-15 August 2017		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: 4.1.5j	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> MINOR	
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)			
<i>There is no deputy quality manager named or appointed, contrary to the published policy of the laboratory.</i>			
<u>I.M.MOTIVA, IM MOTIVA, MD</u> Signature & Name of Laboratory Representative		<u>OK Engr, OK Engr</u> Signature & Name of Assessor	
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION			
Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of results or inspections at risk?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is it easier to effect permanent resolution than many little remediations?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)			
<hr style="margin-bottom: 5px;"/> Signature of Laboratory Representative			
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:			
<hr style="margin-bottom: 5px;"/> Signature of Accreditation Officer			

ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 02		
Date: 13-15 August 2017		Activity Assessed: QMS		
Ref to ISO/ IEC 17025 Clause No.: 4.2.2	<input type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input checked="" type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR		
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)				
<i>The laboratory may wish to consider rewording the quality objectives to enhance their clarity.</i>				
I.M. MOTIVA, IM MOTIVA, MD Signature & Name of Laboratory Representative		OK Engr, OK Engr Signature & Name of Assessor		
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION				
Yes if there are any "Yes" boxes checked.				
Is there an unacceptable risk to the CAB (Safety etc)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of results or inspections at risk?		<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?		<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)				
_____ Signature of Laboratory Representative				
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:				
_____ Signature of Accreditation Officer				

ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 03	
Date: 13-15 August 2017		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: 4.14.1	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)			
<i>There is no evidence on file of the formal qualification of the internal auditors used by MOTIVA Lab.</i>			
I.M.MOTIVA, IM MOTIVA, MD Signature & Name of Laboratory Representative	<u>OK Engr</u> , <u>OK Engr</u> Signature & Name of Assessor		
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION			
Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of results or inspections at risk?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)			
_____ Signature of Laboratory Representative			
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:			
_____ Signature of Accreditation Officer			

ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 04
Date: 13-15 August 2017		Activity Assessed: QMS
Ref to ISO/ IEC 17025 Clause No.: 5.4.5	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> MINOR
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)		
<i>Both the axial compression and the shear tests for structural steel testing have not been validated as being fit for purpose.</i>		
I.M. MOTIVA, IM MOTIVA, MD	I.M. Smart Tech, Smart	
Signature & Name of Laboratory Representative		Signature & Name of Assessor
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION		
Yes if there are any "Yes" boxes checked.		
Is there an unacceptable risk to the CAB (Safety etc)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the technical validity of results or inspections at risk?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is it easier to effect permanent resolution than many little remediations?		<input type="checkbox"/> YES <input type="checkbox"/> NO
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)		
_____ Signature of Laboratory Representative		
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:		
_____ Signature of Accreditation Officer		

ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 05	
Date: 13-15 August 2017		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: 5.5.8	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)			
<i>While the calibration records for the thermometer clearly indicate its calibration status, such indication is not normally visible with the device.</i>			
<u>I.M. MOTIVA, IM MOTIVA, MD</u> Signature & Name of Laboratory Representative		<u>I.M. Smart Tech, Smart</u> Signature & Name of Assessor	
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION			
Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of results or inspections at risk?		<input type="checkbox"/> <input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?		<input type="checkbox"/> <input type="checkbox"/>	
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)			
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BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:			
_____ Signature of Accreditation Officer			

ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 06		
Date: 13-15 August 2017		Activity Assessed: QMS		
Ref to ISO/ IEC 17025 Clause No.: 5.8.3	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> MINOR		
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)				
<i>During interview it was established that not all samples received are checked for fitness for testing.</i>				
I.M. MOTIVA, IM MOTIVA, MD	I.M. Smart Tech, Smart			
Signature & Name of Laboratory Representative		Signature & Name of Assessor		
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION				
Yes if there are any "Yes" boxes checked.				
Is there an unacceptable risk to the CAB (Safety etc)? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Is the technical validity of results or inspections at risk? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	
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CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)				
_____ Signature of Laboratory Representative				
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:				
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(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: MOTIVA Laboratories Inc.		Finding No.: 07		
Date: 13-15 August 2017		Activity Assessed: QMS		
Ref to ISO/ IEC 17025 Clause No.: 5.9.1	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> MINOR		
DESCRIPTION OF CONDITION RESULTING IN FINDING: (Cite <u>Condition</u> , <u>Requirement</u> and <u>Evidence</u>)				
<i>The laboratory no longer participates in the ASTM Structural Steel Quality Assurance program for structural steel tests on the requested scope. (Also contrary to the BAB PT Policy)</i>				
<u>I.M. MOTIVA, IM MOTIVA, MD</u> Signature & Name of Laboratory Representative		<u>I.M. Smart Tech, Smart</u> Signature & Name of Assessor		
NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION				
Yes if there are any "Yes" boxes checked.				
Is there an unacceptable risk to the CAB (Safety etc)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of results or inspections at risk?		<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?		<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)				
_____ Signature of Laboratory Representative				
BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:				
_____ Signature of Accreditation Officer				