

## AB ASSESSMENT REPORT

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

### List of Attachments:

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

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: <i>01</i>	
Date: <i>13-15 August 2017</i>		Activity Assessed: <i>QMS</i>	
Ref to ISO/ IEC 17025 Clause No.: <i>4.1.5 j</i>	<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	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>			
<i>I.M.MOTIVA, IM MOTIVA, MD</i> Signature & Name of Laboratory Representative		<i>OK Engr, OK Engr</i> Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right; margin-right: 50px;">         _____          Signature of Laboratory Representative       </div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right; margin-right: 50px;">         _____          Signature of Accreditation Officer       </div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: <i>02</i>	
Date: <i>13-15 August 2017</i>		Activity Assessed: <i>QMS</i>	
Ref to ISO/ IEC 17025 Clause No.: <i>4.2.2</i>	<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	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>I.M.MOTIVA, IM MOTIVA, MD</i> Signature & Name of Laboratory Representative		<i>OK Engr, OK Engr</i> Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Laboratory Representative       </div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Accreditation Officer       </div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: <i>03</i>	
Date: <i>13-15 August 2017</i>		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: <i>4.14.1</i>	<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	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>I.M.MOTIVA, IM MOTIVA, MD</i> Signature & Name of Laboratory Representative		<i>OK Engr, OK Engr</i> Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right;">_____ Signature of Laboratory Representative</div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right;">_____ Signature of Accreditation Officer</div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: <i>04</i>	
Date: <i>13-15 August 2017</i>		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: <i>5.4.5</i>	<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	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>I.M.MOTIVA</i> , IM MOTIVA, MD Signature & Name of Laboratory Representative		<i>I.M. Smart Tech</i> , Smart Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If all answers are "No" then only remediation is required.
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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right;">_____ Signature of Laboratory Representative</div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right;">_____ Signature of Accreditation Officer</div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		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 <div style="text-align: right;"> <input type="checkbox"/> MAJOR  <input checked="" type="checkbox"/> MINOR         </div>	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If all answers are "No" then only remediation is required.
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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Laboratory Representative       </div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Accreditation Officer       </div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: 06	
Date: <i>13-15 August 2017</i>		Activity Assessed: QMS	
Ref to ISO/ IEC 17025 Clause No.: <i>5.8.3</i>	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <div style="text-align: right;"> <input checked="" type="checkbox"/> MAJOR  <input type="checkbox"/> MINOR         </div>	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>			
<u>I.M.MOTIVA, IM MOTIVA, MD</u> Signature & Name of Laboratory Representative		<u>I.M. Smart Tech, Smart</u> Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Laboratory Representative       </div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Accreditation Officer       </div>			

# ASSESSMENT FINDING FORM

(Please use separate sheet for each Finding raise)

Laboratory / Inspection Body Name: <i>MOTIVA Laboratories Inc.</i>		Finding No.: <i>07</i>	
Date: <i>13-15 August 2017</i>		Activity Assessed: <i>QMS</i>	
Ref to ISO/ IEC 17025 Clause No.: <i>5.9.1</i>	<input checked="" type="checkbox"/> NON-CONFORMANCE <input type="checkbox"/> POTENTIAL NON-CONFORMANCE <input type="checkbox"/> OPPORTUNITY FOR IMPROVEMENT	IF N/C, CLASSIFICATION <div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> MAJOR  <input type="checkbox"/> MINOR         </div>	
<b>DESCRIPTION OF CONDITION RESULTING IN FINDING:</b> (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>			
<i>I.M.MOTIVA, IM MOTIVA, MD</i> Signature & Name of Laboratory Representative		<i>I.M. Smart Tech, Smart</i> Signature & Name of Assessor	
<b>NECESSITY FOR FULL CORRECTIVE- OR PREVENTIVE-ACTION</b> Yes if there are any "Yes" boxes checked.			
Is there an unacceptable risk to the CAB (Safety etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<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"/>	
<b>CORRECTIVE ACTION PROPOSED / TAKEN BY THE LABORATORY (WHEN APPROPRIATE)</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Laboratory Representative       </div>			
<b>BAB COMMENTS ON CORRECTIVE ACTION PROPOSED/ TAKEN BY THE LABORATORY:</b>          <div style="text-align: right; margin-top: 20px;">         _____          Signature of Accreditation Officer       </div>			