

NVLAP LAB CODE:

National Institute of Standards and Technology
National Voluntary Laboratory Accreditation Program (NVLAP)

SIGNATURE SHEET

Laboratory Name _____

Field(s) of Accreditation _____

NVLAP Assessor(s):
Name(s) and Signature(s) _____

On-Site Assessment Dates _____

Type of Assessment (check one): Initial _____ Renewal _____ Monitoring _____

Note: Please list laboratory personnel present at exit briefing on the back of this page.

Instructions for the Laboratory:

Respond in writing within 30 days of the date of this report, addressing all deficiencies documented by the assessor. All deficiencies must be satisfactorily resolved before accreditation may be granted. **Each deficiency must be referenced, in your response, by item number as it is listed in the Assessment Report checklists.**

The On-Site Assessment Report conveys the opinion of the assessor as a single representative of NVLAP. The final evaluation of your laboratory, for the purpose of recommending approval or denial of accreditation, will be conducted by NVLAP assessors who will review this report, the written information submitted by you, and results of any required proficiency testing. You must respond to this report by identifying the actions you have taken to correct the deficiencies identified. Respond in detail so that an accurate evaluation can be completed. Failure to respond may delay an accreditation decision. Questions concerning this response should be directed to NVLAP.

Send your response to: NVLAP
National Institute of Standards and Technology
100 Bureau Drive, Stop 2140
Gaithersburg, MD 20899-2140

Signed Statement:

The assessor has discussed the contents of this report with members of the laboratory management who agree to respond in writing to NVLAP, regarding resolution or correction of any deficiencies noted, within 30 days of the date of this report.

Signature of Authorized Representative or designee

Printed Name

