**UKAS Accreditation of Bodies Sampling/Testing for Asbestos in Air and Bulk Materials/Soils**

**Testing Body Declaration Form** **(UKAS/HSG248/02)**



Testing Body Legal Entity (including trading name where relevant):

 Accreditation/Schedule No.: Customer No.:

**Submission 1:** [ ]  **Submission 2:** [ ]

**Submission, Other:** [ ]

**(Please provide detail)**

**Laboratory activities**

**(please highlight all that are relevant to your schedule of accreditation)**

|  |  |
| --- | --- |
| Sampling of air for fibre counting | [ ]  |
| Fibre counting (PLM/PCM) | [ ]  |
| Fibre counting (air and/or bulk) and Identification (SEM/TEM) |[ ]
| 4 Stage Clearance Process | [ ]  |
| Identification of asbestos in bulk materials | [ ]  |
| Sampling of bulk materials for asbestos identification | [ ]  |
| Asbestos In Soils – Identification | [ ]  |

**Declaration:**

I hereby declare that the management responsible for this sampling/testing body and associated relevant sites has taken the measures necessary to ensure that the accredited activities relating to the sampling and testing for asbestos meet the relevant guidance as documented in HSG 248 (Second Edition 2021 – Amended July 2021), ‘*Asbestos: The Analysts’ Guide*’. These measures include evaluating the following arrangements, as part of a full Gap Analysis, to ensure the effective implementation of policies and procedures as necessary to meet the requirements of the Guide:

**ISO/IEC 17025 Sec 6.2** **Training and Competence**

* Training programme, records and authorisation criteria have been reviewed and amended as appropriate;
* Reauthorisation of testing staff has been undertaken where necessary;

**ISO/IEC 17025 Sec 7.1 Review of Requests Tenders and Contracts**

* Where unavoidable ‘shared links’ exist between the analyst and contractor involving Certificate for Reoccupation (CfR), implemented laboratory process ensures clear safeguards to protect the building client, with required impartiality measures being demonstrated. For example, a written agreement is obtained from the building’s client before work starts
* Full consideration has been given to what resource, including support services and equipment, may be required for conducting 4SC activities, including the time needed for Stage 2, Visual inspections;
* Long-term contracts which referenced Ed1 of The Analyst’s Guide as a requirement, have been revisited with the client and updated as required

**ISO/IEC 17025 Sec 7.2** **Site Work**

* Suitable action has been taken for the review and revision of sampling strategies where required (air and bulk)
* Technical procedures and test templates have been amended as appropriate to ensure that sufficient detail is captured during the sampling/test activities to:
	1. Enable photographs to be reported in CfR reports
	2. ‘Trace’ is suitably defined for bulk materials
* Procedures for ensuring a suitable hand-over document is obtained prior to the start of a 4SC, such as the example given in the Guidance
* Reporting of timescales within which Stage 2 inspections are completed (as per Contract review), have been reviewed and amended on-site, with appropriate comment where relevant

**ISO/IEC 17025 Sec 7.4** **Handling of test or calibration items**

* Technical procedures/process have been updated as required regarding the retention of air monitoring slides

**ISO/IEC 17025 Sec 7.5 Technical Records**

* Procedures regarding technical records have been revised as required, including:
	1. Start/finish times are recorded on the identification of asbestos in bulk materials/soils
	2. Logs being implemented to reflect all 4SC undertaken, including failures
	3. Analysis of materials for asbestos conducted by a ‘nominated’ analyst
	4. Retention periods where applicable

**ISO/IEC 17025 Sec 7.7 Ensuring the validity of Results**

* Procedures have been reviewed and revised to accommodate the additional:
	1. 4SC auditing and ‘blind’ reinspections
	2. 5% QC checks on materials tested for asbestos

**ISO/IEC 17025 Sec 7.8** **Reporting**

* Standard certificate templates have been reviewed and amended as appropriate including,
	1. For CfR: photographs, and the need for the final report to state it’s for respirable fibres
	2. Personal sampling to facilitate better contextual information
	3. Authorising signature on analytical reports

**ISO/IEC 17025 Sec 8.2** **Quality and Technical manuals, controlled documents, test data capture systems, certificate/report/data templates, marketing**

* All documents have been reviewed and the necessary changes made to references to The Analyst’s Guide (ed1);
* All controlled copies of The Analysts’ Guide (First Edition) have been withdrawn and replaced with controlled copies of *Asbestos: The Analysts’ Guide (Second Edition)* together with amended copies of Quality and Technical Manuals as appropriate;
* Related web sites and marketing materials have been reviewed and amended as appropriate.

In making this declaration I am confirming that these arrangements have been incorporated into the management system of this testing body. I also confirm that the resultant changes to our policies and procedures have been fully implemented and that this testing body and its staff are committed to maintaining these requirements on a continual basis.

In support of the implementation of said changes to policies and procedures, the following evidence (Table 1) is required to be submitted for review, where relevant. **NOTE:**

Whilst the detail below supports the revisions of HSG 248 Second Edition, they are by no means wholly representative of all the changes. It is therefore imperative that **your own Gap Analysis (Aspect 1) captures ALL relevant revisions applicable to your Laboratory**. The detail in Table 1 alone will not support your transition to HSG 248 Second Edition. Furthermore, whilst action taken/evidence submitted may be suitable for transition purposes, subsequent clarifications and refinement may be needed (e.g. via Lab 30 ed5) on affected processes, subject to stakeholder input to enhance consistency in application post transition.

**Table 1 – Supporting Evidence Required to uphold transition to HSG 248 ed2**

| **Accredited Activity** | **Aspect** | **Change/Revision to Process** | **Activity Applicable to Lab?** | **Action taken/Evidence submitted (embedded or detail to separate attachments – including exact location of changes in documents, where relevant. See** [**Annex 1**](#Annex_1) **for Example)** | **UKAS Only – Box A****General feedback or Qualifying need for Declaration/Evidence to be resubmitted** |
| --- | --- | --- | --- | --- | --- |
| Scope: as defined on the Schedule of accreditation | 1 | Gap Analysis - to enable the effective implementation of policies and procedures as necessary to meet the requirements of the revised Guidance | Yes: [ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
| In a laboratory where there are links with the licensed removal contractor | 2 | * Procedural documents and records of evidence of implementation, where relevant, showing clear safeguards to protect the building client, with required impartiality measures being demonstrated, including, for example, a written agreement to be obtained from the building’s client before work starts
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
|  | 3a | * Procedural documents and records to show that personal air monitoring is being conducted in the sample preparation /identification area of the laboratory
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
| 3b | * Procedural documents and records of evidence of implementation, where relevant, of sample preparation treatments and techniques for various types of bulk material whenever regulated asbestos types are not found in a material/product type that is known to have the potential to contain asbestos
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
| 3c | * Procedural documents and records of evidence of implementation that start/finish times for bulk identification is implemented (in support of permitted daily sample analysis numbers)
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
| In a laboratory where analysis of bulk materials occurs: | 4 | * Revised documented internal quality assurance process demonstrating how changes to the recording of points and the 5% checks, (in addition to the 20%) will be implemented, with example records of operational completion of revised approach by analysts
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
|  | 5a | * Evidence of a revised documented process with records of implementation, reflecting:
	+ the need for around 5% of all 4-stage clearances of each analyst are checked
	+ a suitable ‘blind’ reinspection process
	+ that every analyst will be audited at least four times per annum (with reasonable intervals in between)
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |
| 5b | * Revision of the documented process demonstrating, with records of an actual 4SC completed, that the following aspects have been addressed:
	+ Inclusion of photographs at each stage
	+ Anticipated and actual timings for visual inspections
	+ Whether any cleaning during Stage 2 has been completed in <10 minutes or >10 minutes, with relevant action as a result
 | Yes: [ ] No:[ ]  |  | Accept [ ] Reject [ ] n/a [ ] Accepted at previous Submission[ ]  |

I also acknowledge that in making this declaration I am providing UKAS with the necessary confidence to update our accredited status from HSG 248 (First Edition) to HSG 248 (Second Edition).

Further, if this declaration is discovered to be false and/or incomplete at a later date by UKAS, then I understand that this will affect the accredited status of our service for sampling, analysis and clearance procedures, or our status as an accredited sampling/testing body under ISO/IEC 17025:2017.

Signed on behalf of the testing body by laboratory management taking responsibility for the sampling and associated testing activities of this body:

Signature: ………………………..…………..……… Date: Click or tap to enter a date.

(Will be accepted electronically if sent via e-mail verifying authorisation)

Printed name: …………………………………………………………..……...……………

Company Position: …………………………………………………..………………..……

**Submission:**

Initial submission of this declaration and associated evidence can be submitted between 1st September 2021 and 1st December 2021

Declaration and evidence to be emailed to: *customerservices@ukas.com**,* with Email subject header description of the format:

***X Submission/2021 HSG 248 Transition Self Declaration/ Accreditation Schedule number/Customer name***

*Where ‘X’ is the submission Number by Lab e.g. 1st or 2nd*

**UKAS Only – Box B**

**Declaration evidence reviewed by:** …*name*… Role: Choose an item.

|  |
| --- |
| **Approved**  |[ ]
| **Not Approved** (see comments above – Table 1, Box A) | Declaration not signed/dated |[ ]
|  | Insufficient evidence |[ ]

Where approved, UKAS accepts the evidence submitted as supporting the implementation of the requirements of the revised HSG 248. The laboratory’s accreditation status will be updated from HSG 248 (First Edition) to HSG 248 (Second Edition) on 01/02/2022.

Where not approved, the Laboratory is required to review the feedback provided above and re-submit the evidence requested/declaration in full, in its entirety, addressing the point(s) raised for further evidence or clarification on process required, within 2 weeks of receiving this document.

Signed on behalf of UKAS:

Printed name: ………………………..…………..……… Date: ………………………….

Position: …………………………………………………..………………..……

**Annex 1:**

Worked Example, detailing submission of Evidence:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accredited Activity** | **Aspect** | **Change/Revision to Process** | **Yes** **(X-box)** | **N/A****(Activity not undertaken)** | **Evidence/Comments (embedded or detail to separate attachments**  | **UKAS Only – Box A****General feedback or Qualifying need for Declaration/Evidence to be resubmitted** |
| In a laboratory where analysis of bulk materials and soils for asbestos occurs: | 3a | * Procedural documents and records to show that personal air monitoring is being conducted in the sample preparation /identification area of the laboratory
* Revised documented internal quality assurance process demonstrating how changes to the recording of points and the 5% checks, (in addition to the 20%) will be implemented, with example records of operational completion of revised approach by analysts
 | [x]  | [ ]  | OR:See attached document, titled:‘Example Evidence Sec 2 & 5, Page 1, IHP | Accept [ ] Reject [ ] The Technical assessor will highlight the appropriate response and provide detail if evidence provided is rejectedn/a [ ]  |

This is selected because bulk samples/soils are prepared/identified within a specified area of your workspace

The file name clearly identifies what the evidence relates to and where it is in the document.

Embedded as a Microsoft Word document, to support access by MacBook devices.

NB/ If embedded documents not possible, please ensure they are attached with the Declaration and named and traceable to the aspect being addressed, as detailed above in example.