



# Laboratory Quality Manual

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Owned by: Technical Manager

Authorised By: Site Director





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## LABORATORY QUALITY POLICY

The Laboratory's quality policy is to provide competitive services of the highest standards of performance and reliability. By achieving this goal the company will consistently satisfy the needs and expectations of its internal and external customers and achieve success.

This level of quality is achieved through adoption of a Laboratory management system that meets the requirements of ISO 17025 and the CLAS standard and reflects the competence of the Laboratory to existing customers, potential customers, and independent authorities.

The Senior Management is committed to providing the resources needed to maintain the Laboratory quality system, meet Laboratory policies and objectives, and to meet customer requirements. The Laboratory Management are directly responsible providing organisation and support, equipment and facilities, and training and education of all employees and that appropriate resources are available to carry out work as per the testing schedules.

Methodology used, qualifications, training, and screening of personnel engaged in testing are all documented in the Laboratory procedures manual. Activities include chemical analysis, microbiological contamination surveillance, environmental sampling and pathogen reporting. Standard tests are specified in the Industry Code of Practice or are International Standard Methods.

The Laboratory Quality Objectives are as follows:

- a) To maintain an effective Quality Assurance System complying with BS 17025 (CLAS) standard
- b) To provide competitive services of the highest standards of performance and reliability, thus enhancing the Laboratory's reputation with customers.
- c) To meet the Laboratory quality objectives and ensure compliance with relevant customer, statutory and regulatory requirements.
- d) To endeavour, at all times, to maximize customer satisfaction.
- e) To pro-actively promote and encourage a culture of continuous improvement within the Laboratory



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## 12. Calibration Standards / Reference Methods

The laboratory holds appropriate calibration standards, reference materials and/or reference cultures as necessary for calibrations, accuracy monitoring and QC checks performed.

The calibration standards, reference materials, reference cultures shall be traceable to National Standards or standards/solutions of known or verified properties.

Expiry dates and accuracy requirements, as appropriate shall be defined for calibration standards, reference materials and reference cultures. The calibration standards and reference materials shall be transported, stored and handled to protect from contamination, deterioration or damage.

## 13. Reporting Test Results

All test results are recorded in appropriate record sheets documented in the Laboratory Records Manual. All data sheets have appropriate measurements of units and with specifications. The signature of the staff identifies the personnel responsible for the performance of the tests.

For reporting of results the Laboratory Supervisor or Technician will inform Laboratory Manager. The Laboratory Manager discusses the results with the Technical Manager. The Laboratory Manager is authorised to release results to the customer provided they are all within specification. For External Release out of specification results the Technical Manager/Technical Accounts Manager is responsible to discuss with the clients or other parties

Any amendments to test results is authorised by the Technical Manager and signed, with the reason for change to the original results noted.



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## 20. Complaints

It is the responsibility of the Laboratory Manager to respond to Customer Complaints. Complaints of a serious nature, such as possible system failure, are reported to the Technical Manager immediately.

A Complaint Investigation form is generated by the member of staff receiving the complaint

Complaint forms are logged by the Administrator and given to the Laboratory Manager for investigation.

Corrective actions must be determined where appropriate with specific names and dates for completion recorded on the investigation form.

Results of the complaint investigation are reported to the Technical Manager who verifies the corrective action or determines that further action is required.

The relevant details and actions are then entered on the computer by the Administrator and retained on file for a period of not less than 3 years.