# Difference between CIPM MRA and accreditation

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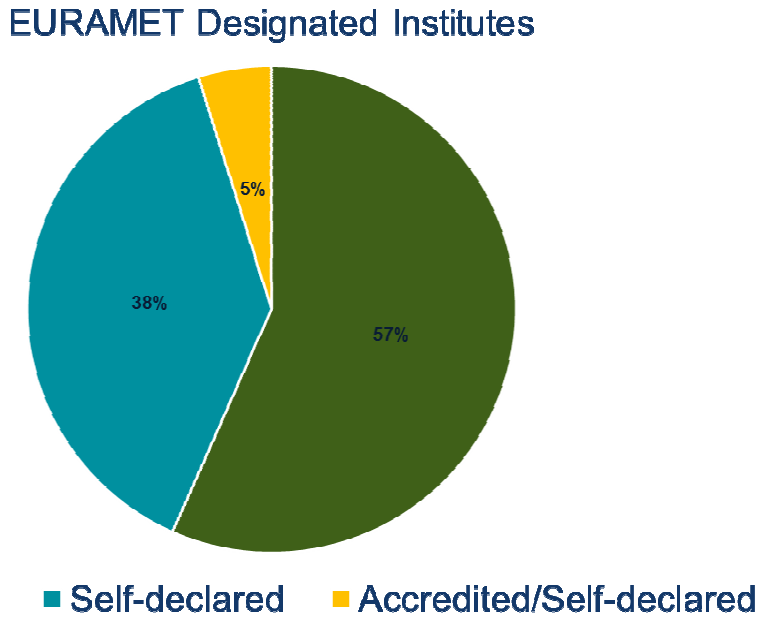
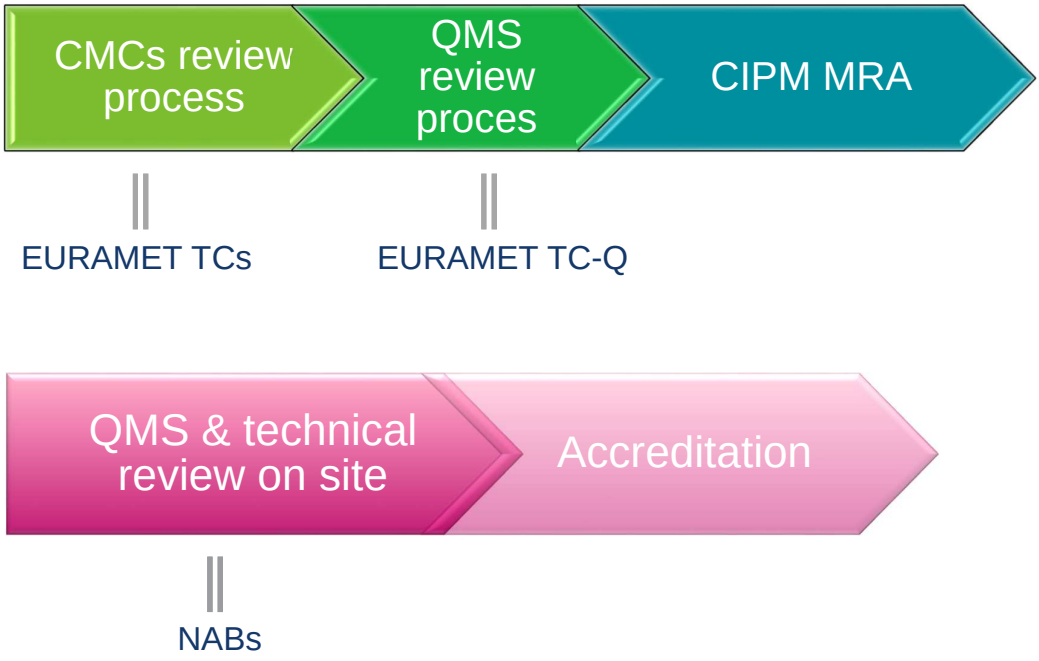
Quality

## QMS Accredited x QMS self-declared



# CIPM MRA x Accreditation






# CIPM MRA process within EURAMET

| CMCs review process |
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| **Results of comparisons** (KCs, SCs, Bilat.) |
| **Technical activities** (Measurement methods, Traceability of standards, Traceability of standards, Key publications ) |
| **Quality management system** (Visits of technical experts, On site visits) |
| **Participation in EURAMET technical activities** (projects etc.) |

CMC Working Group
or
TC Contact Persons
TC meeting

→ Inter-RMO review

# CIPM MRA process within EURAMET

| QMS review proces – self declared or accredited NMIs/DIs | |
|---|---|
| **Initial presentation** | Written report and Oral presentation |
| **Annual report** | Written report once a year |
| **Re-evaluation report** | Written report and Oral presentation every 5 years |

SC members evalutes the reports

TC -Q Contact Persons during presentation

→ Info available on TC-Q website – **Overview table** and **TC-Q database**



# CIPM MRA process within EURAMET

| Additional guidelines for self-declared institutes |
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| the QMS should undergo an on-site peer review visit covering both the management and technical requirements of ISO/IEC 17025 and/or ISO Guide 34 (where applicable):<br>• audit is made by team of reviewers or separately by various peer reviewers (per partes);<br>• an internal audit with an external expert – peer reviewer;<br>• a NMI having a suitably qualified peer reviewer makes an audit in its DI. |
| institutes are to arrange for on-site peer review visits by themselves in compliance with the provisions of EURAMET "Guide for on-site visits by peers; |
| institutes submitting their CMCs for the first time shall undergo an on-site peer review prior to their initial QMS presentation. |

# CIPM MRA process within EURAMET

| Additional guidelines for accredited institutes |
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| the claimed CMCs are identical with CMCs assessed by the accreditation body and documented in the assessment report |
| technical assessors shall come from a laboratory which is at least on the level as the assessed laboratory and meet the requirements of **CIPM 2007-25: Recommendations for on-site visits by peers and selection criteria for on-site visit peer reviewers** |
| the names and qualifications of assessors must be made known to TC-Q |
| the relevant excerpts from assessment reports, especially those concerning findings, must be made available to TC-Q by way of annual reports – upon request of TC-Q |
| Accreditation of NMI services shall be in line with **Joint ILAC-BIPM Communication: The Accreditation of NMI Services** |



# Questions?

# Thank you for your attention!

**TC-Quality Secretary**

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