

Supervising Professional's Monthly sign-off

Month: \_\_\_\_\_, Lab in Operation this month Yes / No

Required item from CSA A283 clause 5.2.2.2	Documentation	Details and notes by Supervising Professional
I am fully aware of the operations of the laboratory;	Log of Supervising Professional visits, emails, phone calls	
I have documented authority to provide oversight of the laboratory operations;	Company Organizational Chart and other documentation as required by the company	
I am present in the laboratory on a full-time basis or I am available for consultation on a full time basis when the laboratory is in operation and visit the laboratory at a minimum frequency of at least once every 30 days (during the period of operation) and maintain other means of communication with the laboratory between visits;	Log of Supervising Professional visits, emails, phone calls. <b>Note dates when lab is not in operation.</b>	
I ensure all employees of the laboratory are adequately trained and certified in good standing;	List of Certified Technicians, listing all technicians, showing level and expiry date of certification, and signed by Supervising Professional	
I review documented test procedures semi-annually, with technicians conducting testing;	Internal Audit Record of Lab conducted by Supervising Professional (If no company form in use suggest completing CCIL Concrete Checklist)	
I ensure all equipment is within tolerance requirements and properly calibrated;	Internal Audit Record of Lab conducted by Supervising Professional	
I review material test results and test reports for accuracy and completeness on an ongoing basis;	Reports with signature or initial of review by Supervising Professional. (Not all reports require SP's signature, enough to show on going review)	
I review the intra-laboratory proficiency data weekly, when the laboratory is in operation, in accordance with Clause 7; (excluding test results for cylinders not prepared by this laboratory.)	Intra-laboratory Proficiency weekly records with signature or initial of Supervising Professional	
I investigate non-conforming results and reports and client/customer complaints;	Non-Compliance and Complaint forms including section for investigation by Supervising Professional.	
I review certification audit reports and respond to certification agency requests and direction;	Copies of CCIL Compliance Reports signed by the Supervising Professional.	
I ensure that any non-compliances related to the operation of the laboratory, identified through the above reviews and investigation, or through any other means, are effectively addressed and impacted parties advised, in a timely manner;	Non-Compliance and Complaint forms signed by Supervising Professional are to include sections to describe how issue was addressed and who was impacted by and notified of the issue.	
I am able to demonstrate that I maintain membership in good standing with the applicable body responsible for governing the profession;	Current membership card from applicable body responsible for governing the profession	
I complete a documented monthly sign-off, confirming the responsibilities in Items a) to m) have been carried out.	This Supervising Professional's Monthly sign-off form	

Signature: \_\_\_\_\_, Date: \_\_\_\_\_