

<b>Supervising Professional's Monthly sign-off</b>	<b>Documentation</b>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>In accordance with CSA A283 clause 5.2.2.2</b>													
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												
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 (If no company form in use suggest completing CCIL Concrete Checklist)												
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, just 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												