



Results Framework Document (RFD)

2012-2013

National Accreditation Board for Testing and Calibration Laboratories (NABL)
(Department of Science and Technology)

CONTENTS

Section	Topic	Page
1	Vision, Mission, Objectives and Functions	2 – 3
2	<i>Inter se</i> priorities among key objectives, success indicators and targets	4 – 8
3	Trend Values of the Success Indicator	9 – 11
4	Description and Definition of Success Indicators and Proposed Measurement Methodology	12 - 13
5	Specific Performance Requirements from other Departments	14
6	Outcome / Impact of Activities of Organization	15

**Section 1:
Vision, Mission, Objectives and Functions**

Vision

To be the world's leading accreditation body and to enhance stakeholders' confidence in its services.

Mission

To strengthen the accreditation system accepted across the globe by providing high quality, value driven services, fostering APLAC/ILAC MRA, empanelling competent assessors, creating awareness among the stake holders, initiating new programs supporting accreditation activities and pursuing organisational excellence.

Objectives

The objectives are derived from and consistent with the vision and mission statements are listed below:

1. To promote implement and maintain an accreditation system for laboratories in accordance with the relevant national and international standards, suitable for the country and responsive to changing needs.
2. To provide timely accreditation services to accredited and applicant laboratories.
3. To organize awareness programs on all aspects of laboratory accreditation by various means including seminars, workshops, laboratory-industry-accreditation body meets etc.
4. To prepare and maintain database of assessors and experts in different disciplines of calibration and testing and undertake regular monitoring of assessors.
5. To undertake appropriate training programs in support of laboratory accreditation and related activities and for their improvement, like training of assessors, accreditation officers etc.
6. To develop and operate mechanisms to deal with complaints as well as appeals against NABL decisions on accreditation.
7. To establish and maintain linkages with international and regional bodies such as International Laboratory Accreditation Cooperation (ILAC), Asia Pacific Laboratory Accreditation Cooperation (APLAC) etc. through active participation in various meetings and activities of such bodies.
8. To undertake all the activities that shall promote bilateral / multilateral (mutual) Recognition Arrangements between NABL and accreditation bodies in other countries for wider acceptance of test results of NABL accredited laboratories.

Functions

1. NABL maintains its accreditation system in accordance with international standard ISO/IEC 17011 and signatory status to international Mutual Recognition Arrangements (MRA) of ILAC and APLAC.
2. NABL provides accreditation services in a non-discriminatory manner to testing, calibration and medical laboratories in India and other countries in the region that do not have accreditation bodies of their own.
3. NABL provides training on international standards used for accreditation viz. ISO/IEC 17025, ISO 15189, ISO 17043 etc. to technical experts in various technical fields to train them on the requirements of relevant standards and use their expertise to assess the competence of conformity assessment bodies.
4. NABL provides awareness on its accreditation services and requirements to all stakeholders from government, regulators, industry, conformity assessment bodies, consumers etc.

Section 2:

Inter se priorities among key objectives, success indicators and targets

Objective	Weight	Action	Success Indicator	Unit	Weight %	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
1. Promote, Implement and maintain accreditation system in accordance with national/ international standards	40%	Grant of accreditation to 250 laboratories according to ISO/IEC 17025 and ISO 15189	During Fy 2012-13	Number	15	250	225	200	175	150
		Decision on accreditation to new laboratories according to ISO/IEC 17025 and ISO 15189	Within one year of receipt of completed application (received w.e.f. 1 April 2011 till 31 March 2012)	%	10	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Conduct of on-site surveillance of accredited laboratories in first cycle of accreditation.	Within two months of the scheduled dates	%	5	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Conduct of desktop surveillance of accredited laboratories in successive cycles of accreditation.	Within two months of the scheduled dates	%	5	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Conduct re-assessment of the accredited laboratories	Within two months of receipt of completed application	%	5	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
2. Maintain management system and monitor its effectiveness	8%	Conduct internal audit of the management system according to ISO/IEC 17011 and APLAC/ILAC guidelines	Once in a year by 30 th September	Date	4	30.09.2012	31.10.2012	30.11.2012	31.12.2012	31.01.2013
		Conduct management review according to ISO/IEC 17011	Once in a year by 30 th November	Date	4	30.11.2012	31.12.2012	31.01.2013	29.02.2013	31.03.2013

Results Framework Document (RFD) 2012-2013

Objective	Weight	Action	Success Indicator	Unit	Weight %	Target / Criteria Value				
3. Redressal of Complaints	5 %	Acknowledgement/ Registration of complaints	Within 7 working days	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Initial investigation of complaints	Within 4 Weeks of registration	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Final investigation of complaints	Within 8 Weeks of registration	%	2	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Action taken & Informing the complainant	Within 12 weeks of registration	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
4. Appeals handling	3 %	Acknowledgement of Appeals	Within 7 working days	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Constitution of Appeals committee	Within 4 Weeks of registration	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
		Review of decision & informing the decision	Within 12 weeks of registration	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
5. Promote, Implement and maintain PTP accreditation system in accordance with national/ international standards	8%	Inviting new applications in the Fy 2012-13	5 applications	No.	4	5	4	3	2	1
		Processing of applications	Adequacy of Quality Manual (QMA) within 2 months of receipt of application	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
			Conduct of Pre-assessment within 2 months of Completion of QMA and corrective action of QMA	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
			Conduct of final assessment within 2 months of Completion of pre-assessment (PA)/ corrective action of PA	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%

Results Framework Document (RFD) 2012-2013

Objective	Weight	Action	Success Indicator	Unit	Weight %	Target / Criteria Value				
			Decision on accreditation within 2 months of Completion of assessment (FA)/ corrective action of FA	%	1	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
6. To create awareness on laboratory accreditation system	4%	Printing and distribution of brochures	1500	Number	1	1500	1400	1300	1200	1100
		issue of advertisement in Newspapers, Newsletters, Journals, magazines	5	Number	1	5	4	3	2	1
		Organize/Presentation in workshops, Seminars, awareness programs	12 programs	Number	2	12	11	10	9	8
7. To establish and maintain linkages with ILAC, APLAC & other international bodies	5%	Participation in ILAC , APLAC & other international bodies meeting	6	Number	2	6	5	4	3	2
		Contribution in APLAC & ILAC documents through comments/voting	Within target date as stipulated by APLAC/ILAC	%	3	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%
8. To undertake training programs in support of laboratory accreditation and related activities	12%	Training to experts as per APLAC requirements and empanelling assessors for ISO/IEC 17025 & ISO 15189	150	Number	8	150	135	120	105	90
		Participation of NABL technical staff in internal / external training, conferences, Workshops, Seminars, on site assessments, International evaluations	Minimum 10 man days per Staff	Number	4	90% -100%	80% - 90%	70%-80%	60%-70%	50% -60%

Results Framework Document (RFD) 2012-2013

Objective	Weight	Action	Success Indicator	Unit	Weight %	Target / Criteria Value				
						Apr 10, 2012	Apr 11, 2012	Apr 12, 2012	Apr 13, 2012	Apr 14, 2012
9. Efficient Functioning of the RFD Systems	3%	Timely Submission of Draft for Approval	On time Submission	Date	2	Apr 10, 2012	Apr 11, 2012	Apr 12, 2012	Apr 13, 2012	Apr 14, 2012
		Timely Submission of Result	On time submission	Date	1	May 1 2012	May 3 2012	May 4 2012	May 5 2012	May 6 2012
10. Administrative Reform	6%	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	2	100	95	90	85	80
		Implement ISO 9001 (or equivalent) as per the Approved action plan	Area of operations covered	%	2	100	95	90	85	80
		Identify, design and implement major innovation	Implementation of Identified innovations	Date	2	Mar 5, 2013	Mar 6, 2013	Mar 7, 2013	Mar 8, 2013	Mar 9, 2013
11. Improving Internal Efficiency/ responsiveness/ Service delivery of Ministry / Department	4%	Implementation of Sevottam	Independent Audit of Implementation of Citizen's charter	%	2	100	95	90	85	80
			Independent Audit of Implementation of public grievance redressal system	%	2	100	95	90	85	80
12. Ensuring Compliance to the financial Accountability Framework	2%	Timely submission of ATNs on Audit paras of C&AG	Percentage of ATNs submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0.5	100	90	80	70	60
		Timely submission of ATRs to the PAC Sectt. On PAC Reports.	Percentage of ATRs submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	0.5	100	90	80	70	60

Results Framework Document (RFD) 2012-2013

Objective	Weight	Action	Success Indicator	Unit	Weight %	Target / Criteria Value				
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.03.2012	Percentage of outstanding ATNs disposed off during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.03.2012	Percentage of outstanding ATRs disposed off during the year.	%	0.5	100	90	80	70	60

**Section 3:
Trend Values of the Success Indicators**

Objective	Action	Success indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Actual Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
1. Promote, Implement and maintain accreditation system in accordance with national/ international standards	Grant of accreditation to new laboratories according to ISO/IEC 17025 and ISO 15189	Within one year of receipt of completed application (received w.e.f. 1 April 2010 till 31 March 2011)	%	-	-	90% -100%		95%-100%	95%-100%	
	Conduct of on-site surveillance of accredited laboratories in first cycle of accreditation.	Within two months of the scheduled dates	%	94% (01.07.08-30.06.09)	97% (01.07.09-30.06.10)	95% -100%		95% -100%	95% -100%	
	Conduct of desktop surveillance of accredited laboratories in successive cycles of accreditation.	Within two months of the scheduled dates	%	84% (01.07.08-30.06.09) within 4 months of scheduled date	83% (01.07.09-30.06.10) within 4 months of scheduled date	95% -100%		95% -100%	95% -100%	
	Conduct re-assessment of the accredited laboratories	Within two months of receipt of completed application	%	83% (01.07.08-30.06.09) within 4 months of rept. of appl.	89% (01.07.09-30.06.10) within 4 months of rept. of appl.	90% -100%		95% -100%	95% -100%	
2. Maintain management system and monitor its effectiveness	Conduct internal audit of the management system according to ISO/IEC 17011 and APLAC/ILAC guidelines	Once in a year by 30 th September	Date	August 2009	20.08.10	30.09.2011		30.09.2012	30.09.2013	
	Conduct management review according to ISO/IEC 17011	Once in a year by 30 th November	Date	Not conducted	26.11.10	30.11.2011		30.11.2012	30.11.2013	

Results Framework Document (RFD) 2012-2013

Objective	Action	Success indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Actual Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
3. Redressal of Complaints	Acknowledgement/ Registration of complaints	Within 1 week	%	-	65% (Calendar Year 2010)	95% -100%		95% -100%	95% -100%	
	Initial investigation of complaints	Within 4 Weeks of registration	%	-	-	95% -100%		95% -100%	95% -100%	
	Final investigation of complaints	Within 8 Weeks of registration	%	-	-	95% -100%		95% -100%	95% -100%	
	Action taken & Informing the complainant	Within 12 weeks of registration	%	-	67% (Calendar Year 2010)	95% -100%		95% -100%	95% -100%	
4. Appeals handling	Acknowledgement of Appeals	Within 1 week	%	-	100% (Calendar Year 2010)	95% -100%		95% -100%	95% -100%	
	Constitution of Appeals committee	Within 4 Weeks of registration	%	-	100% (Calendar Year 2010)	95% -100%		95% -100%	95% -100%	
	Review of decision & informing the decision	Within 12 weeks of registration	%	-	50% (Calendar Year 2010)	95% -100%		95% -100%	95% -100%	
5. To develop new accreditation programs on Accreditation of Proficiency Testing Provider in accordance with ISO/IEC 17043.	Preparation of draft documents	By 30.06.2011	Date	-	-	30.06.2011		-	-	
	Training of 20 Assessors	By 30.06.2011	Date	-	-	30.06.2011		-	-	
	Review & finalisation of documents	By 31.08.2011	Date	-	-	31.08.2011		-	-	
	Inviting Application PTP Accreditation	By 30.09.2011	Date	-	-	30.09.2011		-	-	
	Organising 3 training programs for PTP Stakeholders	By 30.09.2011	Date	-	-	30.09.2011		-	-	

Results Framework Document (RFD) 2012-2013

Objective	Action	Success indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Actual Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
6. To create awareness on laboratory accreditation system	Printing and distribution of brochures	1300	No.	-	1150	1300		1500	2000	
	Issue of advertisement in Newspapers, Newsletters, Journals, magazines	5	Date	-	-	31.12.2011		31.12.2012	31.12.2013	
	Organize/Presentation in workshops, Seminars, awareness programs	12 programs	Number	8	10	12		14	16	
7. To establish and maintain linkages with ILAC, APLAC & other international bodies	Participation in ILAC , APLAC & other international bodies meeting	6 participations	No.	-	5	6		6	6	
	Contribution in APLAC & ILAC documents through comments/voting	Within target date as stipulated by APLAC/ILAC	%	-	-	90% -100%		95% -100%	95% -100%	
8. To undertake training programs in support of laboratory accreditation and related activities	Training to experts as per APLAC requirements and empanelling assessors for ISO/IEC 17025 & ISO 15189	250	No.	-	157	250		275	300	
	Participation of NABL technical staff in internal / external training, conferences, Workshops, Seminars, on-site assessments, International evaluations	Minimum 10 man days per Staff	No.	-	-	95% -100%		95% -100%	95% -100%	

Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

In the current global scenario an essential pre-requisite of trade is that any product or service accepted formally in one economy must also be free to circulate in other economies without extensive re-testing. WTO recognises that non acceptance of test results and measurement data is a Technical Barrier to Trade. Global sourcing of components calls for equivalence of measurement, which can be facilitated by a chain of accredited calibration laboratories. Accreditation is considered as the first essential step for facilitating mutual acceptance of test results and measurement data.

The liberalization of trade and industry policies of the Government of India has created quality consciousness in domestic trade and provided greater thrust for export. As a consequence testing centres and laboratories have to demonstrably operate at an internationally acceptable level of competence. The general requirements for laboratories or other organizations, to be considered competent to carry out testing and calibration are specified in the International Standard ISO/IEC 17025.

Another very important area under testing, which plays a vital role in human health and safety, is medical / clinical diagnostic testing. The general requirements for laboratories to be considered competent to carry out testing in medical field are specified in the International Standard ISO 15189. Accreditation bodies for laboratories thus play a pivotal role in formal recognition of technical competence of laboratories by providing accreditation to this international standard. National Accreditation Board for Testing and Calibration Laboratories (NABL) has been established to provide accreditation services to laboratories in an impartial and non-discriminatory manner. Laboratory accreditation is a procedure by which an authoritative body gives formal recognition of technical competence for specific tests/ measurements, based on third party assessment and following international standard.

The overall objectives of NABL have been defined taking care of the needs of interested parties and are consistent with NABL's vision and mission. These objectives form the basis for defining measurable quality objectives and are subject to periodic review and monitoring. These also become the tool and the basis for continually improving the effectiveness of the management system.

Performance indicator for each objective is assigned based on the importance of each activity and the minimum time period needed to complete the activity.

Grant of accreditation involves series of steps from quality manual adequacy, pre-assessment, final assessment, review by accreditation committee. The success indicator for grant of accreditation is chosen with respect to the optimum time involved in completing the activity effectively. In order to monitor the effective implementation and maintenance of accreditation system of an accredited laboratory, annual surveillance is adopted as a tool which needs to be completed within 12 months of grant of accreditation. The accredited laboratory shall be subjected to re-assessment every 2 years. Once the completed application is received for renewal of accreditation, NABL requires minimum of two months to conduct the assessment.

NABL has a system of conducting periodic internal audit to verify that its management system and the accreditation activities conform to ISO/IEC 17011, APLAC and ILAC requirements. Frequency of the same has been fixed as at least once in a year.

In order to ensure its continued adequacy and effectiveness in satisfying the requirements of ISO/IEC 17011, APLAC and ILAC, NABL conducts periodic Management (MR) review. Frequency is defined as once a year.

Complaints received in an organisation are an indicator of the level of satisfactory service provided by the organisation which in turn provides an input in overall improvement of the system. Each step involved in satisfactory redressal of complaints has been quantified with respect to time taken and overall percentage calculated in terms of number of complaints received and time spent to resolve the same.

The provision of reconsidering request related to decision against a laboratory is laid down under Appeals procedure which involves constitution of independent committee, review and informing the decision to appellate. Further, these are measured in terms of time period and with respect to number of appeals received.

Participating in Proficiency Testing program conducted by NABL/ APLAC or any other national or international accredited/ recognised PT provider by applicant/accredited laboratories, is a requirement of APLAC/ILAC. In view of the growing demand from laboratories for participation in PT programmes, need of PT provider accreditation was felt. The entire process has been divided into various steps with specific target dates which can be monitored effectively.

NABL maintains linkages with the international bodies like International Laboratory Accreditation Co-operation (ILAC) and Asia Pacific Laboratory Accreditation Cooperation (APLAC). NABL is a full member of ILAC and APLAC and regularly participates in their meetings. NABL is signatory to ILAC as well as APLAC Mutual Recognition Arrangements (MRA), which is based on mutual evaluation and acceptance of other MRA Partner laboratory accreditation systems. Such international arrangements facilitate acceptance of test/ calibration results between countries which MRA partners represent. Successful indicator for this objective has been established based on time frame as communicated by these bodies.

To increase the potential prospective laboratories interested in accreditation, NABL organises / supports awareness programmes. Success Indicator for this has been attributed depending upon the available infrastructure and demand of interested parties.

Training plays an important role to strengthen the laboratory accreditation process and related activities. This has been broadly divided into two categories, viz training of external support, which includes technical experts required to undertake assessments of laboratory; and training of NABL technical staff for effective management of accreditation programmes. Accordingly Success Indicator has been decided on number of assessors trained and NABL staff trained in terms of man days.

**Section 5:
Specific Performance Requirements from other Departments**

Department/ Organisation	Relevant Objective	What do you need	Why do you need
<ul style="list-style-type: none"> • National Physical Laboratory, New Delhi, • Bhabha Atomic Research Centre, Mumbai 	Promote, Implement and maintain accreditation system in accordance with national/ international standards	Measurement Traceability to SI units	To meet the requirements of national and international standards
<ul style="list-style-type: none"> • National Physical Laboratory, New Delhi • Standardization Testing and Quality Certification (STQC) • Council of Scientific and Industrial Research (CSIR) 	Promote, Implement and maintain accreditation system in accordance with national/ international standards	Experts to conduct assessment of laboratories	To adjudge the competence of the laboratory
<ul style="list-style-type: none"> • CETE, Bangalore, MoIT • IIQM, Jaipur, MoIT • IDEMI, Mumbai, MSME • CIPET, Bhubaneswar, MoC&F • NITS, Noida, MoCA • CII, Bangalore, • CIPET, Gugaaon, MoC&F 	To undertake training programs in support of laboratory accreditation and related activities	Infrastructure and facilities	To facilitate training activities

**Section 6:
Outcome / Impact of Activities of Organization**

Sl. No	Outcome / impact of organisation /RC's	Jointly responsible for influencing this outcome /impact with the following organisation(s) / departments / ministry(ies)	Success indicator	2010-11	2011-12	2012-13	2013-14	2014-15
1	<p>Accreditation of testing, calibration and medical laboratories in accordance with the relevant national and international standards, resulting in</p> <p>International acceptance of test/calibration reports and confidence building for laboratories, users, stake holders, regulators & Government.</p>	<p>National Physical Laboratory (NPL), Delhi</p> <p>(NABL has signed an MoU with NPL to organise the proficiency testing programmes)</p>	Number of laboratories accredited	260	272	250	290	330

Contact:

Anil Relia

Director, NABL & Scientist 'G', DST

National Accreditation Board for Testing and Calibration Laboratories (NABL)

Department of Science and Technology

3rd Floor, NISCAIR Building

14, Satsang Vihar Marg

New Mehrauli Road

New Delhi – 110067

Ph: 011 26529718-20 / 46499999

Fax: 011 26529716

Email: director@nabl-india.org