***ALL INFORMATION SUPPLIED WILL BE TREATED WITH STRICT CONFIDENCE***

|  |  |  |
| --- | --- | --- |
| The Director/CEO, |  | **OFFICIAL USE**  |
| Ind-Expo Certification Ltd, | DATE RECEIVED |  |
| Apt # 01- C, Ocean Tower, Station Road, | REFERENCE NUMBER |  |
| Colombo 04, Sri Lanka  | NEW CERTIFICATION |  |
| Tel : (0) 112 336654 | RECERTIFICATION |  |
| Email : info@indexpo.lk | REVIEWING OFFICER |  |
|  |  |
| **1.0** | **COMPANY OR ORGANISATION TO BE AUDITED** |
| 1.1 | Company Name |  |
| 1.2 | Address |  |
| 1.3 | Contact Name 1 |  | 1.4 | Contact Name 2 |  |
| 1.5 | Designation |  | 1.6 | Designation |  |
| 1.7 | E-mail Address |  | 1.8 | E-mail Address |  |
| 1.9 | Tel No. |  | 1.10 | Tel No. |  |
| 1.11 | Fax |  |
| 1.12 | Website |  |
| 1.13 | Is this site part of a group? |  |
| 1.14 | Please specify the group name |  |
| 1.15 | Business Registration number *(Submit a copy)* |  |
| 1.16 | VAT registration number  |  |

|  |  |
| --- | --- |
| **2.0** | **COMPANY TO BE INVOICED***(if same as above please leave blank)* |
| 2.1 | Company Name |  |
| 2.2 | Address |  |
| 2.3 | Contact Name |  | 2.4 | Contact Position |  |
| 2.5 | Contact E-mail Address |  |
| 2.6 | Tel No. |  |

|  |  |
| --- | --- |
| **3.0** | **STANDARD REQUIRED** |
| [ ]  ISO22000:2018 | [ ]  HACCP | [ ] ISO 9001: 2015  | [ ]  ISO 45001: 2018 |
| [ ]  ISO 14001: 2015  | [ ]  ISO 50001: 2011 | [ ]  ISO 21001: 2018 |
| [ ]  GMP (Specify the Standard) |  |
| [ ]  Other ***(Comment)*** |  |

|  |  |
| --- | --- |
| **4.0** | **CORE INFORMATION** |
| [ ]  Initial/First Certification | [ ]  Renewal of existing certification | [ ]  Extension to scope of existing certification |
| 4.1 | Expected date for audit  |  |
| 4.2 | Was a consultant used in the development of the Management System? If yes, please provide the name of the consultant used |  |
| 4.3 | How long has the Management system been in place  |  |
| 4.4 | Please indicate the legal obligations to be abide by the Applicant Organization *(eg.: CEA regulations, CDA registration, Tea board registration, CIDA registration, industry specific regulations, compulsory product certifications etc)* |  |

|  |  |
| --- | --- |
| **5.0** | **IF PREVIOUSLY CERTIFIED, PAST HISTORY OF CERTIFICATION*****Please indicate if you had any third party certification for the management system.***  |
| **Scheme** | **Certification body** | **Expiry date** | **No NC’s of the last audit** | **Status of the NC’s** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5.1 | Reason for changing the certification body |  |

|  |  |
| --- | --- |
| **6.0** | **SCOPE** |
| 6.1 | What is the proposed scope of certification?*(detail product/s manufactured and key processes, e.g. Activities pertaining to manufacturing of Black tea)* |  |
| 6.2 | Description of products manufactured and/or services offered/Nature of the Business |  |
| 6.3 | Exclusions from the applicable requirements of the standard  |  |
| 6.4 | Justification for exclusion |  |
| 6.5 | Detail any operations included in the scope that are performed on another site*? (Multi-site activities; production of different production activities in different locations under same scope etc.)* What is the distance from this site? |  |
| 6.6 | Is any part of the process and/or product sub-contracted (out-sourced)? If Yes, please detail  |  |
| 6.7 | Is there any specific seasonality factors related to the organization and its food category or products |  |
|  |  |  |
| **7.0** | **COMPANY DETAILS***(please complete fully this section as it determines the audit time)* |
| 7.1 | Plant size *(metres square including storage on site)* |  |
| 7.2 | Headcount *(total employees including temporary workers)* |  |
| 7.3 | Employee head count breakdown *(e.g.: permanent, contract workers, part time, trainees etc.)* |  |
| 7.4 | Employee breakdown according to the departments *(e.g.: Admin& HR, Planning, Production, Quality, Maintenance)* |  |
| 7.5 | Number of employees working away from the organization *(e.g.: sales team, transportation employees etc.)* |  |
| 7.6 | Total Number of Students *(For Education Industry)* |  |
| 7.7 | Number of production lines |  |
| 7.8 | Number of employees in productionfull time equivalent on main shift (including seasonal workers) |  |
| 7.9 | No of shifts and time duration for shift  |  |
| 7.10 | Is the process fully automated? |  |
| 7.11 | Preferred language to conduct audit | [ ]  Sinhala [ ] English [ ]  Tamil  |

***Note: The documents submitted will be returned after the audit***

|  |  |
| --- | --- |
| **8.0** | **DOCUMENTED INFORMATION (Please submit copies of the following documents along with the duly perfected Application)** |
| 8.1 | HACCP/ ISO 22000:2018a) Flow diagram/sb) HACCP plan/s1. Food safety Policy
2. Food Quality Objectives
 |
| 8.2 | ISO 9001:20151. Process flow chart/s,
2. Quality Policy,
3. Quality Objectives,
4. Any other documented information (e.g.: Vision and mission, Identified risk and organizational strategies etc.)
 |
| 8.3 | ISO 45001:20181. Scope of the organization,
2. OHSAS Policy,
3. OHSAS Objectives,
4. HIRA, Policies & procedures for implementation,
5. Identified of the key hazards and OH&S risks associated with processes,
6. If chemicals are used: chemical inventory, identified risk including compatibility
 |
| 8.4 | ISO 14001:20151. Environmental Policy,
2. Environmental Objectives,
3. Emergency preparedness,
4. Environmental Aspect and Impact Evaluation
5. If chemicals are used: chemical inventory, identified risk including compatibility
 |
| 8.5 | ISO 50001:20181. Scope of the organization,
2. Energy policy, objectives, targets and energy management action plan
3. Energy review, energy performance & energy performance indicator
 |
| 8.6 | ISO 21001:20181. Scope of the organization
2. Educational organization objectives
3. Organizational chart
 |

|  |  |
| --- | --- |
| **9.0** | **DECLARATION BY APPLICANT** |
| I /We have read and understood the Terms and Conditions for certification (IMSM/TCC/01) of Ind-Expo certification scheme. Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate. I/We will not hold liable either the Ind-Expo Certification Ltd or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection. Herby confirm that the information submitted true and accurate.  |
| Date |  |
| Signature |  |
| Name  |  |
| Designation |  |
| For and on behalf of  | *(Name of the Applicant Organization)* |