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| 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 | |  | | | |

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| **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. |  | | | |

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| **3.0** | **STANDARD REQUIRED** | | | | | | |
| ISO22000:2018 | | | HACCP | | GMP | | ISO 9001: 2015 |
| ISO 45001: 2018 | | | | ISO 14001: 2015 | | ISO 50001: 2011 | |
| Other ***(Comment)*** | |  | | | | | |

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| **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)* | |  | |

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| **5.0** | | **IF PREVIOUSLY CERTIFIED, PAST HISTRY 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** |
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| 5.1 | Reason for changing the certification body | | |  | | | |

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| **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 | | |  |
|  |  | | |  |
| **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 | | Number of production lines |  | |
| 7.7 | | Number of employees in productionfull time equivalent on main shift |  | |
| 7.8 | | No of shifts and time duration for shift |  | |
| 7.9 | | Is the process fully automated? |  | |
| 7.10 | | Preferred language to conduct audit | Sinhala English  Tamil | |

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| **8.0** | **DOCUMENTED INFORMATION**  **(Please submit copies of the following documents along with the duly perfected Application)** |
| 8.1  8.2  8.3  8.4  8.5 | HACCP/ ISO 22000:2018  a) Flow diagram/s  b) HACCP plan/s   1. Food safety Policy 2. Food Quality Objectives   ISO 9001:2015   1. 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.)   ISO 14001:2015   1. 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   ISO 45001:2018   1. 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   ISO 50001:2018   1. Scope of the organization, 2. Energy policy, objectives, targets and energy management action plan 3. Energy review, energy performance & energy performance indicators |

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| **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)* |