



IND-EXPO CERTIFICATION LIMITED
 INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION LIMITED
 APPLICATION REVIEW CHECK LIST

1. Name & address of applicant : dallans Sports goods Manufacturers (Pvt) Ltd,
30/2, Colombo Rd, Malangam, Hadelliana, Ratnapura.

2. Types of products manufactured/services offered : refer Annexure

3. Management system certification applied for :

PLEASE TICK "X" THE APPROPRIATE CAGE.

	Yes	No
4. Is it a new application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the organization given the contact details?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Has the scope been defined?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is it a multisite organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If so, are the site locations given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do the product range of the sites differ from the main site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are the departments /sections/processes listed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does the organization outsource any process related to the management to be certified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Has the organization identified the applicable legal requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Are there competent auditors available for the specified scope?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Are the services of a technical expert needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are there technical experts available for the defined scope?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Has the organization obtained the services of a Consultant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Has the CB determined the audit time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Is the information provided by the applicant sufficient for conducting The audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>


 Signature of Reviewing Officer

2017.08.09
 Date

Document No. : QP-03-CHK-01
 Reviewed and approved by : Director

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 issued by : Management Representative