

The Director/CEO,

For office use

Ind-Expo Certification Ltd,
CNCI Secretarial,
Apt # 20, 1stFloor, Galle Face Court 02,
Colombo 03, Sri Lanka.
Tel : (0) 112 423 452
Email : info@indexpo.lk

DATE RECEIVED	2023/5/2
REFERENCE NUMBER	SMSC/045AS/0022
NEW CERTIFICATION	✓
RECERTIFICATION	
REVIEWING OFFICER	CSury

1.0 COMPANY OR ORGANISATION TO BE AUDITED			
1.1	Company Name	TEXO(PVT)LTD	
1.2	Address	MAS Fabric Park ,Kurunegala Road ,Thulhiriya ,Sri Lanka.	
1.3	Contact Name 1	1.4	Contact Name 2
	Chamika Amaradasa		Chaminda Bandara
1.5	Designation	1.6	Designation
	Manager - QA		Manager - HR
1.7	E-mail Address	1.8	E-mail Address
	chamikaam@masholdings.com		ChamindaB@masholdings.com
1.9	Tel No.	1.10	Tel No.
	0772755253		0770235983
1.11	Fax	N/A	
1.12	Website	www.masholdings.com	
1.13	Is this site part of a group?	YES	
1.14	Please specify the group name	MAS HOLDINGS	
1.15	Business Registration number (Submit a copy)	PV-2614	
1.16	VAT registration number	114504823-7000	
2.0 COMPANY TO BE INVOICED (if same as above please leave blank)			
2.1	Company Name	TEXO(PVT)LTD	
2.2	Address	MAS Fabric Park ,Kurunegala Road ,Thulhiriya ,Sri Lanka.	
2.3	Contact Name	2.4	Contact Position
	Malinga Chathuranga		Procurement - AM
2.5	Contact E-mail Address	malindac@masholdings.com	
2.6	Tel No.	0773603187	

3.0 STANDARD REQUIRED			
<input type="checkbox"/> ISO22000:2018	<input type="checkbox"/> HACCP	<input type="checkbox"/> GMP	<input checked="" type="checkbox"/> ISO 9001: 2015
<input checked="" type="checkbox"/> ISO 45001: 2018	<input checked="" type="checkbox"/> ISO 14001: 2015	<input checked="" type="checkbox"/> ISO 50001: 2011	
<input type="checkbox"/> Other (Comment)			

Doc No : QP-03-F-01

Issue No : 13
Rev.No : 03

Issue Date : 2016-11-29
Rev. Date : 2022-06-13

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4.0 Core information		
<input checked="" type="checkbox"/> Initial/First Certification	<input type="checkbox"/> Renewal of existing certification	<input type="checkbox"/> Extension to scope of existing certification
<input type="checkbox"/> Accredited		<input type="checkbox"/> Non accredited
4.1 Expected date for audit	Mid of August 2023	
4.2 Was a consultant used in the development of the Management System? If yes, please provide the name of the consultant used	No	
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)	CEA & BOI regulations	

5.0 IF PREVIOUSLY CERTIFIED, PAST HISTORY OF CERTIFICATION				
<i>Please indicate if you had any third party certification for the management system.</i>				
Scheme	Certification body	Expiry date	No NC's of the last audit	Status of the NC's
N/A				
5.1 Reason for changing the certification body				

6.0 SCOPE	
6.1 What is the proposed scope of certification? <i>(detail product/s manufactured and key processes, e.g. Activities pertaining to manufacturing of Black tea)</i>	Knitted Fabric Manufacturing
6.2 Description of products manufactured and/or services offered/Nature of the Business	Fabric Knitting ,Dying,Printing & Finishing
6.3 Exclusions from the applicable requirements of the standard	
6.4 Justification for exclusion	

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<p>6.5 Detail any operations included in the scope that are performed on another site? (<i>Multi-site activities; production of different production activities in different locations under same scope etc.</i>) What is the distance from this site?</p>	Greige Stores - 500m away from Plant
<p>6.6 Is any part of the process and/or product sub-contracted (out-sourced)? If Yes, please detail</p>	No

7.0 COMPANY DETAILS <i>(please complete fully this section as it determines the audit time)</i>	
7.1 Plant size (<i>metres square including storage on site</i>)	120000 Sqft
7.2 Headcount (<i>total employees including temporary workers</i>)	273
7.3 Employee head count breakdown (<i>e.g.: permanent, contract workers, part time, trainees etc.</i>)	Permanent -273
7.4 Employee breakdown according to the departments (<i>e.g.: Admin& HR, Planning, Production, Quality, Maintenance</i>)	
7.5 Number of employees working away from the organization (<i>e.g.: sales team, transportation employees etc.</i>)	5
7.6 Number of production lines	N/A
7.7 Number of employees in production full time equivalent on main shift	53 (direct in production) Per Shift
7.8 No of shifts and time duration for shift	Day Shift-7.00 am to 7.00pm Night Shift- 7.00 pm to 7.00am General shift - 7.30 am to 4.30 pm

	General shift - 7.00 am to 7.00 pm General shift (staff and above) 7.30 am
7.9 Is the process fully automated?	No
7.10 Preferred language to conduct audit	<input checked="" type="checkbox"/> Sinhala <input type="checkbox"/> English <input type="checkbox"/> Tamil

8.0 DOCUMENTED INFORMATION (Please submit copies of the following documents along with the duly perfected Application)	
8.1	HACCP/ ISO 22000:2018 a) Flow diagram/s b) HACCP plan/s a) Food safety Policy b) Food Quality Objectives
8.2	ISO 9001:2015 c) Process flow chart/s, d) Quality Policy, e) Quality Objectives, f) Any other documented information (e.g.: Vision and mission, Identified risk and organizational strategies etc.)
8.3	ISO 14001:2015 a) Environmental Policy , b) Environmental Objectives, c) Emergency preparedness, d) Environmental Aspect and Impact Evaluation
8.4	ISO 45001:2018 a) Scope of the organization , b) OHSAS Policy , c) OHSAS Objectives, d) HIRA, Policies & procedures for implementation, e) Identified of the key hazards and OH&S risks associated with processes,
8.5	ISO 50001:2018 a) Scope of the organization, b) Energy policy, objectives ,targets and energy management action plan c) Energy review, energy performance & energy performance indicators

8.0 DECLARATION BY APPLICANT	
<p>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.</p>	

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Date	02/05/2023
Signature	<i>attached</i>
Name	Chamika Amaradasa
Designation	QA Manger
For and on behalf of	TEXO (PVT)LTD (Name of the Applicant Organization)



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

1. Name & address of applicant : Texo Pvt Ltd

2. Types of products manufactured/services offered : Manufacturing of knitted fabric

3. Management system certification applied for : ISO 45001:2018

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 organization identified the applicable legal requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is it a multisite organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. If so, are the site locations given?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is the product range of the site for each site given?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do the product range of the sites differ from the main site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Are the departments /sections/processes listed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Has the scope been defined?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Does the organization outsource any process related to the management to be certified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Are there competent auditors available for the specified scope?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

14.1 what is the complexity of the category (Low, medium, high, limited or special)

High

14.2 List of auditor/ audit team as per the required team competency

(ISO 17021-3 for EMS, ISO 17021-10 for OHSAS)

D.N. S. Kurappumullage
S. Bamuniarachchi

Document No. : QP-03-CHK-01

Issue No.: 05

Issue Date : 2015-12-31

Rev No: 03

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