

- 1 Name : Agarakanda Estate
- 2 Address : Lindula
- 3 Types of products manufactured/services offered : Green tea
- 4 Management system certification applied for : GMP / HACCP / FSMS / QMS / EMS / OH&SAS / EnMS / ORGANIC / Other -
- 5 Division / NACE Code /Category : _____
- 6 Accreditation status for NACE code group : Accredited / Non-accredited

PLEASE TICK "X" THE APPROPRIATE CAGE

- | | YES | NO | |
|---|-------------------------------------|-------------------------------------|----|
| 7 Is it a new application? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 Has the organization given the contact details? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9 Has the organization identified the applicable legal requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10 Is it a multisite organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11 If so, are the site locations given? | <input type="checkbox"/> | <input type="checkbox"/> | NA |
| 12 Is the product range of the site for each site given? | <input type="checkbox"/> | <input type="checkbox"/> | NA |
| 13 Do the product range of the sites differ from the main site? | <input type="checkbox"/> | <input type="checkbox"/> | NA |
| 14 Are the departments /sections/processes listed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 15 Has the scope been defined? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 16 Does the organization outsource any process related to the management to be certified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 17 Are there competent auditors available for the specified scope? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 18 What is the complexity of the category (Low, medium, high, limited or special) : | | | |

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Reviewed and approved by : Director

Issued by : Management Representative

: D.N.S. Kurappumullage
T.D. Heerarachchi
M. ASIF
Anurudda Yasas
ESuru Ilangakoon

19 List of auditor/ audit team as per the required team competency (ISO 17021-2 for EMS, ISO 17021-3 for QMS, ISO 17021-10 for OHSAS)

17 The services of a technical expert needed?

18 List of technical experts

19 Has the organization obtained the services of a Consultant?

20 Has the CB determined the audit time

21 Is the information provided by the applicant sufficient for conducting the audit?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Recommendation of Reviewing officer:

Recommended

ESuru

Signature of Reviewing Officer

2023/9/10

Date

Approval from certification Manager

Approved

[Signature]

Signature

2023.09.10

Date