

The Director/CEO,

Ind-Expo Certification Ltd,
Apt # 01- C, Ocean Tower, Station Road,
Colombo 04, Sri Lanka
Tel : (0) 112 336654
Email : info@indexpo.lk

For office use

DATE RECEIVED	2023/01/26
REFERENCE NUMBER	QMS - R - 068
NEW CERTIFICATION	
RE-CERTIFICATION	✓
REVIEWING OFFICER	Isuru

1.0 COMPANY OR ORGANISATION TO BE AUDITED			
1.1 Company Name	Thilma Lanka (Pvt) Ltd -		
1.2 Address	Industrial Park, Kubugodaara, Kanabedi-ara, Embilipitiya.		
1.3 Contact Name 1	Bhad Priyadra	1.4 Contact Name 2	Thilina Dilruksh
1.5 Designation	Operation manager.	1.6 Designation	Director.
1.7 E-mail Address	account@thilmalanka.com	1.8 E-mail Address	thilina@thilmalanka.com
1.9 Tel No.	076 138 6673	1.10 Tel No.	0766284950.
1.11 Fax	-		
1.12 Website	031 2234117. thilmalanka.net-		
1.13 Is this site part of a group?	NO		
1.14 Please specify the group name	-		
1.15 Business Registration number (Submit a copy)	PV 73774.		
1.16 VAT registration number	114737747-7000		

2.0 COMPANY TO BE INVOICED	
<i>(if same as above please leave blank)</i>	
2.1 Company Name	Thilma Lanka (Pvt) Ltd.
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			
<input type="checkbox"/> ISO 22000:2018	<input type="checkbox"/> HACCP	<input type="checkbox"/> GMP	<input checked="" type="checkbox"/> ISO 9001: 2015
<input type="checkbox"/> ISO 45001: 2018	<input type="checkbox"/> ISO 14001: 2015	<input type="checkbox"/> ISO 50001: 2011	
<input type="checkbox"/> Other (Comment)			

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4.0		
<input type="checkbox"/> Initial/First Certification	<input checked="" 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	2023 / Feb
4.2	Was a consultant used in the development of the Management System? If yes, please provide the name of the consultant used	N/A
4.3	How long has the Management system been in place	4 Years.
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.)	CDA and EPL

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
—				
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>
	Manufacturing of Car Substrate Roach Substrate.
6.2	Description of products manufactured and/or services offered/Nature of the Business
	sky biscuits Greenbay.
6.3	Exclusions from the applicable requirements of the standard
	Design and Development.

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6.4 Justification for exclusion	Producing Required for Customer Po.
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?	No
6.6 Is any part of the process and/or product sub-contracted (out-sourced)? If Yes, please detail	No

COMPANY DETAILS

(Please complete fully this section as it determines the audit type)

7.1 Plant size (metres square including storage on site)	400 Perh
7.2 Headcount (total employees including temporary workers)	31
7.3 Employee head count breakdown (e.g.: permanent, contract workers, part time, trainees etc.)	Permanent - 15. Casual - 16
7.4 Employee breakdown according to the departments (e.g.: Admin & HR, Planning, Production, Quality, Maintenance)	Admin. - 02 Production - 16 Quality - 01 Planning - 02
7.5 Number of employees working away from the organization (e.g.: sales team, transportation employees etc.)	-
7.6 Number of production lines	02

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7.7	Number of employees in production full time equivalent on main shift	31
7.8	No of shifts and time duration for shift	02 shifts. 08Hrs
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

(To be 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

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
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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	2023/01/26
Signature	
Name	G. Shen Priganta
Designation	Operations Manager
For and on behalf of	(Name of the Applicant Organization)

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