



**IND-EXPO CERTIFICATION LIMITED**

**INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION SCHEME**

**STAGE I AUDIT REPORT**

**ISO 22000:2018**

**SLA SPICE (PVT) LTD**



INDEXPO CERTIFICATION LIMITED  
MANAGEMENT SYSTEMS CERTIFICATION SCHEME  
STAGE I AUDIT REPORT –ISO 22000:2018

1. NAME OF ORGANIZATION : SLA Spice (Pvt) Ltd

2. ADDRESS OF HEAD OFFICE : Thiththagalle road, Thiththagalle, Ahangama

3. FACTORY/LOCATIONS/SITES/OUTLETS : Same as 2

4. CONTACT DETAILS

4.1 Name : Mr. Rajith Sampath Priyankara

Designation : QA Officer

4.2 Tel : - Mob: 077-4872639 Fax : -

E-mail : slaspice01@gmail.com

5. APPLICABLE STANDARD : ISO 22000:2018

6. FILE NO. :

7. SCOPE OF CERTIFICATION : Activities pertaining to processing and packaging of cinnamon quills and bulking

8. APPLICABLE SECTOR : C IV

10. NO. OF EMPLOYEES : 25

11. DATE OF AUDIT : 2021/10/15

12. TYPE OF AUDIT : Stage I

13. AUDIT TEAM :

Ms. Buddhika Sajeewani (BS) Team Leader



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**14. AUDIT OBJECTIVES:**

The objectives of this audit were:

- to confirm that the management system has been planned to conform with all the requirements of the audit standard including availability of documented information required;
- to understand the scope of the management system of the client with regards to operational sites, processes, equipment and the complexity of the operation(levels of controls established particularly in case of multiple site), applicable statutory, regulatory and contractual requirements;
- to confirm the readiness and planned arrangements for the Stage 2 audit.

**15. FINDINGS OF THE AUDIT:**

| SERIAL NO. | RELEVANT CLAUSE IN ISO 22000:2018 | FINDING   | REMARKS      |
|------------|-----------------------------------|---|--------------|
| 1          | 7.2 d                             | Training evaluation has not been conducted  | } corrected. |
| 2          | 7.5                               | Certain documents have not been controlled.   |              |
| 3          | 8.2.4 c                           | There was no evidence that suitability of water has been tested as per the SLS 614 standard |              |
| 4          | 8.5.1.5.2                         | Onsite verification of flow diagram was not available                                       |              |
| 5          | 8.5.1.4                           | Intended use of end product was not clearly defined.  |              |

**16. ANY DEVIATIONS FROM THE AUDIT PLAN AND REASONS:** None

**17. ANY SIGNIFICANT ISSUES IMPACTING ON THE AUDIT PROGRAMME:** None

**18. OVERALL CONCLUTIONS:**

- The Stage 1 audit was successful in meeting the stated objectives: YES  NO
- If NO please mention the reasons:

Audit has been carried out on sample basis and the available information. consideration to the findings identified on the report the overall conclusions of the audit are as follow:

- The management system has been planned to conform with all YES  NO
- Doc. No.: QP-05-F-03 Issue No. : 09  
 Revision No:00  
 Reviewed and approved by : Director
- 13886-2019-06-01  
 Issued by : Management Representative



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the requirements of the audit standard:

- The management system is designed to achieve the organization's policy and food safety objectives: YES  NO
- Based on the information provided, the system is designed to identify and manage compliance with statutory, regulatory and contractual requirements: YES  NO
- The Prerequisite programs (PRP(s)) are sufficiently established: YES  NO
- Methodology and parameters used for selection/categorization between OPRP and CCP are specified in documents and monitoring record are available: YES  NO
- Verification, validation of appropriate controls have been done: YES  NO
- The internal audit and management review planning assure appropriate coverage prior to the Stage 2 Audit: YES  NO
- Appropriateness of the certification scope YES  NO

Signature of Team Leader : .....  ..... Date: 2021.11.01.15 .....



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- Page 04 of 04 is for internal purposes only.

**1. RECOMMENDATION BY AUDIT TEAM :**

Recommended for Stage 2 audit.

  
.....  
Signature of Team Leader

*2021/10/15*  
.....  
Date

.....  
Signature of Team Member -1

.....  
Date

.....  
Signature of Team Member - 2

.....  
Date

**2. RECOMMENDATION BY CERTIFICATION MANAGER :**

*Recommended for stage II audit.*

  
.....  
Signature of Certification Manager

*2021/10/15*  
.....  
Date

