



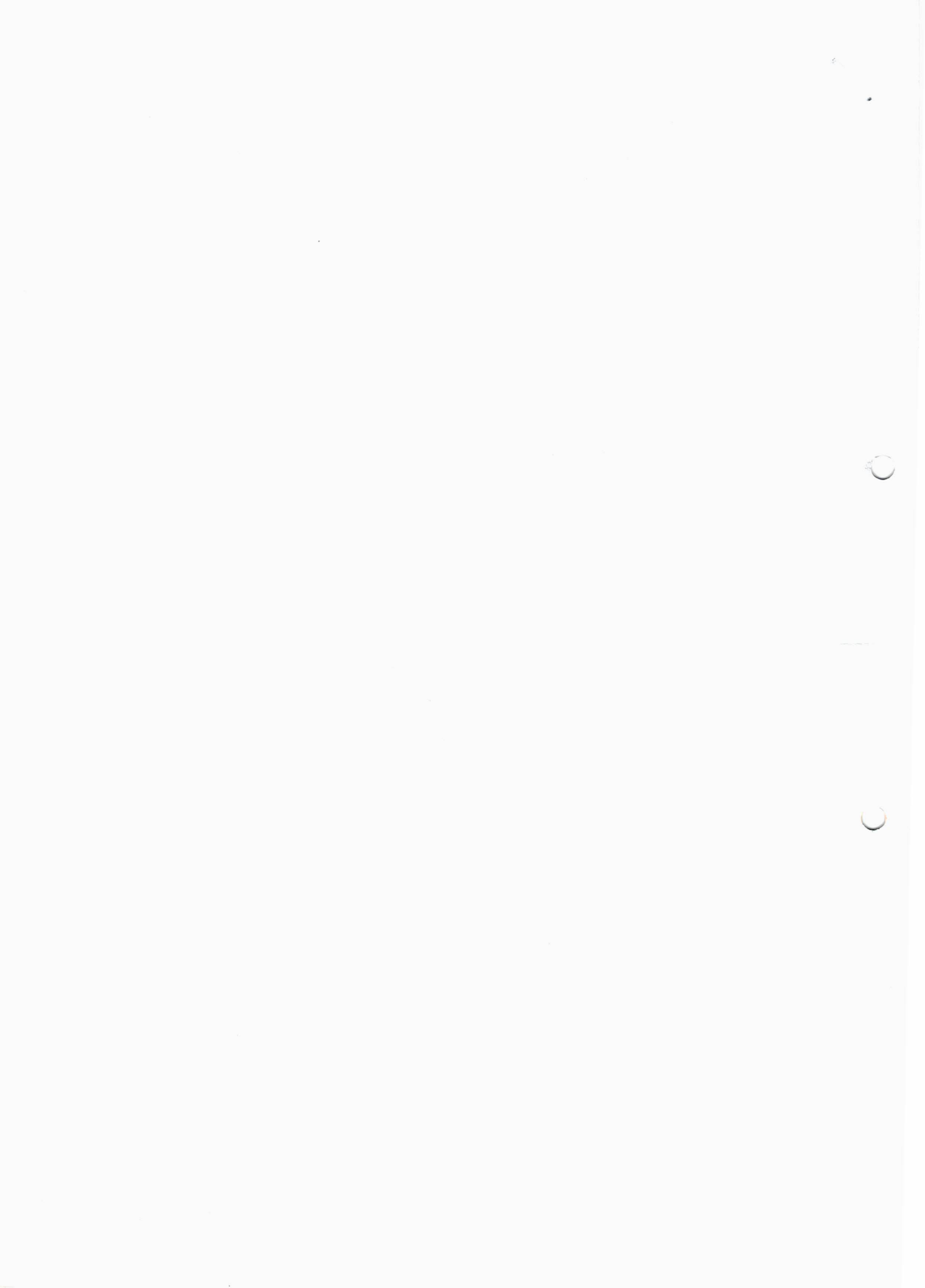
IND-EXPO CERTIFICATION LIMITED

INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION SCHEME

RECERTIFICATION AUDIT REPORT

ISO 22000:2018

ABBOTSLEIGH TEA FACTORY





STANDARD FORM NO. 64
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6



**INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION SCHEME
RECERTIFICATION AUDIT REPORT – ISO 22000:2018**

1. NAME OF ORGANIZATION : Abbotsleigh Tea Factory		
2. HEAD OFFICE ADDRESS : Abbotsleigh Tea Factory, Abbotsleigh Estate, Hatton		
3. ASSESSMENT SITE/OUTLETS: Same as 2		
4. CONTACT DETAILS		
4.1 Name : Mr.Suranga Dela (Mr. Gihan Wickramasinghe) Designation : Senior Manager (Assistant Manager)		
4.2 Tel : 051-4921385	Mobile : 077-2538355 (076-9039944)	Fax :-
4.3 E-mail : suranga@hattonplantations.lk		
5. NO. OF EMPLOYESS :		
6 APPLICABLE STANDARD : ISO 22000:2018		
7. FILE NO. : IMSC-FSMS- 079		
8. PRODUCTS MANUFACTURED : Black Tea		
9. APPLICABLE SECTOR : C IV – Processing of ambient stable products		
10. SCOPE OF CERTIFICATION : Activities pertaining to manufacturing of black tea and packing in multiwall paper sacks		
11.CONFIRMATION FOR SCOPE OF CERTIFICATION : The scope is confirmed. Signature		
12. TYPE OF AUDIT : Recertification		
13. DATE OF AUDIT : 09/04/2021		
14. AUDIT TEAM :		
Mr. Aruna Amaradasa (AA)		Team Leader
Mr. Tharindu Hettiarachchi (TH)		Team Member

**INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION SCHEME
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The objectives of this audit were:

- to confirm that the management system continually complies with all the requirements of the audit standard;
- to confirm that the organization has effectively continue the planned management system;
- to verify whether there is any changes , incidence that could adversely affect the management system

16. AUDIT CRITERIA : ISO 22000:2018, SLS 1266:2011, SLS 143:1999, ISO 19011, and relevant regulatory requirements

17. ANY DEVIATIONS FROM THE AUDIT PLAN AND REASONS: No any deviations from the audit plan

18. ANY SIGNIFICANT ISSUES IMPACTING ON THE AUDIT PROGRAMME: No any significant issues

19. SIGNIFICANT CHANGES, IF ANY, THAT AFFECT THE MANAGEMENT SYSTEM OF THE COMPANY SINCE THE LAST AUDIT TOOK PLACE : No any significant change

20. AUDIT FINDINGS :**20.1 Context of the Organization (4 of ISO 22000):****Understanding the organization and its context (4.1 of ISO 22000):**

Organization has determined the external and internal issues that are relevant to purpose and strategic direction to achieve the expected results from the food safety management system. The organization is also having a mechanism to monitor and review those issues.

Understanding the needs and expectations of interested parties (4.2 of ISO 22000):

Organization has identified interested parties that can affect the food safety management system. The requirements of these interested parties have been determined by the organization. Organization has a system of monitoring and reviewing information of those interested parties.

Determining the scope of the food safety management system (4.3 of ISO 22000):

Organization has determined its scope based on the external and internal issues, the requirement of the interested parties, the product and services offered as well as the requirements of the ISO 22000:2018 standard.

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Organization has established, implemented and maintained the food safety management system including the processes needed and its interaction. Organization has applied all the processes required throughout the organization with required input and expected output. The organization also has established required monitoring and measurement mechanism and assigned responsibilities and authorities for each requirement.

20.2 Leadership (5 of ISO 22000):**Management commitment (5.1 of ISO 22000):**

The top management has demonstrated the leadership and commitment with respect to food safety management system and was aware about their responsibilities to maintain an effective food safety system as per the food safety policy and food safety objective established compatible with company context and the strategic direction of the company.

They also committed to promote risk-based thinking throughout the organization and has taken steps to adequately provide recourses required and interested in achieving business objectives with continual improvement of established food safety objectives.

Policy (5.2 of ISO 22000):**Establishing the food safety policy (5.2.1 of ISO 22000):**

Company has established, implemented and maintained a food safety policy that can prove satisfactory application of applicable requirements and achievement of continual improvement.

Communicating the food safety policy (5.2.2 of ISO 22000):

Food safety policy was available and maintained as documented information. Policy was communicated, understood and applied at all levels within the organization and communicated to relevant interested parties.

Organizational roles, responsibilities and authorities (5.3 of ISO 22000):

Top management has delegated responsibility and authority for relevant personals via verbally. Appointment letters has been issued.

20.3 Planning (6 of ISO 22000):**Actions to address risks and opportunities (6.1 of ISO 22000):**

Company has determined the issues under clause number 4.1 and the requirements under 4.2 of this standard and as determine the risk and opportunities that are arising during the planning of foods safety management system. These include enhance desirable effects and prevention and reduction of undesired effect while achieving the improvements. The planning also ensures integration and implementation of action in to its FSMS processes with evaluation of effectiveness.

Objectives of the food safety management system and planning to achieve them (6.2 of ISO 22000):

Food safety objectives have been defined and established and are in line with the strategic direction. The organization is also having a mechanism to monitor and measure the food safety objectives. They have analysed and reviewed the achievements of objectives of the food management system at

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the management review meeting.

Planning of changes (6.3 of ISO 22000):

Organization has a mechanism to determine the changes required to food safety management system and carryout the same by planning, while considering the need for change and its expected results while ensuring the integrity of FSMS.

20.4 Support (7 of ISO 22000):**Resources (7.1 of ISO 22000):****General (7.1.1 of ISO 22000):**

The organization has been determined and provided the resources needed for the establishment, implementation, maintenance, update and continual improvement of the FSMS.

People (7.1.2 of ISO 22000):

Organization also has provided personnel required to effectively implement the FSMS and the activities related to FSMS.

Infrastructure (7.1.3 of ISO 22000):

Company has provided buildings, space for its intended operation with required utilities such as electricity, water, and information and communication technology.

However, Safety of the stairs at rotovane, CTC Line number III, is not adequate for the operator
(NCR)

- I) Gap between two steps is high
- II) No hand rails

Work Environment (7.1.4 of ISO 22000):

Company has provided necessary environment operation for combination of both physical and human requirement. Company has provided adequate ventilation and light for the operation. Company also complies with the sanitary requirements for staff and the visitors. General cleanliness of the environment also has been ensured.

Externally developed elements of the food safety management system (7.1.5 of ISO 22000):

Company has established, maintained and updated elements such as PRPs, Hazards analysis and the hazard control plan by itself.

Control of externally provided processes, products or services (7.1.6 of ISO 22000):

Company has developed criteria for the evaluation of external providers of processes. Supplier evaluation questionnaire is available.

Competence (7.2 of ISO 22000):

Training need identification and effectiveness of training given have been evaluated.

Competence (7.3 of ISO 22000)

The organization given awareness to all the staff members on quality policy and objectives.

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The company has identified and planned internal and external communication relevant to FSMS.

External Communication (7.4.2 of ISO 22000):

The company has communicated effectively sufficient information with external interested parties.

Internal Communication (7.4.3 of ISO 22000):

The company has developed effective communication system with related to food safety impact. Food safety team has informed changes in timely manner.

Documented Information (7.5 of ISO 22000):**General (7.5.1 of ISO 22000):****Creating and updating (7.5.2 of ISO 22000):****Control of documented information (7.5.3 of ISO 22000):**

Company has identified documented information required by the standard and documents required to be applied for effectiveness of FSMS. Company has established a documented information control system for both documents and records. Including distribution, retrieval, storage and preservation, control of changes, retention and disposition.

However, Certain documents have not been controlled (NCR)

Ex: Generator running details

Cleaning check list – rest room

20.5 Operation (8 of ISO 22000):**Operation planning and control (8.1 of ISO 22000):**

Company has planned, implemented and controlled the processes required to control the service and product provision. Company has established relevant criteria for the processes and the acceptance of service and products. As well as organization has controlled planned changes and it has noticed they have been reviewed the consequences of unintended changes and actions has taken to mitigate the same.

Pre-requisite programmes (PRPs) (8.2 of ISO 22000):

PRPs have been established as per 8.2.2 of ISO 22000 and implemented.

However, there is an opening/window at 2nd loft which allow to movement of conveyor. However, the opening is not closed when conveyor is not operate. (NCR)

And also several observations have been identified as,
Medical test reports are available. However, medical declaration is not available for two workers.
(OB)

Ex: Subramaniam, Nawarathnam

Cleanliness of the drainage line and under the staircase are not adequate at the entrance. (OB)

Traceability system (8.3 of ISO 22000):

Traceability is maintained. Invoice number, invoice book, graded tea book, bin card, shifted tea book,

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fired tea record, green leaf weighing book and field diary are used to trace from finished products to tea supplier.

Emergency preparedness and response (8.4 of ISO 22000):**General (8.4.1 of ISO 22000):****Handling of emergencies and incidents (8.4.2 of ISO 22000):**

A procedure has been established, implemented to manage potential emergency situations and accidents that can impact food safety and which are relevant to the role of the organization in the food chain. Emergency preparedness and response plan has been documented.

Hazard Control (8.5 of ISO 22000):**Preliminary steps to enable hazard analysis (8.5.1 of ISO 22000):****General (8.5.1.1 of ISO 22000):**

Hazard analysis is carried out and documented information is maintained.

Characteristics of raw materials, ingredients and product contact materials (8.5.1.2 of ISO 22000):

Characteristics of raw material have been described. Physical, chemical and biological food hazards documented.

Characteristics of end products (8.5.1.3 of ISO 22000):

Characteristic of end products have been described. Physical, chemical and biological food hazards documented.

Intended use (8.5.1.4 of ISO 22000):

Intended use of products has been addressed in the food safety manual.

Flow diagrams and description of processes (8.5.1.5 of ISO 22000):**Preparation of the flow diagrams (8.5.1.5.1 of ISO 22000):**

Flow diagrams available for processes, which covered the entire steps from raw material receiving to the end product dispatch and the control measures.

On-site confirmation of flow diagrams (8.5.1.5.2 of ISO 22000):

The flow diagrams accuracy is verified by food safety team after onsite conformation and records are maintained.

Description of processes and process environment (8.5.1.5.3 of ISO 22000):

Company has maintained layout of premises with processing equipment and product flows.

Hazard analysis (8.5.2 of ISO 22000):**General (8.5.2.1 of ISO 22000):**

All relevant information needed to conduct the hazard analysis collected, maintained, updated and documented. Records were maintained.

Hazard identification and determination of acceptable levels (8.5.2.2 of ISO 22000):

Company has identified possible hazards in throughout the food chain.

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Hazard assessment is carried out and identified significant hazards.

Selection and categorization of control measure(s) (8.5.2.4 of ISO 22000):

Company has identified CCPs and OPRPs from the significant hazards. Control measures are taken to prevent or reduce the CCPs and OPRPs. CCPs are moisture content at packing and drier inlet and outlet temperature. OPRPs are withered leaf shifter, magnet at winnower and sand and grit at winnower.

Validation of control measure(s) and combinations of control measures (8.5.3 of ISO 22000):

Food safety team has ensured that the control measures taken, its capability to achieve intended control the significant hazards. Verification methods were defined clearly for CCPs, PRPs and OPRP's. Reviewing documents, external lab testing, calibration and internal audits have been used as verification methods. Monitoring records are verified by the responsibility holders.

Hazard control plan (HACCP/OPRP plan) (8.5.4 of ISO 22000):**General (8.5.4.1 of ISO 22000):**

Organization has implemented, maintained and documented a hazard control plan including food safety hazards, critical limits, monitoring procedure, action criteria for correction, responsibility and authority and record of monitoring.

Determination of critical limits and action criteria (8.5.4.2 of ISO 22000):

Company has identified CCPs or OPRPs for the packaging of black tea and taken action to control the impact to FSMS.

Monitoring systems at CCPs and for OPRPs (8.5.4.3 of ISO 22000):

Company has established monitoring systems for CCPs and OPRPs. And defined frequency, responsibilities & authorities and evaluation of results have been documented.

Actions when critical limits or action criteria are not met (8.5.4.4 of ISO 22000):

Company has specified corrections and corrective actions when critical limits and action criteria not meet.

According to the OPRP Plan, level of iron particle should be zero at the magnet. However, considerable amount of iron particles is observed in the magnet and the corrective action is not taken.

(NCR)

Implementation of the hazard control plan (8.5.4.5 of ISO 22000):

Company has implemented and maintain document of hazard control plan.

Updating the information specifying the PRPs and the hazard control plan (8.6 of ISO 22000):

Preliminary information was noted updating when necessary. When characteristics of materials and ingredients, characteristics of end products, intended use and flow diagram.

Control of monitoring and measuring (8.7 of ISO 22000):

Company has provided adequate monitoring and measuring activities related to PRPs and hazards

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control plan.

Verification related to PRPs and the hazard control plan (8.8 of ISO 22000):**Verification (8.8.1 of ISO 22000):**

Company has defined purpose, methods, frequencies and responsibilities for verification activities.

Analysis of results of verification activities (8.8.2 of ISO 22000):

Food safety team has conducted an analysis of result of verification results has used to evaluate performance of FSMS.

Control of product and process nonconformities (8.9 of ISO 22000):**General (8.9.1 of ISO 22000):****Corrections (8.9.2 of ISO 22000):**

Product deviated from the hazard control plan have been identified and controlled with regard to their use and release.

Corrective Actions (8.9.3 of ISO 22000):

Appropriate actions have been specified to identify and eliminate the cause of detected nonconformity. Documented information is maintained.

Handling of potentially unsafe products (8.9.4 of ISO 22000):**General (8.9.4.1 of ISO 22000):****Evaluation for release (8.9.4.2 of ISO 22000):**

Company has identified and established a process to evaluate and disposition of non-conforming products.

Disposition of nonconforming products (8.9.4.3 of ISO 22000):

Appropriate actions have been specified to identify and eliminate the cause and detected non conformity. Documented information is maintained.

Withdrawal/Recall (8.9.5 of ISO 22000):

Company has ensured the timely withdrawal of lots of end products that have been identified as potentially unsafe, where it's identified as potential unsafe. Company Has procedure for a procedure for handling recalled products.

20.6 Performance evaluation (9 of ISO 22000):**Monitoring, measurement, analysis and evaluation (9.1 of ISO 22000):****General (9.1.1 of ISO 22000):**

Company has determined what needs to be monitored and measured, the methods for monitoring, measurement, analysis.

Analysis and evaluation (9.1.2):

Company has a procedure and method to evaluate PRPs and hazards control plan, internal and external audit results.

Internal Audit (9.2 of ISO 22000):

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Internal audit has been conducted as per the requirements defined in the procedures and planned intervals.

Management Review (9.3 of ISO 22000):

General (9.3.1 of ISO 22000):

Management review input (9.3.2 of ISO 22000):

Management review output (9.3.3 of ISO 22000):

Management review has been done.

20.7 Improvement (10 of ISO 22000):

Nonconformity and corrective action (10.1 of ISO 22000):

Company has taken necessary actions to address nonconformities and corrective actions have been implemented for such nonconformities. Company has retained documented information as evidence of the nature of the NC and any subsequent action taken and results of corrective action taken.

Continual improvement (10.2 of ISO 22000):

Company is committed to continually improve the effectiveness of the management system through the use of food safety policy, food safety objectives, audit results, analysis of data, management review, and corrective implementation.

Update of the food safety management system (10.3 of ISO 22000):

FST was evaluated planned intervals by top management and established PRPs and hazard control plan was updated at planned intervals.

21. KEY PERSONNEL INTERVIEWED:

Name:	Designation	Responsibilities
Mr. Suranga Dela	Senior Manager	Responsible for whole estate
Mr. Gihan Wickramasinghe	Assistant Manager	Responsible for compliance
Mr. U.A. Dissanayaka	Factory Executive	Responsible for production

22. APPLICABLE LEGAL REQUIREMENTS: Food act, Food hygiene regulation and other relevant food regulations.

23. ANY UNRESOLVED ISSUES: No any unresolved issues noted during the audit.

24. REVIEW OF PREVIOUS SURVEILLANCE AUDIT REPORTS AND VERIFICATION OF EFFECTIVENESS OF CORRECTIVE ACTIONS FOR PREVIOUSLY IDENTIFIED NON- CONFORMITIES: Corrective actions have been taken and effectiveness verified.

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25. USE OF LOGO: Use of logo in par with the “Conditions for Use of Logo” document issued by Ind-Expo Certification Ltd.

26. OVERALL CONCLUSION OF THE AUDIT

Audit is based on a sampling process of the available information at the point of auditing and the audit methods used were interviews, observation of activities and review of documentation and records. With consideration to the findings identified on the report the overall conclusions of the audit are as follow:

- The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. YES NO
- The organization has demonstrated effective implementation and maintenance /improvement of its management system. YES NO
- The organization has demonstrated the establishment and tracking of Appropriate key performance objectives and targets and monitored progress towards their achievement. YES NO
- The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. YES NO
- The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. YES NO
- Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. YES NO

27. MAJOR NON-CONFORMITIES: None

28. MINOR NON-CONFORMITIES:

1. Safety of the stairs at rotovane, CTC Line number III, is not adequate for the operator (7.1.3)
 - III) Gap between two steps is high
 - IV) No hand rails
2. Certain documents have not been controlled (7.5.3)
 - Ex: Generator running details
 - Cleaning check list – rest room
3. There is an opening/window at 2nd loft which allow to movement of conveyor. However, the opening is not closed when conveyor is not operate. (8.2.4 d)

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4. According to the OPRP Plan, level of iron particle should be zero at the magnet. However, considerable amount of iron particles is observed in the magnet and the corrective action is not taken. (8.5.4)

29. OPPORTUNITIES FOR IMPROVEMENT:

1. Medical test reports are available. However, medical declaration is not available for two workers. (8.2.4 j)
Ex: Subramaniam, Nawarathnam
2. Cleanliness of the drainage line and under the staircase are not adequate at the entrance. (8.2.4 i)

**30. RECOMENDATION FROM AUDIT TEAM:
(Strike off which is not relevant)**

The audit team concludes that the organization has / ~~has not~~ established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products / ~~services~~ within the scope and the organization's policy and objectives.

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / ~~continued~~ the certification subjected to the completion and subsequent verification of corrective action for all ~~major~~/minor non conformities raised / ~~Suspended~~ until satisfactory corrective action is completed.

ANY OTHER COMENTS:

None

Signature of Team Leader :



Date:

2021/04/07

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• This page is for internal purposes only.

31. RECOMMENDATION BY AUDIT TEAM :

Recommended for the recertification subject to the corrective action taken for raised NCRs.

.....
Signature of Team Leader

.....
Date

.....
Signature of Team Member -1

.....
Date

.....
Signature of Team Member - 2

.....
Date

32. RECOMMENDATION BY CERTIFICATION MANAGER:

All NCRs have been closed. Hence recommended for recertification

.....
Signature of Certification Manager

.....
Date

33. APPROVAL FOR SUBMISSION TO THE CERTIFICATION COMMITTEE:

Agreed.
.....
Signature of Director

.....
Date