



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

- 1 Name : Shannon Estate
- 2 Address : Bladon
- 3 Types of products manufactured/services offered : Blacc Tes
- 4 Management system certification applied for : GMP / HACCP / FSMS / QMS / EMS / OH&SAS / EnMS / ORGANIC / Other -
- 5 Division / NACE Code /Category : c 10.83
- 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"/>            | N A |
| 12 Is the product range of the site for each site given?                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | N A |
| 13 Do the product range of the sites differ from the main site?                           | <input type="checkbox"/>            | <input type="checkbox"/>            | N A |
| 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. Kurupparamulla  
: Anurudda Yasas  
Aruna Amaradasa  
Tharisha Nandasena

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?

Recommendation of Reviewing officer:

Recommended

P. S. S. S.  
Signature of Reviewing Officer

2023/09/22  
Date

Approval from certification Manager

Approved for stage I audit

[Signature]  
Signature

2023.09.22  
Date