



**IND-EXPO CERTIFICATION LIMITED**  
APPLICATION FOR MANAGEMENT SYSTEMS CERTIFICATION

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 JMSC	GMS/0103
REFERENCE NUMBER	2023/11/08
NEW CERTIFICATION	✓
RECERTIFICATION	
REVIEWING OFFICER	ISRU

**1.0 COMPANY OR ORGANISATION TO BE AUDITED**

1.1 Company Name	Sithumini Osu		
1.2 Address	Sithumini Osu No: 121 Samanalapurua Mambillypallama		
1.3 Contact Name 1	D. N. Indunil Kumara	1.4 Contact Name 2	
1.5 Designation	Owner	1.6 Designation	
1.7 E-mail Address	Sithumini0544242@gmail.com	1.8 E-mail Address	
1.9 Tel No.	076 440 5888	1.10 Tel No.	
1.11 Fax			
1.12 Website			
1.13 Is this site part of a group?			
1.14 Please specify the group name			
1.15 Business Registration number (Submit a copy)			
1.16 VAT registration number			

**2.0 COMPANY TO BE INVOICED**  
*(if same as above please leave blank)*

2.1 Company Name			
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 checked="" 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)			

Doc No : QP-03 F-01  
Issue No : 13  
Rev.No : 04  
Issue Date : 2016-11-29  
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**4.0** General Information

<input checked="" type="checkbox"/> Initial/First Certification	<input 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		
4.2 Was a consultant used in the development of the Management System? If yes, please provide the name of the consultant used		PTB Project
4.3 How long has the Management system been in place		
4.4 Please indicate the legal obligations to be abide by the Applicant Organization (eg. CEA regulations, CIDA registration, Tea board registration, CIDA registration, industry specific regulations, compulsory product certifications etc.)		NCP/TL/916 S/1/97/125/05/23/184

**5.0** IF PREVIOUSLY CERTIFIED, PAST HISTORY OF CERTIFICATION  
*Please indicate if you had any third party certification for the management system*

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>	Herbal products (ආම්ල ඖෂධ, භාලුර තෙල්, පත්‍රතාක්ෂ සුණ්) ) Ayurvedic medicine (භාරතීය ඖෂධ, තෙල් සහිත, ජලකාම වානි)
6.2 Description of products manufactured and/or services offered/Nature of the Business	
6.3 Exclusions from the applicable requirements of the standard	

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

7.0 COMPANY DETAILS	
<i>(Please complete only this section as it determines the audit time)</i>	
7.1 Plant size (metres square including storage on site)	
7.2 Headcount (total employees including temporary workers)	8
7.3 Employee head count breakdown (e.g. permanent, contract workers, part time, trainees etc.)	permanent contract workers 2
7.4 Employee breakdown according to the departments (e.g. Admin & HR, Planning, Production, Quality, Maintenance)	Admin & HR 3
7.5 Number of employees working away from the organization (e.g. sales team, transportation employees etc.)	Sales team 5 Transportation employees 5
7.6 Number of production lines	55

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7.7	Number of employees in production full time equivalent on main shift	
7.8	No of shifts and time duration for shift	7:30 am - 5pm
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	
Please submit copies of the following documents along with the duly prepared Application!	
8.1	HACCP/ ISO 22000:2018 <ul style="list-style-type: none"> <li>a) Flow diagram/s</li> <li>b) HACCP plan/s</li> <li>a) Food safety Policy</li> <li>b) Food Quality Objectives</li> </ul>
8.2	ISO 9001:2015 <ul style="list-style-type: none"> <li>c) Process flow chart/s,</li> <li>d) Quality Policy,</li> <li>e) Quality Objectives,</li> <li>f) Any other documented information (e.g.: Vision and mission, Identified risk and organizational strategies etc.)</li> </ul>
8.3	ISO 14001:2015 <ul style="list-style-type: none"> <li>a) Environmental Policy,</li> <li>b) Environmental Objectives,</li> <li>c) Emergency preparedness,</li> <li>d) Environmental Aspect and Impact Evaluation</li> </ul>
8.4	ISO 45001:2018 <ul style="list-style-type: none"> <li>a) Scope of the organization,</li> <li>b) OHSAS Policy,</li> <li>c) OHSAS Objectives,</li> <li>d) HIRA, Policies &amp; procedures for implementation,</li> <li>e) Identified of the key hazards and OH&amp;S risks associated with processes,</li> </ul>
8.5	ISO 50001:2018 <ul style="list-style-type: none"> <li>a) Scope of the organization,</li> <li>b) Energy policy, objectives, targets and energy management action plan</li> <li>c) Energy review, energy performance &amp; energy performance indicators</li> </ul>

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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	08.11.2023
Signature	
Name	P. G. N. Induni Kumara
Designation	Owner
For and on behalf of	Sidhumini Osa (Name of the Applicant Organization) 121 සමගලපා මහා සංවර්ධන මදුරු - 071 3744242 070 4405888

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