

IND-EXPO CERTIFICATION LIMITED  
INTEGRATED MANAGEMENT SYSTEMS CERTIFICATION SCHEME  
NON-CONFORMITY REPORT

Name of Organization: Welihena Tea Factory

NC No. : 02 of 06

Section : Production.

Team Leader : M. Asif

Relevant Standard : ISO 22000:2018

Auditor : Tharindu Hetti Arachchi.

Relevant Clause : 8.2.4(h)

Date of audit : 06/10/2021

Relevant company document : — .

Non-conformity detected:

Category : Major/Minor

Tube Bulbs ~~are~~ on withering trays are not covered for prevention of ~~loss~~ (bulb breakage) physical contamination.

Dharmika  
Auditor

M. Asif  
Team Leader

[Signature]  
MANAGER  
WELIHENA TEA FACTORY (PVT) LTD  
Auditee

Correction:

All the Tube light bulbs which are in the withering section were covered by transparent stickers immediately.

[Signature]  
MANAGER  
WELIHENA TEA FACTORY (PVT) LTD  
Auditee

08/10/2021  
Date

Root cause for Non-conformity:

Due to unawareness of food safety team about GMP standard requirements.

[Signature]  
MANAGER  
WELIHENA TEA FACTORY (PVT) LTD  
Auditee

08/10/2021  
Date

Corrective action:

Date of completion:

Trained Food Safety team about GMP requirements by External FS Consultant.

  
.....  
Auditee

09/10/2021  
.....  
Date

Verification of corrective action:

NC Closed/Open

Provided evidences are satisfied and verified. Therefore, NC is closed.

  
.....  
Auditor

2021/11/29  
.....  
Date

Effectiveness of corrective action:

Corrective action taken is effective

  
.....  
Auditor

2024/10/20  
.....  
Date



# SRI LANKA QUALITY CENTER

Hot Line +94 716905308, +94 773148141, +94 112 568589 Email: [srilankaqualitycenter@gmail.com](mailto:srilankaqualitycenter@gmail.com)

**NC 03 – Pasted the Transparent Strikers to all Tube light**

**Before**

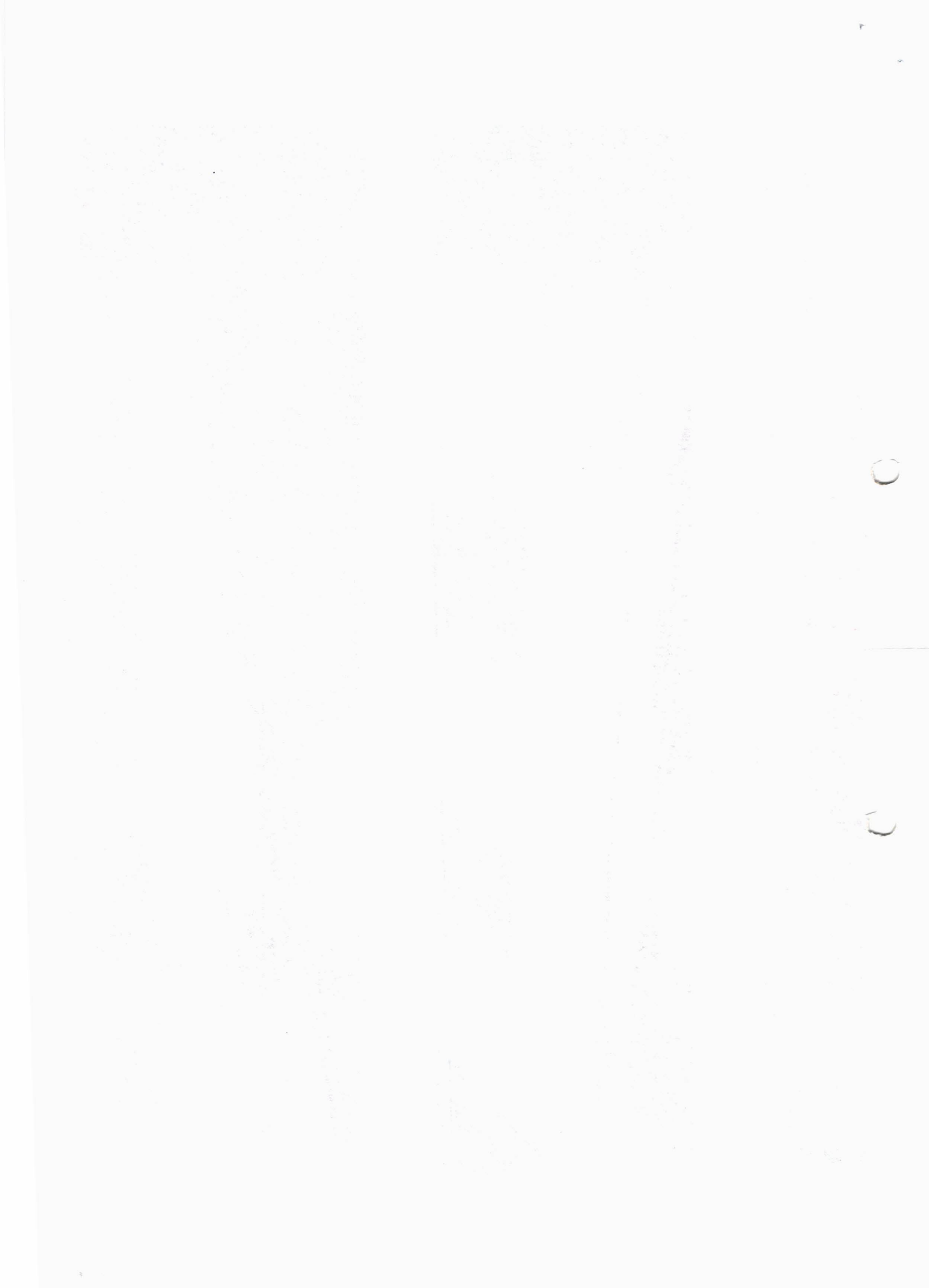


**After**



**WE CARE YOU FOR YOUR BETTER FUTURE**







**Wilehena Tea Factory Pvt Ltd**

**Food Safety Management System**

**ISO 22000:2018**

Doc. Ref

WTFPL/FSMS/HR/01

Issued by

QA Officer

Authorized by

Factory Manager

Issue Date:

19/05/2021

Revision Date:

00

Rev. No:

00

**CHECK LIST: 01**

**TRAINING ATTENDANCE**

Training Programme Name Training on Medical Testing, Pest Control & treatment process, CAMP, process & product verification method and equipment calibration.

Trainer Name: Prasame Samarekara. Date 09/10/2021.

Location: office.

Sr.No	Employee Name	Designation	Department	Signature
1	සියාමි	F.M	කළමනාකරණ	[Signature]
2	අනන්ද	FO	නිෂ්පාදන	[Signature]
3	සුබාන	MO	තැන්පත්	[Signature]
4	සුමන	QA.O	නිෂ්පාදන අංශය	[Signature]
5	නිමල්	AFO	නිෂ්පාදන අංශය	[Signature]
7	සමන්ත	SO	ගබඩා අංශය	[Signature]
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Signature of Trainer: Prasame  
Date: 09/10/2021

Signature of QAO: [Signature]  
Date: 09/10/2021

Prepared by QAO	Sign: <u>[Signature]</u> Date: 19-05-2021	Authorized by FM	Sign: <u>[Signature]</u> Date: 19-05-2021
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