

1. Name & address of applicant : Mahaweli Conneries (Pvt) Ltd.  
Galmeduwa road, Nattarampatha, Kundasele, kandy.
2. Types of products manufactured/services offered : Tutti fruity cherries, chow, char,  
condied peel, preserved ginger, dehydrated garlic chips &  
powder, dehydrated fruits, vegetables, dried grains
3. Management system certification applied for : ISO 22000, HACCP, GMP

**PLEASE TICK "X" THE APPROPRIATE CAGE.**

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 4. Is it a new application ?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Has the organization given the contact details?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Has the organization identified the applicable legal requirements?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Is it a multisite organization?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. If so, are the site locations given?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Is the product range of the site for each site given?                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. Do the product range of the sites differ from the main site?                           | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. Are the departments /sections/processes listed?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Has the scope been defined?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Does the organization outsource any process related to the management to be certified? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Are there competent auditors available for the specified scope?                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

} NA

14.1 what is the complexity of the category (Low, medium, high, limited or special)

14.2 List of auditor/ audit team as per the required team competency

(ISO 17021-3 for EMS, ISO 17021-10 for OHSAS)

Arma Amaradasa

Buddhika Sajeewani



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

15. Are the services of a technical expert needed?

15.1 List of technical experts

16. Are there technical experts available for the defined scope?

17. Has the organization obtained the services of a Consultant?

18. Has the CB determined the audit time

19. Is the information provided by the applicant sufficient for conducting The audit?

Recommendation of Reviewing officer:

*Recommended for approval.*

*Dhanshka*  
.....  
Signature of Reviewing Officer

*2021/08/02*  
.....  
Date

Approval from certification Manager

*Approved for stage I audit*

*[Signature]*  
.....  
Signature

*2021/08/02*  
.....  
Date