



**2. APPLICABLE LOCATION(S) FOR THE CERTIFICATION**

2.1 (Please include the permanent physical locations (subsidiaries, branches, sites, warehouses etc.) registered under the Applicant Organization which are to be included in the certification. If required, please attaché a separate sheet)

**Please attach road maps for applicable locations.**

Name and address of the location/site	Name, designation & contact details (Telephone /e-mail) of the representative at each location/site	Departments/Divisions at each location/site (eg.: Management, Design, Production, Quality Assurance, Human Resources, etc.)	Total effective number of employees**
Head office			
Location 1			
Location 2			

[If required Please attach a separate sheet]

*\*\* The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number*

2.2 Whether product or service realization processes operate on a shift basis,

Work Pattern ( for shift working please detail the shift time and the number of employees per shift)			
Location	Shift No.	Shift time	No. of employees per shift
Head Office			
Location 1			
Location 2			

**3. PRODUCT/SERVICE DESCRIPTION**

3.1 Desired scope for certification:

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3.2 Indicate all the site-specific scope for the locations seeking certification:

Location	Site-specific scope	No. of Process lines	No. of HACCP studies	Applicable food chain category/categories

3.3 Activities that are being outsourced (if any)?

Location	Activity	No. of Process lines	No. of HACCP studies	Applicable food chain category/categories

3.4 Are there any seasonal products manufactured? (Please specify)

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3.5 List any other food products made at the plant or food service operations carry out at the facility or under same legal entity and those are to be excluded from the certification. (Products or services can be excluded only when processes are completely separated from each other and chances of cross contamination is ruled out and have no influence on the food safety of end product).

3.6 Food Safety Management System of the organization is developed by [outside consultant(s) and/or organization itself]:

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**4. TYPE OF CERTIFICATION**

4.1 Type of Certification (New Certification or Re-certification):

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4.2 If Re-certification:

a) Date of first certification:

b) Validity period of previous certification: from :..... to .....

c) Scope of previous certification .....

4.3 Major changes done in the Food Safety Management System during the previous year (if any) :

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4.4 Other Management systems certification(s) obtained by the organization.

STANDARD	CERTIFIED (YES /NO)	CERTIFICATION BODY
ISO 14001 (EMS)		
ISO 9001 (QMS)		
ISO 45000(OHSMS)		
ISO 50000 (ENMS)		
GMP		
ANY OTHER (PLEASE SPECIFY)		

## 5. DOCUMENTED INFORMATION

5.1 Please submit copies of the following documents along with the duly perfected Application.

- a. Scope of the Food Safety Management System of the organization
- b. Characteristics of end products and Intended Use
- c. Flow diagrams
- d. Hazard Control Plan (HACCP/OPRP plan)

5.2 In addition to above documents, for FSSC 22000 certification, please submit copies of following documents along with the duly perfected Application.

- e. Food defense
- f. Food fraud mitigation
- g. Management of allergens

6. **LEGAL OBLIGATIONS**

Indicate the legal obligations to be abide by the applicant company. eg: Food Act, Compulsory product certifications, Industry specific regulations etc.

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7. **LIAISON OFFICER**

Name and designation of the authorized person(s) responsible for communicating and providing of necessary information to Sri Lanka Standards Institution regarding FSMS certification.

7.1 Chief Executive Officer of the Applicant Organization:

Name: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

7.2 Contact person of the organization:

a) Nominee 1 [Name]: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

b) Nominee 2 [Name]: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

8. **DECLARATION BY APPLICANT**

8.1 I am/We are fully informed and in agreement with the contents of the following documents of the Food Safety Management System Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement, Audit time determination agreement and Conditions For Use of the Food Safety Management System Certification Mark.

8.2 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.

8.3 I/We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at.....

on this ..... day of ..... 20.....

Signature : .....

Name : .....

Designation : .....

For and on behalf of : .....

[Name of the Applicant Organization]