

GENERAL INFORMATION:			
Client:	ABC	Audit Date:	16-Feb-2023
Supplier Name:	xxxxx (Private) Limited.	Contact Person:	Mr. xxxxxxxxxxxx
Factory Name:	xxxxxx Pvt. Ltd	Contact Number:	xxxxxxxxxx
Factory Address:	xxxxxxxxxxxxxxxxxxxx Sri Lanka	Email:	xxxxxx
Audit Stage:	<input checked="" type="checkbox"/> Initial Audit <input type="checkbox"/> Follow Up Audit <input type="checkbox"/> Re- Audit (Previous Report no.:.....)		

SUMMARY OF AUDIT:

This audit is conducted with the assistance of factory management representatives, involving management meetings, on-site observations, and document reviews. Please find the summary of the audit report in the following sections.

**** For all segment-related documents and photos, kindly refer to the attached photo and document folder.

Audit Criteria:

1. Primary Information	2. Human Resource	3. Production capability & capacity
4. Research and Development	5. Quality Management System	6. Administration & Working Environment
7. Environmental Oversight	8. Financial Positioning	

Participants from the factory:

Representatives	Position	Email	Phone
Mr. xxxxxxxxxxx	Sales Manager	xxxxx	xxxxx
Mr. xxxxxxxxxxx	Factory Manager	xxxxx	xxxxx
Mr. xxxxxxxxxxx	Production Manager	xxxxx	xxxxx
Mr. xxxxxxxxxxx	Quality Manager	xxxxx	xxxxx
Mr. xxxxxxxxxxx	HR Manager	xxxxx	xxxxx

POSITIVE OBSERVATION:

- The factory was established on August 26, 1992, with a total area of 6070.19 square meters and 3 buildings with Zone A. At present, the factory uses another 5 buildings with 5396.44 square meters in Zone B. Total 8 buildings are respectively 6 production workshops, and 2 office building. The factory premises and other office areas are owned by the factory.
- Production capacity: The factory is equipped with 2 production zone and 7 production lines. The main production are house hold gloves, Examination & surgical gloves. The production line is operated in 24-hour shifts, with a maximum daily output of 937560 pieces (Examination and surgical gloves) and 57600 pairs (House hold gloves).
- The factory has established a sound Quality Management System (ISO 9001) and formulated control procedures according to the System. Most of I procedures are basically equipped with professional personnel to implement them, and detailed records are made according to the requirements.
- There are 11 departments and total employees worked in the factory including 344 production workers, 35 quality controllers, 34 management, 21 sales, 15 Purchasing , 37 staff , 6 Finance, and 9 R&D.
- The factory has the trade record management license and the ability to export independently. Major markets in US, Canada, UK, Europe, Asia , Mid East, South America, China and Africa.

NEGATIVE OBSERVATION:

- The factory is the process of Certificate of Accreditation Chemical and Mechanical Testing certification already expired. It has not obtained the quality system certification certificate.
- Production area lack of clear evacuation plan displayed.
- Production and packing areas lack of clear identification and separation for defective product.

Auditor:	Chula Silva	Audit Date:	16-Feb-2023
Approved By:	T. Nelan	Approved Date:	17-Feb-2023

Segment I : Primary Information

1.1 Legality

Valid Business License :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Business License No. :	PV xxxxx
Year of Established :	12 -09 - 2009	Valid Date :	Till Functional
Register Address :	Xxxxxxx, Sri Lanka.		
Facility Address :	Xxxxxxx, Sri Lanka.		
Register Capital :	USD 180,000,000	Yearly Reviewed :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legal Representative :	Mr. xxxx xxxxx	Manager Contact:	xxxxxxx
Tel / Mobile:	xxxxxxx	Email:	xxxxxxx
Type of company:	<input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Trading Company <input type="checkbox"/> Combined <input type="checkbox"/> Group Corporation		
Type of Ownership:	<input checked="" type="checkbox"/> Limited <input type="checkbox"/> Public Company <input type="checkbox"/> Foreign Joint Venture <input type="checkbox"/> Private Owner <input type="checkbox"/> Company State Owned <input type="checkbox"/> Wholly foreign-owned enterprises		

1.2 Other Information

Sales Contact:	Mr. xxxxxxx	Email:	xxxxxx
Tel:	xxxxxxx	Fax:	xxxxxxx
Website:	www. xxxxxxx	Key product range:	Examination, Household and Surgical
Showroom:	No		
Global market:	<input checked="" type="checkbox"/> US <input checked="" type="checkbox"/> UK <input checked="" type="checkbox"/> EU <input checked="" type="checkbox"/> Canada <input checked="" type="checkbox"/> South America <input type="checkbox"/> China <input checked="" type="checkbox"/> Mid-East <input checked="" type="checkbox"/> Others		

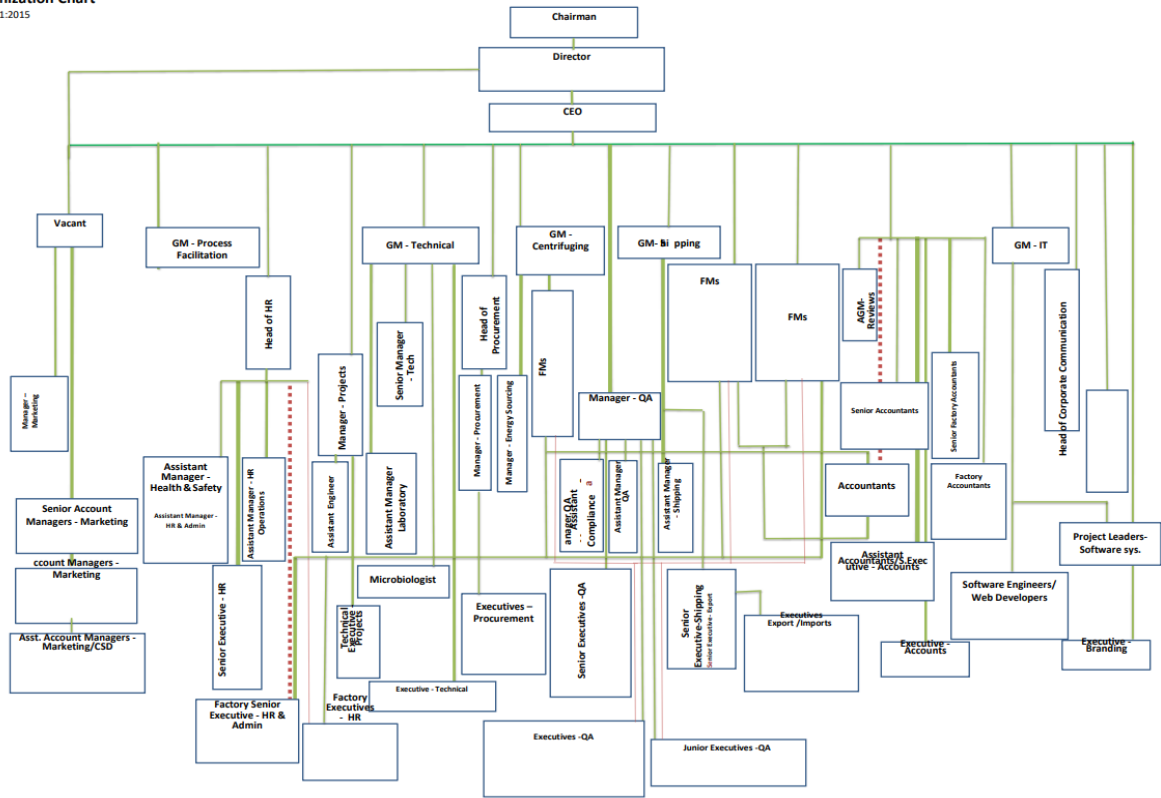
1.3 Company Facility Overview

Facility Certificates:	<input checked="" type="checkbox"/> Land Certificate <input type="checkbox"/> Real Estate Certificate <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Observation Estimated On-site <input type="checkbox"/> Others		
Buildings	Zone A - 3 / Zone B - 5	Total Area : (M2)	Zone A - 6070.19 (M2) Zone B - 5396.44 (M2)
Production Area (M2)	Zone A - 59.86 (M2) Zone B - 5312.39 (M2)	Office Area: (M2)	Zone A - 83.61 (M2) Zone B - 84.05 (M2)

Segment 2 : Human Resource

2.1 Organization Chart

Organization Chart
ISO 9001:2015
Rev: 03



Prepared by QAE
Reviewed by Head of QA
Approved By CEO

2.2 Employees Breakdown

Serial No.	Position Breakdown	Qty of Employees
A	Management	Zone A – 9 Zone B - 25
B	Sales	Zone A & B - 21 (Head office base)
C	Purchasing	Zone A & B – 15 (Head office base)
D	Staff	Zone A - 10 Zone B - 27
E	Production	Zone A - 119 Zone B - 225
F	Quality	Zone A - 10 Zone B - 25
G	Finance	Zone A & B – 6
Total Employees		492

2.3 Management

Department	Position	Name	Work Experience
General Manager	General Manager	Mr. xxxxx	20 Years
Vice General Manager	Vice General Manager	Mr. xxxxxxx	20 Years
Sales	Sales Manager	Mr. xxxxxxxx	15 Years
Purchasing	Purchasing Manager	Mr. xxxxxx	17 Years
Production	Production Manager	Mr. xxxxxxx	22 Years
Administration	Administration Manager	Mr. xxxxxxx	21 Years
Finance	Finance Manager	Mr. xxxxxxx	23 Years
Quality	Quality Manager	Ms. xxxxxxx	22 Years

Segment 3 : Production Procedure and Capacity

3.1 Production Process

Serial No.	Process Name	Area included
1.	General	Factory front View / Office Area / Inhouse Laboratory / and, Recycle Area
2.	Wearhouse	Raw Material Lording & un lording Bay / Finished Good Wearhouse and, Raw material Store Areas
3.	Product Area	Production Process Flow / QC Process / Packing area / Safety & Fire and, Gods sorting Area

Reference Photos

1.General

Zone - A



Factory Front View



Factory Front View



Factory Front View



Factory Evacuation plan View



Office View



Inhouse Lab View

Zone - B



Factory Front View



Factory Front View



Factory Building view



welfare Building View



Office Front View



Office Inside View



Office Inside View



Laboratory inside View

2. Production Process

Zone A



Finished Goods Warehouse



Final QC Check and Packing area



Printing Area



Packing entrance safety Notice



Production Area



Production Line - 01 View



Production - Dipping Area



Production Line View



Compound Department



Chemicals and Mixing area



Inhouse QA Office



In process Qc Checking



Production Area



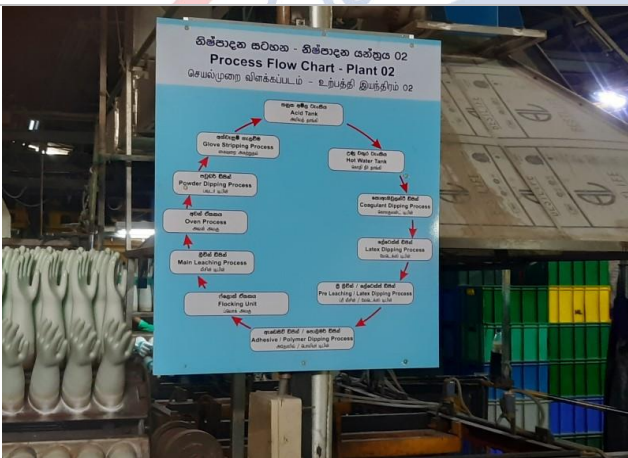
Raw materials Wearhouse



Raw materials Wearhouse



Dryer Area



Process Flow Chart View



Product Line View

Zone - B



Factory Raw Material Un lording Bay



Wearhouse Front View - Lording area



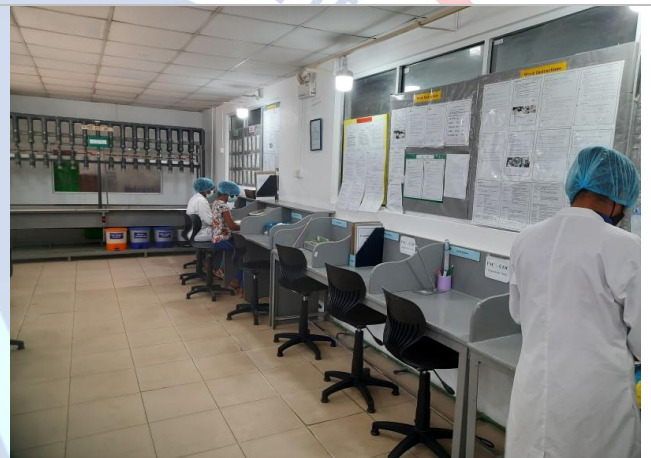
Chemical Storage Area



Finished Good Warehouse



Laboratory Front View



Laboratory inside View



Laboratory inside View



Production Entrance



Production Flow View



Production Flow View



Dipping Tak View



Compound Department



Pigments and Other Chemical area



Latex Tank View



Old compound Area



Dry Chemical Store Area



Dry Chemical Store Area



Production Area



Production Area



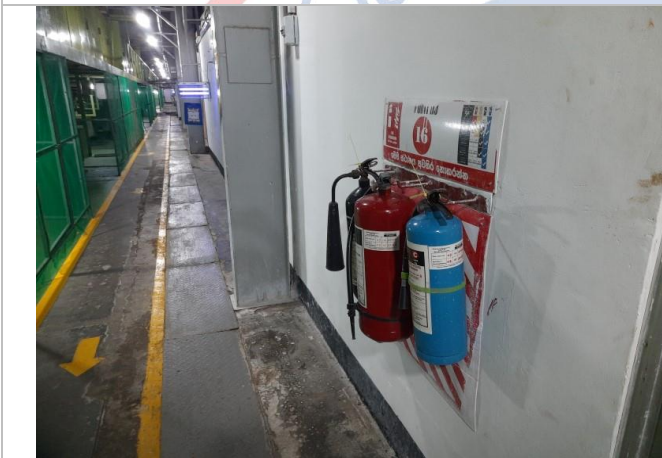
Production Area



Main Panel board Area



Tumbler Section



Fire Equipment View



Safety fly Catcher Machine



Tumbler Section Inside View



Finished Product area for Lab approval



Reject goods store area



Sorting section



QC Checking and Packing area



Recycle Area



Packing Entrance Notice



Packing Department Front View



Product Display



Packing Inside View



Safety Group Members

N/A

3.2 Machinery Details

Machine Name	Model No.	Qty	If any operation or maintenance record?
Oven		23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tumbler Hot		05	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tumbler cool		04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Local drier		01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Compound feeding tank		12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pearl mill		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
High Speed Stirrer – A		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ball mill		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chiller		6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F/O boiler		3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Generator		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Compressor		2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Air dryer		2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Conveyor		2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sealing machine		3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weighing Scale		13	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Analytical Balance		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Firewood Boiler	CPB40/10.54/6	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Remarks : please refer attached XL file for more machine details (Zone A & B)

3.3 Product Capacity				
Production Line		Max Capacity of Year		Actual Output of Year
Zone A	1			5,657,205 Pieces
	2			5,654,103 Pieces
Zone B	1	Household	14,285,602 Pairs	15,505,823 Pairs
	2	Examination	69,504,134 Pieces	71,134,438 Pieces
	3	Examination	71,620,944 Pieces	72,615,418 Pieces
	4	Examination	53,536,470 Pieces	55,619,812 Pieces
	5	Surgical	7,690,666 Pieces	7,701,486 Pieces

3.4 Product Category			
Main product produced in factory:		Gloves (Examination, Household and Surgical)	
Which customer did the factory work with:		Confidential	
3.5 Subcontract (if any key procedure subcontracted)			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure Name.	Subcontractor	Capacity of subcontractor	Years of Cooperation
N/A	N/A	N/A	N/A

3.6 Order Planning			
Is order evaluation procedure / record available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is production manager acknowledge the clear production plan & shipment schedule	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Observe any material delay in the production plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Due to Covid 19 season	
Observe any production delay in the production plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Due to Covid 19 season	
Observe any shipment delay in the production plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Due to Covid 19 season	
Is order evaluation procedure / record available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Due to Covid 19 season		

Segment 4 : Research & Development

4.1 R & D Capacity			
Currently total <u>11</u> engineers in R&D department.			
Education	No. of Engineers	Years of Working	Position
Graduate & master's degree Holders	1	20 Plus	General Manager
Graduate's & master's degree Holders	2	10 to 20	Managers
Graduate's	6	5 Plus	Executives
Technical	2	2~5 years	Supervises
Others	Nil	Below 2 years	Nil
If any patent available :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Patent: N/A
If any own brand:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Brand Name: Lalan Touch
If any R&D Cert:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cert Name: N/A
Software for R&D	<input type="checkbox"/> AUTOCAD <input type="checkbox"/> PRO/E <input type="checkbox"/> UG <input type="checkbox"/> APP <input checked="" type="checkbox"/> Other		

Segment 5 : Quality Management System

5.1 Certificate of QMS				
Certificate Name	Certificate No.	Issued by	Issued Date	Valid Date
Zone – A ISO 9001 : 2015	44 100 19392xxx - xxx	TUV NORD CERT	30 – 05 - 2022	01 – 05 - 2025
Zone – B ISO 9001 : 2015	44 100 19392xxxx	TUV NORD CERT	30 – 05 - 2022	01 – 05 - 2025

5.2 Product Certificate			
Cert No.	Product Name	Type of Cert	Valid Date
TL078 - xxxx	Certificate of Accreditation	Chemical and Mechanical Testing	11 - 02 -2023
2777/ 12393-01/ Exx - xxx	Natural Rubber Neoprene Blue, Black & Yellow Gove	EU – Type Examination	22 – 03 - 2024
2777/ 12393-02/ Exx-xxx	Five Finger Nitrile Flock line 40g glove	EU – Type Examination	17 – 05 -2017
2777/ 12393-03/ E00-xxx	Nitrile examination powder free glove	EU – Type Examination	14 – 01 2027
2777 / 17984-01/ E00-xxxx	Heavy weight Nitrile examination powder free glove	EU – Type Examination	13 – 08 - 2026

5.3 Quality Control Overview			
5.3.1 Process of quality management			
If independent quality department and quality manager available on site?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No - Plant wise QA executive.
If quality manager reported to top management directly?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If independent QC available?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If any inspection standard documented?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
5.3.2 Supplier and Subcontractor Control			
If any supplier and subcontractor evaluation procedure available?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No.
If the newest list of approved supplier available?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If any procedure and record for contract evaluation?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If any internal audit procedure and record?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
5.3.3 Product Inspection			
If any procedure and record for IQC (In process Quality control)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No.
If any procedure and record for PQC (Product Quality & compliance)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If any procedure and record for FQC (Final Quality control)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If any procedure and record for defective control	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
5.3.4 Safety testing and product control			
If any internal Lab testing or testing facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Equipment Name	Model No.	Qty	If any operation and maintenance record?
Length Gage	N/A	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Temperate indicator	N/A	02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water tester	N/A	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ISO Viscosity Cup	N/A	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weighting Scale	14647516 / XK 2008	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IR Thermometer	DT 8380 / 155351032	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Venire Caliper	HI – Mezar / 12049122	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Thickness Gauge	Mitutioio 2046 S MKU 942 / K16654	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Steel Ruler	Elsoon / Sward Fish	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Measuring Cylinder	Pyrex - England	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PH Meter	Hanna / HI – 2211 / Boo48421	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oven	Venticell B- 50436 VC III – ECO/ h 210721	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HG Thermometer	Branna	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If random testing control by 3rd party Lab			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, testing conducted for regulation, such as CE-EMC, LVD, ROHS etc.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5.3.5 Claim Treatment	
If any procedure for Claim treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any clear procedure for claim and CAP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any tracing identification on finished product or its package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any procedure for product recall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Segment 6 : Administration & Working Environment

6.1 Administration Management	
If a list for all employees available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a copy of ID card for employee reserved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If ID card detained for any employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any Child in production area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If contract signed by each employee & the copy of contract passed to employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Record	<input type="checkbox"/> Timecard <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Manual <input type="checkbox"/> Other
Work Shifts	<input checked="" type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift - 8:00-12:00, 13.30-17.30
Period of Payment	<input checked="" type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> Other
If payment detained for any employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

6.2 Work Environment	
If 2 exits available in the area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any emergency lights and exit signs on the exit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any fire equipment available (Hydrant, Fire fighters etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If all aisles is free from blocks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any PPE available for special operation: goggles, protective gloves Masks etc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any first aid in the area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any monitor for noisy, waste and chemicals in area conducted per year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any clean drinking water available in area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any canteen or dormitory available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any fire equipment in canteen or dormitory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If area of canteen or dormitory is in the same building of the production area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Segment 7 : Environmental Oversight

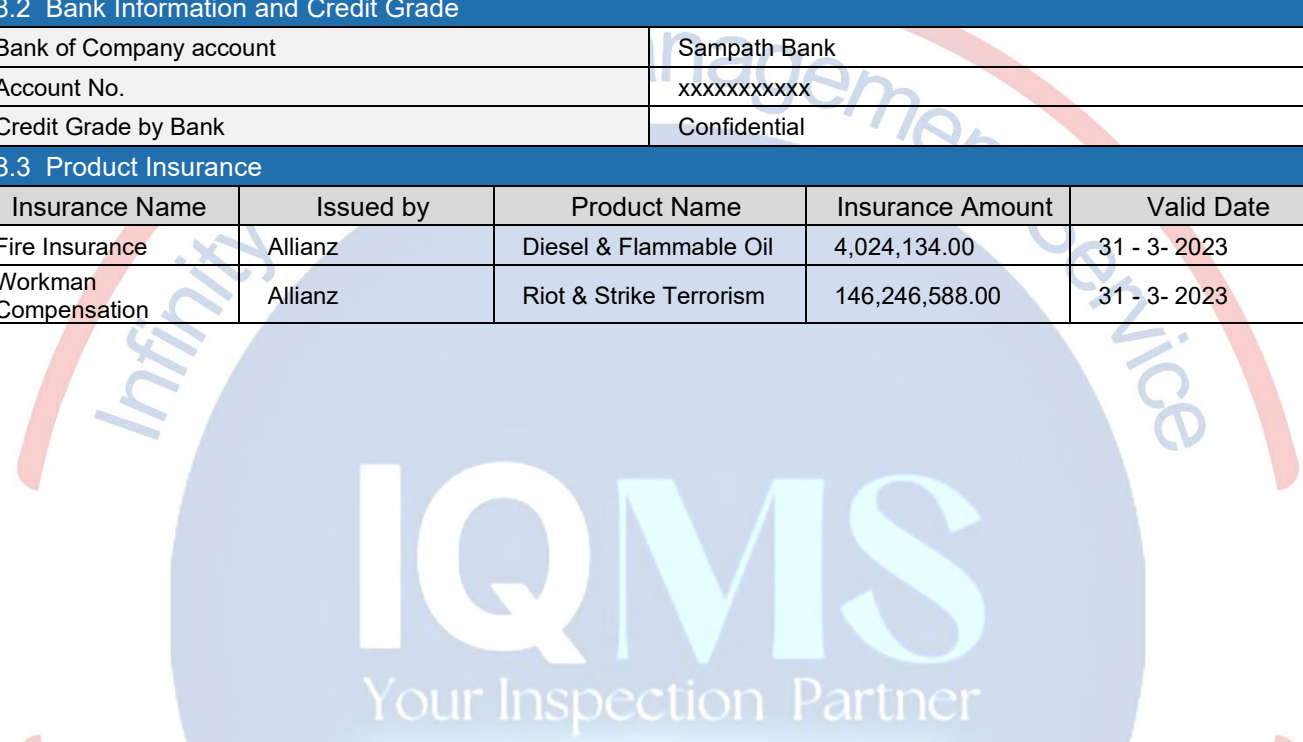
7.1 Environmental Oversight Management	
If any document for Environment available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any report for environment approval available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any procedure for energy saving and air emission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any achievement available already?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Noisy and waste treatment	
If any monitor for noisy conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any approval or monitor for wastewater conducted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any approval or monitor for waste air conducted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a specialist company is assigned to treat all solid waste in factory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Segment 8 : Financial Positioning

8.1 Turnover, Profit, and debt ratio in latest 3 years				
Items	2021	2022	2023	
Turnover	Zone A -6.1 / Zone B -7.5 M	Zone A -5.14 / Zone B -8.5 M	Zone A - 3.6 / Zone B- 6.5 M	
Profit rate	Confidential	Confidential	Confidential	
Debt rate	Confidential	Confidential	Confidential	

8.2 Bank Information and Credit Grade	
Bank of Company account	Sampath Bank
Account No.	xxxxxxxxxxx
Credit Grade by Bank	Confidential

8.3 Product Insurance				
Insurance Name	Issued by	Product Name	Insurance Amount	Valid Date
Fire Insurance	Allianz	Diesel & Flammable Oil	4,024,134.00	31 - 3- 2023
Workman Compensation	Allianz	Riot & Strike Terrorism	146,246,588.00	31 - 3- 2023



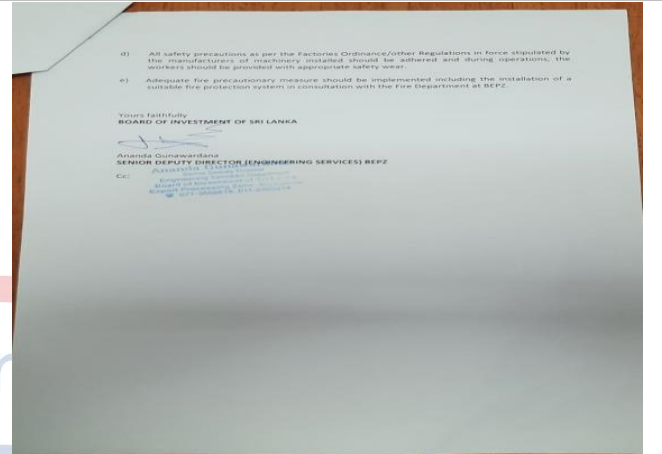
Photos & Attachments

01. Business registration & Certificate

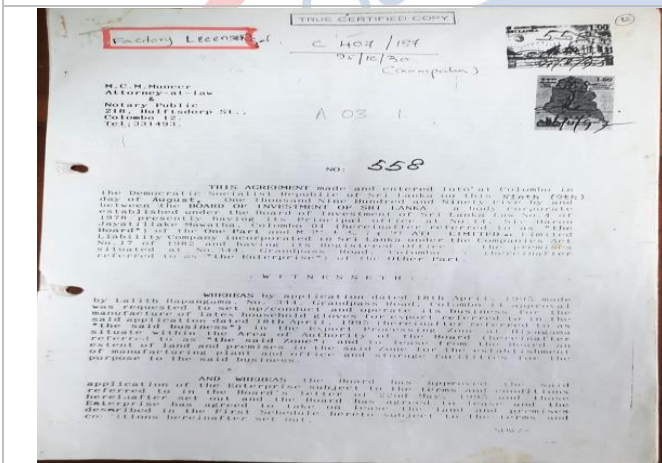
Company Business registration	Foreign Trad License.



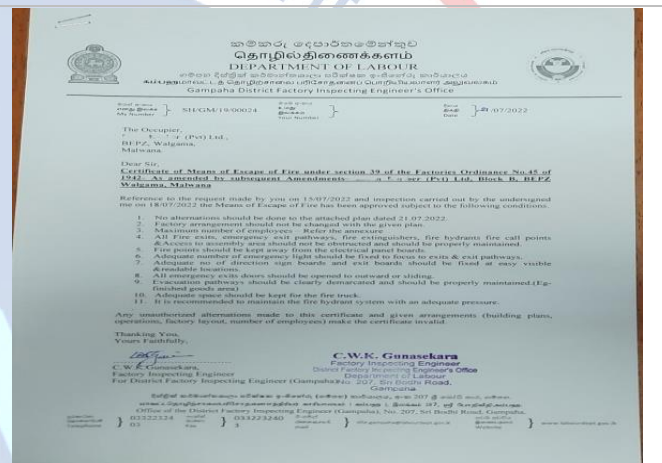
Land Certificate - Zone - B - 2



Land Certificate - Zone - B - 2



Land Certificate - Zone - A

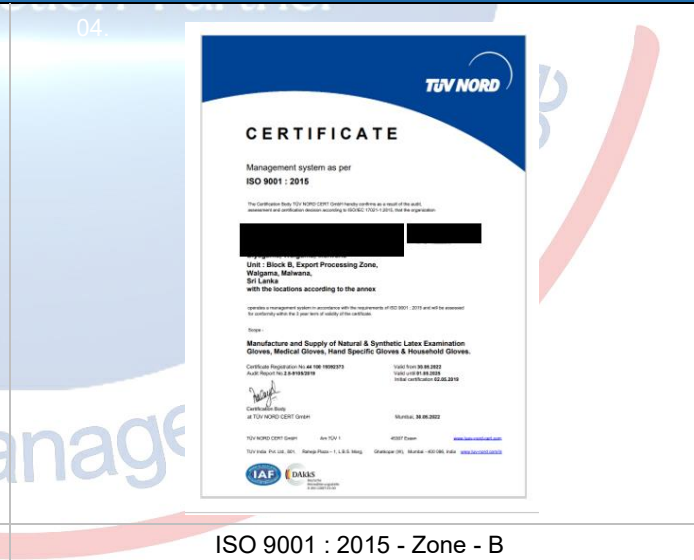


Department of Labor Certificate

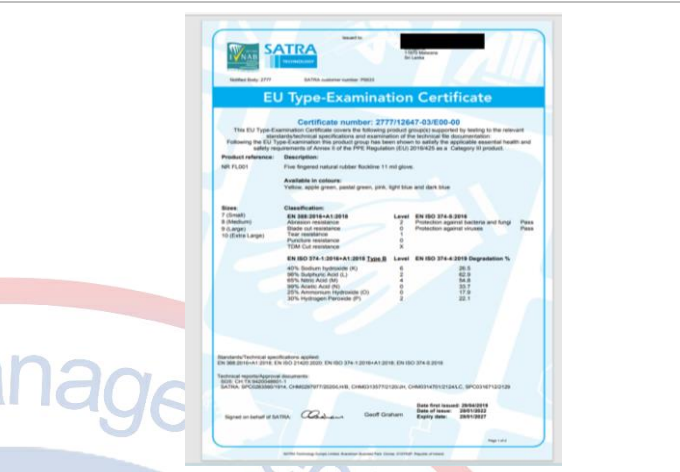
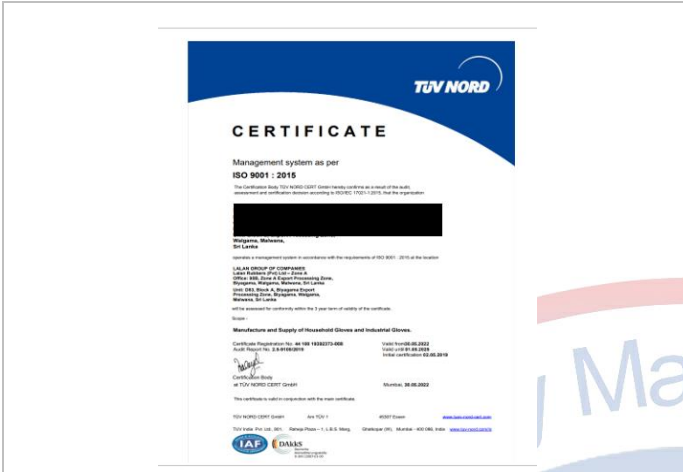
02. Product Certificate



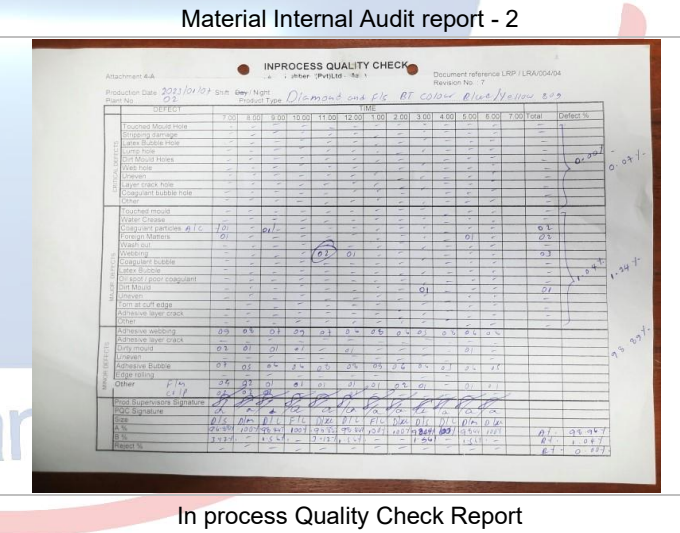
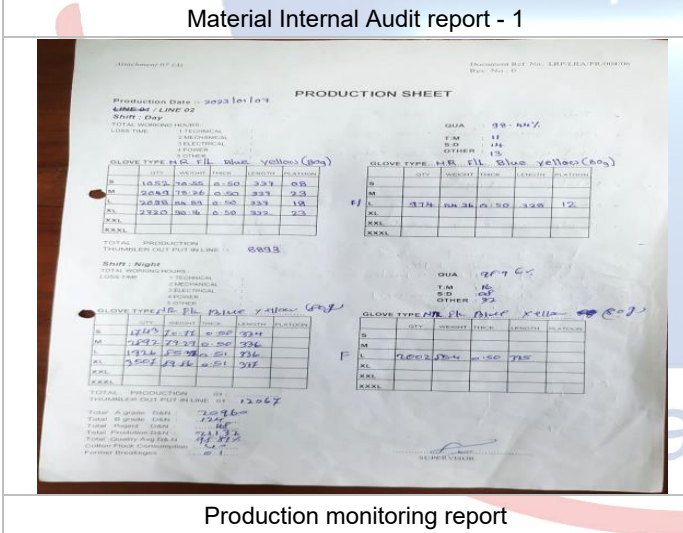
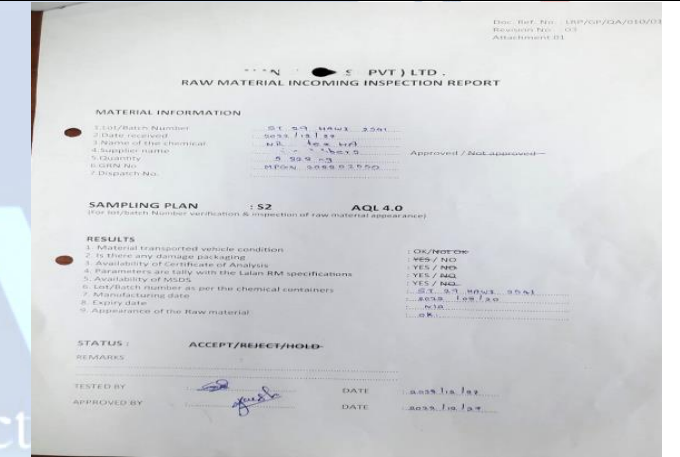
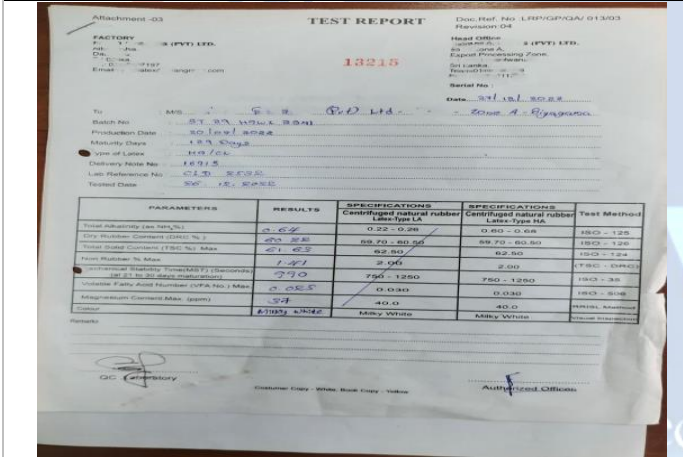
Accreditation certificate for central lab



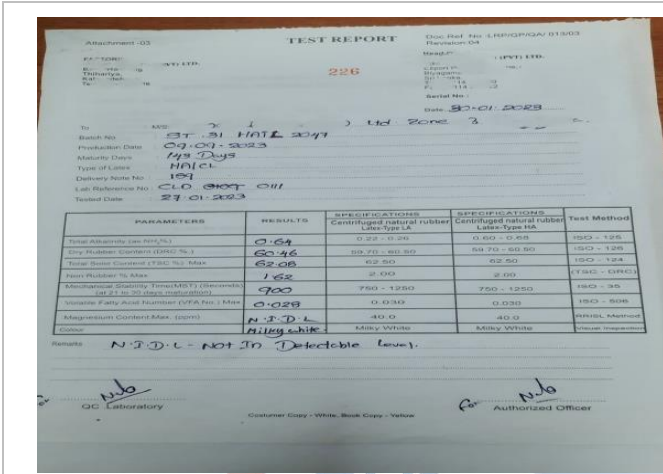
ISO 9001 : 2015 - Zone - B



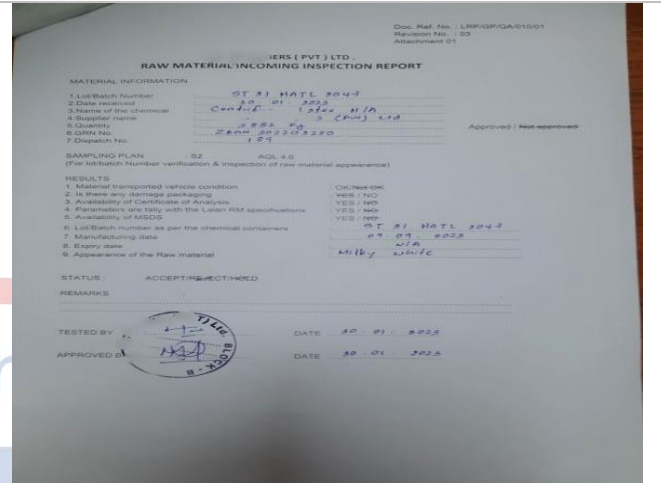
01. In process Quality Documents 03. Quality Control Overview 07. EU type – Household examination Certificates



Material Internal Audit report - 1 Material Internal Audit report - 2 Production monitoring report In process Quality Check Report



Material Internal Audit report - 1



1 Material Internal Audit report - 2

02. Product Quality Plan

Quality Plan For HH.pdf
Quality Plan For Exam.pdf

LRP-LRA-QP-001
Product Quality plan.]

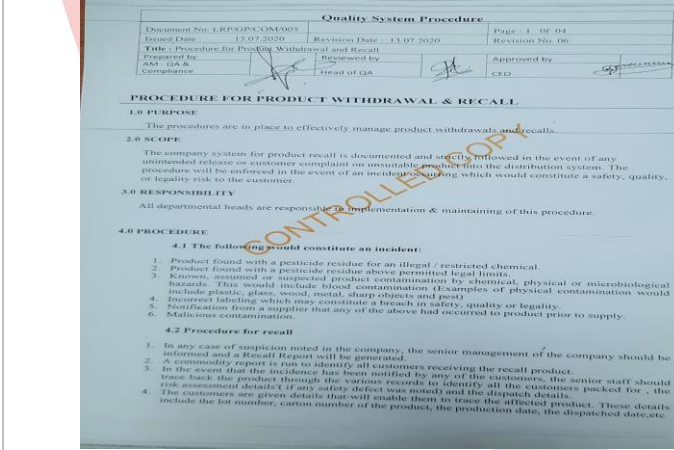
Organizational structure- A (2).pdf
Organizational structure- A (1).pdf
Organizational structure- A (3).pdf

08 Emergency Plan.pdf

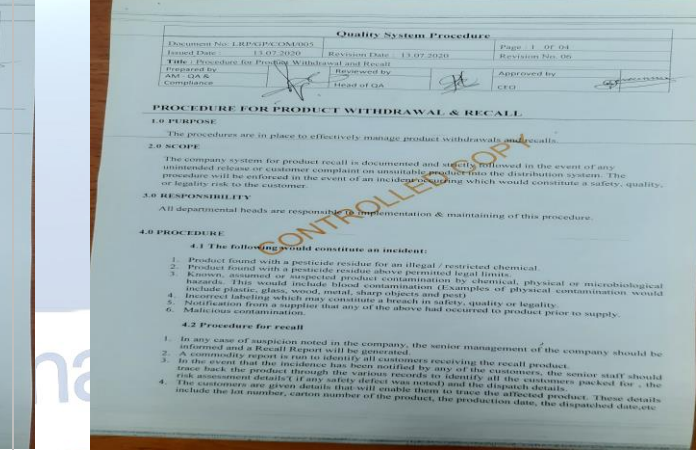
Product & QMS Plan

Emergency Plan & Organization Structure

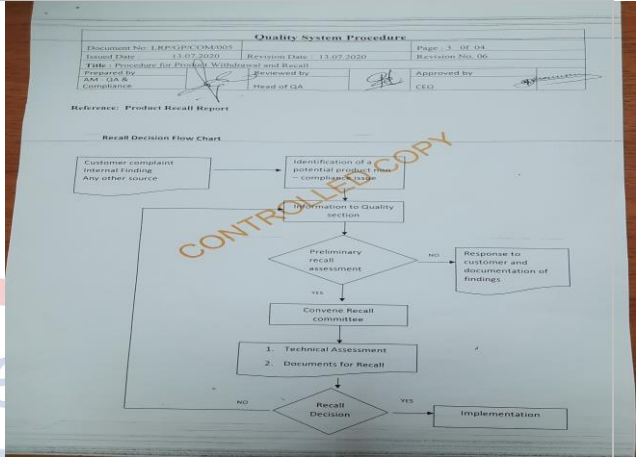
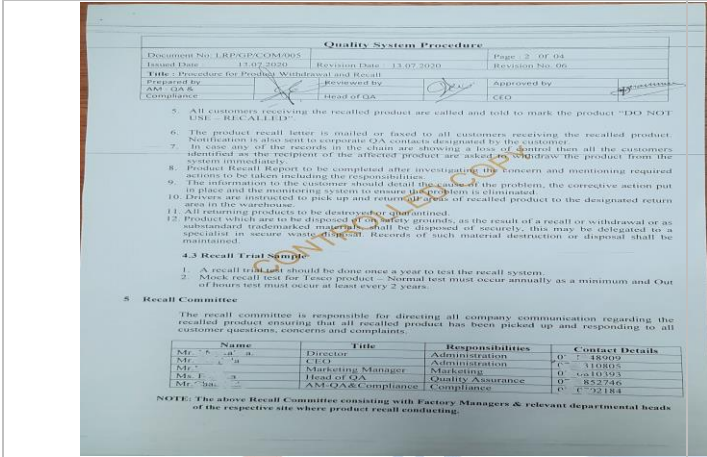
03. Claim Treatment



01

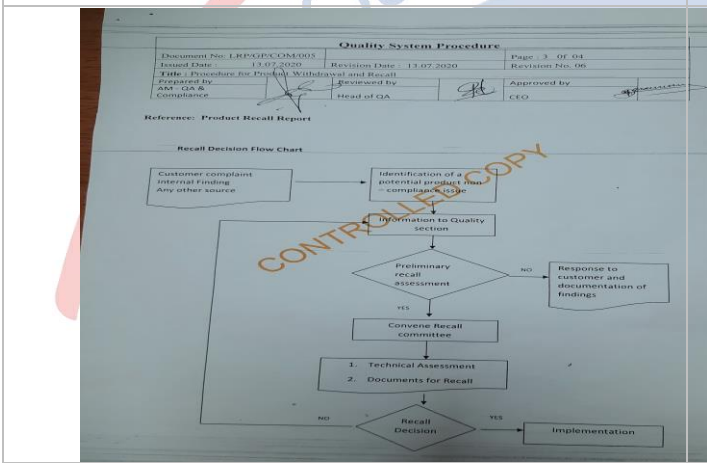


02



03

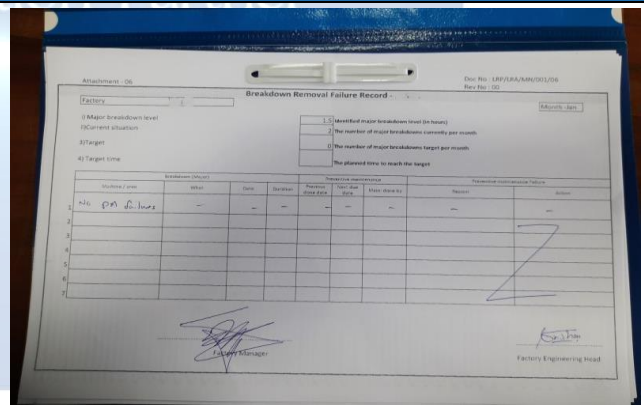
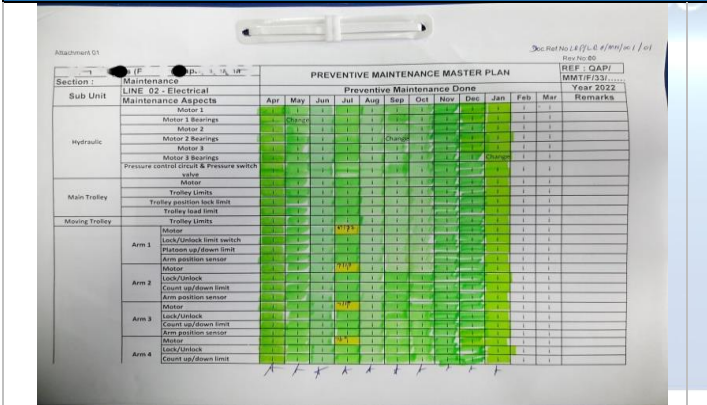
04



14. 05

15. 06

04. Maintenance record



Main Tain Master Plan – Zone A

Breakdown records – Zone A



Sample Products



Sample Products



Sample Products



Sample Products



Sample Products



Sample Products

07. Approved Suppliers List

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

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Approved Suppliers List

08 Procedure for order Accomplishment

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LRP/OP/001/03	6	3

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

Doc. Ref. No.	Revision	Rev. No.
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LRP/OP/001/03	6	3

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

OIM

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

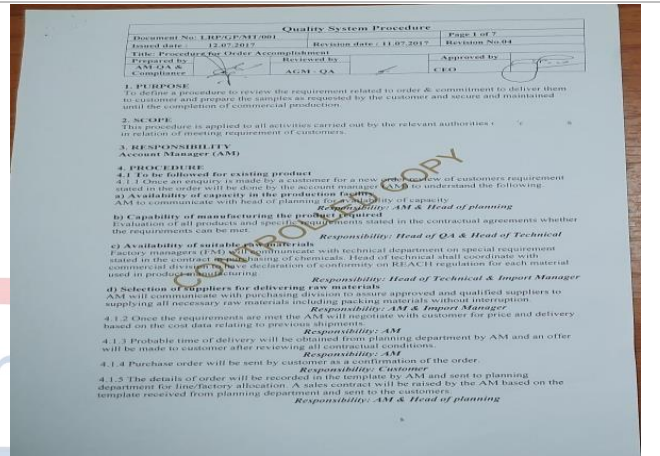
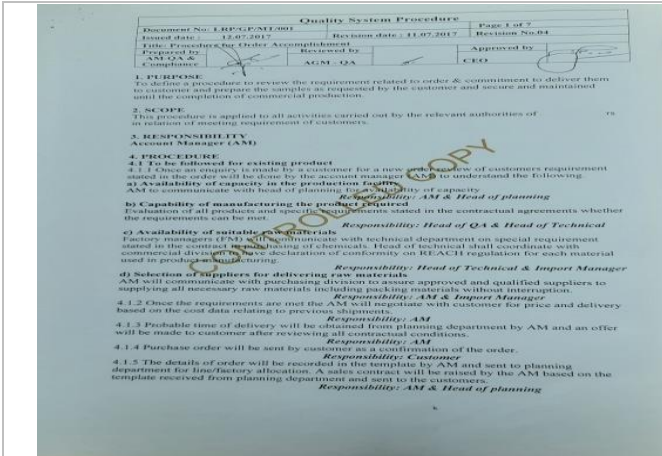
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LRP/OP/001/03	6	3

Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

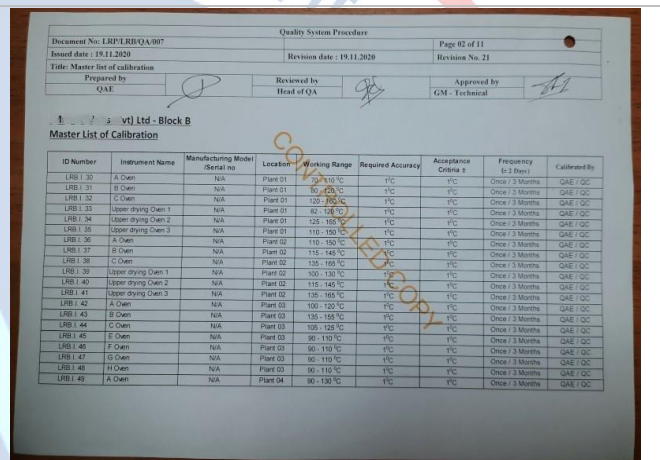
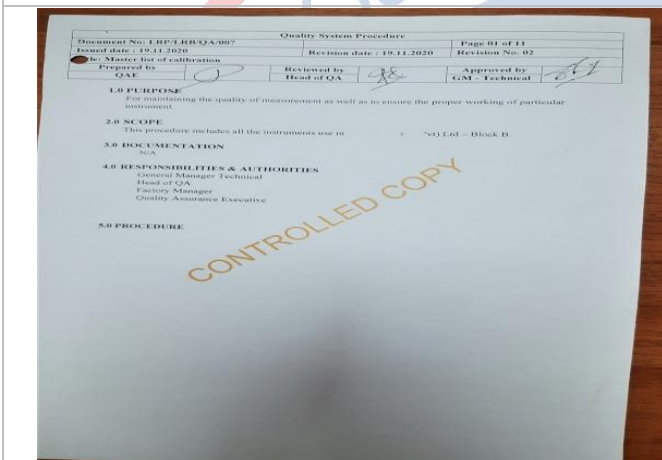
Doc. Ref. No.	Revision	Rev. No.
LRP/OP/001/03	6	3

OIM



Procedure for Order Accomplishment

Procedure for Order accomplishment



Master List of Calibration

Master List of Calibration

Your Inspection Partner

***** END OF REPORT *****



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