

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		REPORT OF CERTIFICATION <i>(Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)</i>										FOR FDA USE ONLY																
												1	2	3	4	5												
IDENTIFICATION																												
1. NAME OF SINGLE-SERVICE FABRICATING PLANT					2. CITY					3. STATE/COUNTRY																		
4. STREET										5. MFG. CODE NO.				6. CODE														
											PRODUCT	MATERIAL																
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION										56	57	58	59	60	61	62												
										PRODUCT CODE (60) 1. Containers 2. Closures 3. Other products 4. Containers and closures 5. Containers and other products 6. Closures and other products 7. Containers, closures and other products			MATERIAL CODE (62) 1. Metal 2. Paper (Includes laminates) 3. Plastic 4. Metal and paper 5. Metal and plastic 6. Paper and plastic 7. Metal, paper and plastic 8. Glass 9. Rubber 10. Paper, metal, plastic and glass 11. Ceramic															
7.a. RATING/CERTIFICATION PERSONNEL		7.b. DATE OF PLANT CERTIFICATION		7.d. EXPIRATION DATE *																								
<input type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> SDL <input type="checkbox"/> SSC				MONTH		DAY		YEAR																				
				67	68	69	70	71	72																			
		7.c. SANITATION COMPLIANCE RATING						20																				
*EXPIRATION DATE										8. SRO OR SSC																		
Certification of single-service manufacturing plants may be valid for a period not to exceed one (1) or two (2) years from the earliest certification date. The expiration date is one (1) or two (2) years from the earliest certification date. NOTE: Certifications conducted by SSCs shall only be valid for a period not to exceed one (1) year from the earliest certification date.										9. CERTIFICATION RECOMMENDED			9.a. LISTING TYPE															
										<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL															
LABORATORY CONTROL																												
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY																												
11. INSPECTION RESULTS <i>(Place an "X" under Items debited)</i>																												
1	2	3	4	5	6	7	8	9	10	11	12	13 a,b,c, f,g,i,k	13 d,e, h,j	14	15	16 a	16 b,c	17 a,b d,e	17 c	18	19	20 a,b,f	20 c,d,e	21	BACTI	COLI		
12. PERMISSION TO PUBLISH																												
Permission is hereby granted to release and publish the above stated certification for use by Regulatory/Rating Agencies and prospective purchasers.																												
It is understood and agreed by the undersigned that the official Rating Agency or SSC, as applicable, may review and appraise the single-service fabricating plant at any time during the period of time the above certification is in effect. It is further understood that failure to maintain the above certification will subject this plant to withdrawal from the IMS Listing. We will notify the Rating Agency or SSC, as applicable, of any significant changes made in the operation of this plant.																												
12.a. NAME OF PLANT																												
12.b. OFFICER AUTHORIZING RELEASE										12.c. TITLE																		
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE																												
13.a. DATE OF REPORT					13.b. RECOMMENDED CLASSIFICATION ACCEPTED					13.c. SUBMITTED BY <i>(Signature and Title)</i>																		
					<input type="checkbox"/> YES <input type="checkbox"/> NO																							
FOR FDA USE ONLY																												
14. DATE RECEIVED					15. PUBLICATION OF RATING RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO", indicate why.)</i>																							
16. DATE TRANSMITTED					17. SIGNATURE <i>(FDA Regional Milk Specialist)</i>																							