

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		REPORT OF CERTIFICATION <i>(Fabrication of Single-Service Containers and Closures for Milk and Milk Products)</i>				FOR FDA USE ONLY															
						1	2	3	4	5											
IDENTIFICATION																					
1. NAME OF SINGLE-SERVICE FABRICATING PLANT					2. CITY			3. STATE													
4. STREET						5. MFG. CODE NO.			6. CODE												
7. AGENCY 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												
7.a. RATING AGENCY		7.b. DATE OF INSPECTION		7.c. EXPIRATION DATE *																	
<input type="checkbox"/> SHD <input type="checkbox"/> SDA <input type="checkbox"/> SDL				MONTH		DAY		YEAR													
				67	68	69	70	71	72	20											
*EXPIRATION DATE					8. SANITARIAN OR CONSULTANT																
This date is 15 or 24 months following the survey date. Certification of single-service manufacturing plants may be valid for 1 or 2 years. In case of a 1 year certification, a 90 day grace period is included to provide time for transmission of the completed <i>Report of Certification</i> (Form FDA 2359d).																					
						9. CERTIFICATION RECOMMENDED															
						<input type="checkbox"/> YES <input type="checkbox"/> NO															
LABORATORY CONTROL																					
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY																					
11. INSPECTION RESULTS <i>(Place an "X" under Items involved)</i>																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
12. PERMISSION TO PUBLISH																					
<p>Permission is hereby granted to release and publish the above stated classification for use by State and local milk control authorities and prospective purchasers.</p> <p>It is understood and agreed by the undersigned that the official State Milk Rating Agency may review and appraise the single-service fabricating plant at any time during the period of time the above classification is in effect. It is further understood that failure to maintain the above classification will subject this plant to delisting. We will notify the State Milk Rating Agency of any significant changes made in the operation of this plant.</p>																					
12.a. NAME OF PLANT																					
12.b. OFFICER AUTHORIZING RELEASE						12.c. TITLE															
13. SUBMISSION OF REPORT BY STATE MILK SANITATION RATING AGENCY																					
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 REGIONAL OFFICE 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 Reporting Officer)</i>																	