

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												
7.a. RATING AGENCY <input type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> SDL					7.b. DATE OF INSPECTION			7.c. EXPIRATION DATE *													
								MONTH		DAY		YEAR									
			67		68		69		70		71		72								
									20												
*EXPIRATION DATE Certification of single-service manufacturing plants may be valid for a period not to exceed one (1) or two (2) years from the earliest survey date. The expiration date is one (1) or two (2) years from the earliest survey date.					8. SANITARIAN OR CONSULTANT																
					9. CERTIFICATION RECOMMENDED			9a. 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 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 certification 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 Rating Agency 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 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 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>																		