DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

REPORT OF CERTIFICATION

(Fabrication of Single-Service Containers and/or

FOR FDA USE ONLY											
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4. STREET 7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION 5. MFG. CODE NO. 6. CODE PRODUCT MATE PRODUCT CODE (60) 1. Containers 2. Closures 3. Other products 4. Containers and other products 5. Containers and other products 5. Containers and other products 6. Aper and plastic 6. PRODUCT CODE (60) 1. MATERIAL CODE (62) 1. Metal 2. Paper (Includes laminate: 3. Other products 4. Containers and other products 5. Containers and other products 7. Containers and other products 7. Containers and other products 8. Glass 7. Containers, closures and other products 9. Rubber 10. Paper, metal, plastic and 11. Ceramic *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 certification date. The expiration date is one (1) or two (2) years from the earliest certification of acte. The expiration date is one (1) or yets one of the products of the product o	Closures for Milk and/or Milk Products)																
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		12. F	PERMISS!	ION TO	PUBLISI	д											
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.a. NAME OF PLANT																_
12.b. OFFICER AUTHORIZING RELEASE 12.c. TITLE	12.b. OFFICER AUTHORIZING RELEASE	12.c. T	TTLE														
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE 13.a. DATE OF REPORT 13.b. RECOMMENDED CLASSIFICATION ACCEPTED YES NO 13.c. SUBMITTED BY (Signature and Title) ACCEPTED	13.a. DATE OF REPORT 13.b. RECOMMENDED C ACCEPTED									BLE							
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14. DATE RECEIVED 15. PUBLICATION OF RATING RECOMMENDED YES NO (If "NO", indicate why.)																	
16. DATE TRANSMITTED 17. SIGNATURE (FDA Regional Milk Specialist)	16. DATE TRANSMITTED 17. SIGNATURE (FDA R	Regional Milk	Specialis	; <u>t)</u>													_