DI	EPART	MENT	OF HE	ALTH A	ND H	UMAN	SERVICES REPORT OF CERTIFICATION										FOR FDA USE ONL												
FOOD AND DRUG ADMINISTRATION									(Fabrication of Single-Service						e Containers and/or				1	-		3		4			5		
									Clo	sures	ires for Milk and/or i				Milk Products)														
1 NAME OF SINGLE-SERVICE FABRICATING PLANT 2 CITY																													
							ATINO	PLAI	IT			CITY							TATE/C	TNUC	RY								
	STRE		g Pr	oauc	ts, ir	1C					Fo	rest						IL											
		-	obos	ь А	_										5	MFG													
342 East Wabash Ave.																						ATER	ATERIAL CODE						
7 AGENCY OR SSC AS APPLICABLE PROVIDING ROUTINE INSPECTION														56	56 57 58 59 60 61							62							
Illinois Department of Public Health													PRO	DUCT	CODE	(60)	<u> </u>	MAT	3	Ä	DE (6	1		5					
7 a RATING/ 7 b DATE						OF F	LANT		7.d.	EXPIR	ATION	DATE*			1 Ca	nta ne	rs	(00)	1 Metal										
CERTIFICATION CERTIFIC PERSONNEL															3 Other products						Paper (Includes laminates) Plastic								
02/27/2025						5			440							ntaine	rs and		5 Metal and plastic										
⊠ SHD ☐ Other					SANI	TATIO	N		MONTH DAY YEAR 67 68 69 70 71 72					products 6 Closures and other					6 Paper and plastic 7 Metal paper and plastic										
					7 c. SANITATION COMPLIANCE RATING					2	2	8	20	26	pro	products 8 Glass 7 Containers closures and 9 Rubber						ana p							
	שטנ	□ s	SC						0	-	-		20	20		et bto		enieta e	riu	10 P	aper		al pla:	stic an	d glas	\$			
				*E	KPIR/	ATIO	N DAT	E				8	SRO O	R SSC	11 Ceramic														
not	to exc	eed o	ne (1) c	r Iwa (2) véa	irs from	n the e	artiest	certific	ation d	period	Gu	y K S	prou	ıls														
(2)	years i	from th	ne earli	est cer	trfication	on date	expira NOT	E Cer	tificatio	105 COI	ducted	9 C	•		ON REC	ОММЕ	NDED)	9a LISTING TYPE										
by .	5SCs :	shall o	nly be:	valid fo	ra pe	riod no	M to ex	ceed o	ne (1)	vear r	lus the		X	YES		□ NO		FULL X PARTIAL											
	remaining days of the month from the eadlest certification date LABORATORY C												CONTROL																
							OF API				ORY																		
Dai	ly La	bora	atorie	s, P	eoria	i, IL	US-	17-B	-001	33																			
11 INSPECTION RESULTS (Place an X under Items debited)																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	13	14	15	16	16	J	- 1	8	19	20	20	21	æ	C		
													a,b c,f, g ı,k	d,e,			a	bс	a,b, de	١			abí	c d.e		BACYI	COL	18	
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	Α	gen	ies a	nd pr	ospe	ctive	purc	hase	rs.																_				
) -	is u	nders	tood	and .	agre	ed by	the i	undei	signe	d tha	t the	officia	al Ra	ting A	genc	y or S	SC.	as appl	icab	le, m	nay	revie	w ar	nd				
	is	s furt	her u	nders	stood	that	failu	re to	main	ant a tain 1	t arsy the ab	ume	certifi	g (ne catio	perio	o or I subje	ime t ect thi	ne al s ola	oove ce	ertific ithdr	atior awa	1 is I fro	in el	fect.	It S				
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 Selia Sealing Products Inc.																													
Selig Sealing Products, Inc. 12 b OFFICER AUTHORIZING RELEASE																													
121	0 OFF	ICER	AUTH	ORIZIN 	IG RE	LEAS	E I. a								C TITL		20	<i>c</i>		41	- -								
Brittany Henderson SHERPS specialist																													
13 SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC AS APPLICABLE 13 DATE OF REPORT 14 DATE OF REPORT 15 DATE OF REPORT 16 DATE OF REPORT 17 DATE OF REPORT 17 DATE OF REPORT 18 DATE OF														_															
							13 b RECOMMENDED CLASSIFICATION ACCEPTED								SUBMITTED BY Bignature and Title)														
marcal 3, 2023							YES NO									State Rating Officer													
14 5	ATE !	DECE	VED		9	1	m. 1					-	_	_	ONLY		X									-			
14 L	14 DATE RECEIVED 15 PUBL CATION OF RATING RECOMMENDED YES (If "NO" indicate why)																												
16 DATE TRANSMITTED 17 SIGNATURE (Milk Specialist)																													
10 6	MIE	INPAN	omi () E	u		117	3IGN/	NURE	(Milk	specia	list)																		