

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		<b>REPORT OF CERTIFICATION</b> <i>(Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)</i>				<b>FOR FDA USE ONLY</b>																						
						1	2	3	4	5																		
<b>IDENTIFICATION</b>																												
1. NAME OF SINGLE-SERVICE FABRICATING PLANT <i>Selig Sealing Products, Inc</i>				2. CITY <i>Forrest</i>			3. STATE/COUNTRY <i>IL USA</i>																					
4. STREET <i>348 E. Wabash Ave.</i>				5. MFG. CODE NO.			6. CODE																					
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION <i>Illinois Dept. of Public Health</i>				56	57	58	59	60		61	62																	
								<i>3</i>	<i>5</i>																			
7.a. RATING/CERTIFICATION PERSONNEL			7.b. DATE OF PLANT CERTIFICATION			7.d. EXPIRATION DATE *																						
<input checked="" type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> SDL <input type="checkbox"/> SSC			<i>June 26, 2023</i>			MONTH		DAY		YEAR																		
			7.c. SANITATION COMPLIANCE RATING <i>86</i>			<i>06</i>	<i>26</i>	<i>20</i>	<i>23</i>																			
*EXPIRATION DATE				8. SRO OR SSC <i>Guy Sprouts</i>																								
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. <b>NOTE:</b> 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL																				
<b>LABORATORY CONTROL</b>																												
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY <i>Daily Labs, Peoria</i>																												
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	COU		
												X					X											
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 <i>Selig Sealing Products, Inc.</i>																												
12.b. OFFICER AUTHORIZING RELEASE <i>SHERPS Manager, The Americas</i>						12.c. TITLE <i>[Signature]</i>																						
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE																												
13.a. DATE OF REPORT <i>June 26, 2023</i>			13.b. RECOMMENDED CLASSIFICATION ACCEPTED				13.c. SUBMITTED BY <i>(Signature and Title)</i>																					
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<i>[Signature]</i> State Rating Officer																					
<b>FOR FDA USE ONLY</b>																												
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>																									