

IDENTIFICATION

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>342 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
7.a. RATING/CERTIFICATION PERSONNEL			7.b. DATE OF PLANT CERTIFICATION		7.c. SANITATION COMPLIANCE RATING
<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>6-25-24</i>		<i>86</i>
			7.d. EXPIRATION DATE *		
			MONTH	DAY	YEAR
			67	68	69
			70	71	72
			<i>06</i>	<i>25</i>	<i>20 24</i>

*EXPIRATION DATE		8. SRO OR SSC <i>Guy K. Sprouls</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. NOTE: 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
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		9.a. LISTING TYPE
		<input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL

LABORATORY CONTROL

10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY
US-17-B-00133

11. INSPECTION RESULTS (Place an "X" under items debited)

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	COLI
												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>Anthony Henderson</i>		12.c. TITLE <i>SHERPS specialist</i>
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE		
13.a. DATE OF REPORT <i>June 25, 2024</i>	13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO	13.c. SUBMITTED BY (Signature and Title) <i>State Rating Officers</i>

FOR FDA USE ONLY

14. DATE RECEIVED <i>6/25/24</i>	15. PUBLICATION OF RATING RECOMMENDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", indicate why.)
16. DATE TRANSMITTED	17. SIGNATURE (FDA Regional Milk Specialist) <i>[Signature]</i>