

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	REPORT OF CERTIFICATION <i>(Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)</i>	FOR FDA USE ONLY				
		1	2	3	4	5

IDENTIFICATION

1. NAME OF SINGLE-SERVICE FABRICATING PLANT <i>Selig Sealing Products, Inc.</i>			2. CITY <i>Forest</i>			3. STATE/COUNTRY <i>IL / USA</i>				
4. STREET <i>340 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 type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> SDL <input type="checkbox"/> SSC		<i>2-20-2006</i>		MONTH		DAY		YEAR		
				67	68	69	70	71	72	
		7.c. SANITATION COMPLIANCE RATING		PRODUCT CODE (60) MATERIAL CODE (62)						
				1. Containers 2. Closures 3. Other products 4. Containers and closures 5. Containers and other products 6. Closures and other products 7. Containers, closures and other products						
				1. Metal 2. Paper (includes laminates) 3. Plastic 4. Metal and paper 5. Metal and plastic 6. Paper and plastic 7. Metal, paper and plastic 8. Glass 9. Rubber 10. Paper, metal, plastic and glass 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, plus the remaining days of the month. 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, plus the remaining days of the month from the earliest certification date.			8. SRQ OR SSC <i>Guy K Sprouls</i>		
			9. CERTIFICATION RECOMMENDED		
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
			9a. LISTING TYPE		
			<input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL		

LABORATORY CONTROL

10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY <i>Daily Labs-</i>											
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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
												<i>X</i>		<i>X</i>												

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>	
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12.b. OFFICER AUTHORIZING RELEASE <i>Brittany Henderson</i>	12.c. TITLE <i>SHERPS specialist</i>
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13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE		
13.a. DATE OF REPORT <i>2-20-2006</i>	13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13.c. SUBMITTED BY (Signature and Title) <i>[Signature] SRQ</i>

FOR FDA USE ONLY

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