

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		REPORT OF CERTIFICATION (Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)				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>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 <i>3</i>	61	62 <i>5</i>															
7.a. RATING/CERTIFICATION PERSONNEL		7.b. DATE OF PLANT CERTIFICATION		7.d. EXPIRATION DATE *							PRODUCT CODE (60)		MATERIAL CODE (62)														
<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>6-27-2022</i>		MONTH		DAY		YEAR			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														
		<i>06262022</i>		<i>0</i>	<i>6</i>	<i>2</i>	<i>6</i>	<i>20</i>	<i>22</i>																		
*EXPIRATION DATE						8. SRO OR SSC <i>Guy K. Sprouls</i>					9. CERTIFICATION RECOMMENDED				9.a. LISTING TYPE												
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.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL																
LABORATORY CONTROL																											
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY <i>Suburban Labs Geneva, IL</i>																											
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</i>																											
12.b. OFFICER AUTHORIZING RELEASE <i>Guy K. Sprouls</i>										12.c. TITLE <i>Environmental & Product Safety Manager</i>																	
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE																											
13.a. DATE OF REPORT <i>6-27-22</i>			13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						13.c. SUBMITTED BY (Signature and Title) <i>Guy K. Sprouls</i>																		
FOR FDA USE ONLY																											
14. DATE RECEIVED					15. PUBLICATION OF RATING RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", indicate why.)																						
16. DATE TRANSMITTED					17. SIGNATURE (FDA Regional Milk Specialist)																						