



Department of
Agriculture

Governor Mike DeWine • Lt. Governor Jon Husted
Director Dorothy Pelandia

Division of Dairy
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Sincerely,

A handwritten signature in blue ink, appearing to read 'Jon Johns', written over a faint blue line.

Jon Johns
Milk Sanitation Rating Officer
Dairy Division
Telephone (614) 466-5550

Enclosure



Serving Farmers and Protecting Consumers Since 1846

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				2. CITY			3. STATE/COUNTRY																					
4. STREET				5. MFG. CODE NO			6. CODE																					
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION				56	57	58	59	6. PRODUCT CODE		MATERIAL CODE																		
				60		61	62																					
7.a. RATING/ CERTIFICATION PERSONNEL		7.b. DATE OF PLANT CERTIFICATION		7.d. EXPIRATION DATE*			PRODUCT CODE (60)			MATERIAL CODE (62)																		
<input type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> SDL <input type="checkbox"/> SSC		7.c. SANITATION COMPLIANCE RATING		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																	
				67	68	69	70	72	72																			
*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. 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.				8. SRO OR SSC			9. CERTIFICATION RECOMMENDED		9a. LISTING TYPE																			
							<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL																			
LABORATORY CONTROL																												
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY																												
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		
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																												
12.b. OFFICER AUTHORIZING RELEASE					12.c. TITLE																							
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE																												
13.a. DATE OF REPORT		13.b. RECOMMENDED CLASSIFICATION ACCEPTED			13.c. SUBMITTED BY (Signature and Title)																							
		<input type="checkbox"/> YES <input type="checkbox"/> NO																										
FOR FDA USE ONLY																												
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 (FDA Regional Milk Specialist)																										

U.S. Department of Health and Human Services
Food and Drug Administration
STATUS OF MANUFACTURING PLANTS
(SINGLE-SERVICE CONTAINERS AND/OR CLOSURES FOR MILK AND/OR MILK PRODUCTS)

Plant _____

Date of Certification _____

Sanitation Compliance Rating¹ _____

NAME OF PLANT	ITEMS OF SANITATION																				REMARKS							
	Floors	Walls and Ceilings	Doors and Windows	Lighting and Ventilation	Separate Rooms	Toilet/Facilities- Sewage Disposal	Water Supply	Handwashing Facilities	Plant Cleanliness	Lockers and Lunchrooms	Disposal of Wastes	Personnel - Practices	Protection From Contamination	Storage of Materials and Finished Product	Fabrication Equipment	Materials for Construction of Containers and/or Closures	Waxes, Adhesives, Sealants, Coating and Inks	Handling of Containers, Closures and Equipment	Wrapping and Shipping	Identification and Records		Surroundings	Bacterial Count*	Coliform Count*	Total Debits ²			
ITEM	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			
WEIGHT	1	1	2	2	3	3	4	2	3	2	2	3	3	11	3	5	11	3	3	11	2	4	3	11	2	5	10	

**MANUFACTURING PLANT
INSPECTION REPORT**
*(Single-Service Containers and/or Closures for
Milk and/or Milk Products)*

NAME AND LOCATION OF PLANT

<p>1. FLOORS Smooth; impervious; in good repair.....(a) <input type="checkbox"/> Joints between walls and floors tight; impervious.....(b) <input type="checkbox"/> Floor drains properly trapped; sloped to drain.....(c) <input type="checkbox"/></p> <p>2. WALLS AND CEILINGS In fabrication areas—smooth; cleanable; light-colored.....(a) <input type="checkbox"/> In fabrication and storage areas—good repair.....(b) <input type="checkbox"/> Openings in walls and ceilings effectively sealed.....(c) <input type="checkbox"/></p> <p>3. DOORS AND WINDOWS All outside openings protected against entrance of insects, rodents, dust, and airborne contamination.....(a) <input type="checkbox"/> Outer doors tight, self-closing.....(b) <input type="checkbox"/></p> <p>4. LIGHTING AND VENTILATION Adequate light in all rooms.....(a) <input type="checkbox"/> Ventilation sufficient.....(b) <input type="checkbox"/> Pressure ventilation systems properly filtered.....(c) <input type="checkbox"/></p> <p>5. SEPARATE ROOMS Fabrication areas separate from non-fabrication areas when required.....(a) <input type="checkbox"/> Regrinding plastic and paper trim shredding, packaging and baling conducted in separate room(s) from fabrication areas or as Appendix J permits.....(b) <input type="checkbox"/></p> <p>6. TOILET FACILITIES-SEWAGE DISPOSAL Disposal of sewage; other waste; in public sewage system or in compliance with Local and State Regulations.....(a) <input type="checkbox"/> All plumbing complies with Local and State plumbing Regulations.....(b) <input type="checkbox"/> Solid, tight-fitting, self-closing doors.....(c) <input type="checkbox"/> Toilet rooms and fixtures clean; in good repair.....(d) <input type="checkbox"/> Adequate light and ventilation; ducts vented to the outside.....(e) <input type="checkbox"/> Proper handwashing facilities.....(f) <input type="checkbox"/> Open windows effectively screened.....(g) <input type="checkbox"/> Employee handwashing signs posted.....(h) <input type="checkbox"/> Eating/food storage prohibited.....(i) <input type="checkbox"/></p> <p>7. WATER SUPPLY Safe; complies with bacteriological and construction requirements.....(a) <input type="checkbox"/> No direct or indirect connection between safe and unsafe water.....(b) <input type="checkbox"/> Sampled and examined as required.....(c) <input type="checkbox"/> Recirculated cooling water used in water baths, complies with bacteriological standards, tested semi-annually.....(d) <input type="checkbox"/> Testing records maintained as required.....(e) <input type="checkbox"/></p> <p>8. HANDWASHING FACILITIES Hot and cold and/or warm running water, soap, individual towels or air dryers convenient to fabrication areas; covered trash containers when required; hand sanitizers used as Appendix J permits.....(a) <input type="checkbox"/> Handwashing facilities clean.....(b) <input type="checkbox"/></p> <p>9. PLANT CLEANLINESS Floors, walls, ceilings, overhead beams, fixtures, pipes and ducts clean in rooms as required.....(a) <input type="checkbox"/> Plant free of evidence of insects, rodents and birds.....(b) <input type="checkbox"/> Machines and appurtenances clean.....(c) <input type="checkbox"/></p>	<p>10. LOCKERS AND LUNCHROOMS Separate from plant operation; self-closing doors.....(a) <input type="checkbox"/> Eating/storage of food prohibited in fabrication and storage areas.....(b) <input type="checkbox"/> Locker and lunchrooms clean.....(c) <input type="checkbox"/> Cleanable trash containers provided; properly labeled, covered.....(d) <input type="checkbox"/> Handwashing facilities convenient.....(e) <input type="checkbox"/> Employee handwashing signs posted.....(f) <input type="checkbox"/></p> <p>11. DISPOSAL OF WASTES Stored in covered, impervious, leak-proof containers; does not apply to production scrap.....(a) <input type="checkbox"/> Waste containers properly identified.....(b) <input type="checkbox"/> Storage of garbage/rubbish meets requirements.....(c) <input type="checkbox"/></p> <p>12. PERSONNEL - PRACTICES Hands washed as required.....(a) <input type="checkbox"/> Clean outer garments; hair restraints.....(b) <input type="checkbox"/> No person affected by disease in communicable form; while a carrier of such disease; or with inadequately protected wounds or lesions shall work in the fabrication areas.....(c) <input type="checkbox"/> Tobacco use in authorized areas only.....(d) <input type="checkbox"/> Insecured jewelry not permitted in fabrication areas.....(e) <input type="checkbox"/></p> <p>13. PROTECTION FROM CONTAMINATION Product contact surfaces protected; all materials in process properly protected.....(a) <input type="checkbox"/> Air under pressure directed at materials or product contact surfaces in compliance.....(b) <input type="checkbox"/> Air directed at materials or product contact surfaces by fans or blowers in compliance.....(c) <input type="checkbox"/> Pesticides approved; EPA registered.....(d) <input type="checkbox"/> Pesticides used in accordance with directions; precludes contamination of containers/closures.....(e) <input type="checkbox"/> Single-service articles in process protected from contamination.....(f) <input type="checkbox"/> Equipment cleaned after use of non-food-grade materials.....(g) <input type="checkbox"/> Cross contamination with non-food-grade material prevented.....(h) <input type="checkbox"/> No overcrowding of equipment and operations.....(i) <input type="checkbox"/> Toxic chemicals separated from raw materials and finished products.....(j) <input type="checkbox"/> Food containers manufactured by facility not used for storage of miscellaneous items or chemicals.....(k) <input type="checkbox"/></p> <p>14. STORAGE OF MATERIALS AND FINISHED PRODUCT Away from any wall; soiled outer turns or edges discarded.....(a) <input type="checkbox"/> Stored in clean, dry place, protected from splash, insects, and dust.....(b) <input type="checkbox"/> Containers and closures stored in original cartons and sealed until used; partially used cartons resealed during storage.....(c) <input type="checkbox"/> Containers for storage of resin, raw and reuse materials are covered, clean, impervious and properly identified.....(d) <input type="checkbox"/> In-process storage bins that touch the product contact surface constructed of cleanable, nonabsorbent material; clean.....(e) <input type="checkbox"/></p> <p>15. FABRICATING EQUIPMENT Contact surfaces clean; milk plant equipment utilized for preforming containers clean and sanitized prior to operation.....(a) <input type="checkbox"/></p>	<p>Makeshift devices not used; fasteners, guides, hangers, supports and baffles properly constructed; good repair.....(b) <input type="checkbox"/> Take-off tables and other container contact surfaces properly constructed; clean; in good repair.....(c) <input type="checkbox"/> Grinders, shredders and similar equipment properly installed; protected from contamination.....(d) <input type="checkbox"/> Resin storage silos, other containers, constructed to protect resin from contamination; air vents filtered; air tubes good repair and properly protected.....(e) <input type="checkbox"/></p> <p>16. MATERIALS FOR CONSTRUCTION OF CONTAINERS AND/OR CLOSURES Materials from approved source.....(a) <input type="checkbox"/> Food-grade lubricants used on contact surfaces; stored to prevent cross contamination; storage clean and ventilated.....(b) <input type="checkbox"/> Containers, closures or materials on floor not used.....(c) <input type="checkbox"/></p> <p>17. WAXES, ADHESIVES, SEALANTS, COATING AND INKS Handled and stored to prevent cross contamination with non-food-grade materials; storage areas clean and ventilated.....(a) <input type="checkbox"/> Unused materials covered, labeled and properly stored.....(b) <input type="checkbox"/> Nontoxic; imparts no flavor or odor; non-contaminating; complies with 21 CFR Parts 174-178.....(c) <input type="checkbox"/> Transfer containers clean; covered, properly identified.....(d) <input type="checkbox"/> Waxing, when used, performed as required; wax kept at proper temperature.....(e) <input type="checkbox"/></p> <p>18. HANDLING OF CONTAINERS, CLOSURES AND EQUIPMENT Handling of container and closure surfaces minimized.....(a) <input type="checkbox"/> Hands sanitized frequently or clean, single-use gloves worn; sanitizing dispensers convenient.....(b) <input type="checkbox"/></p> <p>19. WRAPPING AND SHIPPING Single-service articles properly containerized prior to shipping.....(a) <input type="checkbox"/> Packaged contents protected from contamination.....(b) <input type="checkbox"/> Transportation vehicles clean; in good repair; not used for unapproved uses.....(c) <input type="checkbox"/> Paperboard containers, wrappers and dividers not reused.....(d) <input type="checkbox"/> Packaging materials in compliance.....(e) <input type="checkbox"/></p> <p>20. IDENTIFICATION AND RECORDS Plant identification on outer wrapping as required.....(a) <input type="checkbox"/> Glass containers properly labeled.....(b) <input type="checkbox"/> Required bacteriological tests on file; maintained as required; and in compliance.....(c) <input type="checkbox"/> Required bacteriological and chemical test records for all component parts used in final assembled product on file.....(d) <input type="checkbox"/> Information on file from suppliers of raw materials, waxes, adhesives, sealants, coatings and inks indicating compliance.....(e) <input type="checkbox"/> Information on file from suppliers of packaging materials indicating compliance.....(f) <input type="checkbox"/></p> <p>21. SURROUNDINGS Surroundings neat and clean and free of breeding areas, conditions attracting or harboring flies, insects or rodents.....(a) <input type="checkbox"/> Driveways graded; no standing water.....(b) <input type="checkbox"/></p>
<p>REMARKS (If additional space is required, please place information on the back of this Form or on a separate page.)</p>		
DATE	SANITARIAN/SRO/SSC/RMS	
<p>NOTE: This Form has been developed for use with Appendix J of the <i>Grade "A" Pasteurized Milk Ordinance</i>.</p>		

