

IDENTIFICATION

1. NAME OF SINGLE-SERVICE FABRICATING PLANT <i>American Flange & Mfg. Co. Inc.</i>		2. CITY <i>Carol Stream</i>		3. STATE/COUNTRY <i>Illinois / USA</i>			
4. STREET <i>290 E. Fullerton Ave.</i>				5. MFG. CODE NO.		6. CODE PRODUCT MATERIAL <i>2 3</i>	
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION <i>Illinois Department of Public Health</i>				56	57	58	59
7.a. RATING/CERTIFICATION PERSONNEL <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				7.b. DATE OF PLANT CERTIFICATION <i>3-5-20</i>		7.d. EXPIRATION DATE *	
				7.c. SANITATION COMPLIANCE RATING <i>89</i>		MONTH	DAY
		67	68	69	70	71	72
		<i>0</i>	<i>3</i>	<i>0</i>	<i>4</i>	<i>20</i>	<i>21</i>
*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 <i>Armon C. Peterson</i>			
				9. CERTIFICATION RECOMMENDED <input checked="" 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
ETP Labs, Inc. 17-B-00134 Willowbrook, IL

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		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>American Flange & Mfg. Co. Inc.</i>		
12.b. OFFICER AUTHORIZING RELEASE <i>John R. 3-5-2020</i>		12.c. TITLE <i>Quality Supervisor</i>
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE		
13.a. DATE OF REPORT <i>3-5-20</i>	13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13.c. SUBMITTED BY (Signature and Title) <i>Armon C. Peterson</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)