

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		<b>REPORT OF CERTIFICATION</b> <i>(Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)</i>		<b>FOR FDA USE ONLY</b>																													
				1	2	3	4	5																									
<b>IDENTIFICATION</b>																																	
1. NAME OF SINGLE-SERVICE FABRICATING PLANT <i>Wingsak Portion Packaging Inc.</i>				2. CITY		3. STATE/COUNTRY																											
4. STREET <i>1111 Wingsak Way</i>				5. MFG. CODE NO.			6. CODE																										
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION <i>Illinois Dept. of Public Health Merrillville, IN</i>				56	57	58	59	60	61	62																							
7.a. RATING/CERTIFICATION PERSONNEL				7.b. DATE OF PLANT CERTIFICATION			7.d. EXPIRATION DATE *																										
<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>04-25-19</i> 7.c. SANITATION COMPLIANCE RATING <i>4</i>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">MONTH</th> <th colspan="2">DAY</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="text-align: center;">67</td> <td style="text-align: center;">68</td> <td style="text-align: center;">69</td> <td style="text-align: center;">70</td> <td style="text-align: center;">71</td> <td style="text-align: center;">72</td> </tr> <tr> <td style="text-align: center;"><i>04</i></td> <td style="text-align: center;"><i>24</i></td> <td style="text-align: center;"><i>20</i></td> <td style="text-align: center;"><i>20</i></td> <td></td> <td></td> </tr> </table>			MONTH		DAY		YEAR		67	68	69	70	71	72	<i>04</i>	<i>24</i>	<i>20</i>	<i>20</i>			PRODUCT CODE (60) 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			MATERIAL CODE (62) 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		
MONTH		DAY		YEAR																													
67	68	69	70	71	72																												
<i>04</i>	<i>24</i>	<i>20</i>	<i>20</i>																														
*EXPIRATION DATE				8. SRO OR SSC <i>Guy K Sorockis</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 checked="" type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL																								
<b>LABORATORY CONTROL</b>																																	
10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY <i>Microbac Labs Chicagoland</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																					
12. PERMISSION TO PUBLISH																																	
<p>Permission is hereby granted to release and publish the above stated certification for use by Regulatory/Rating Agencies and prospective purchasers.</p> <p>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.</p>																																	
12.a. NAME OF PLANT <i>Wingsak Portion Packaging Inc.</i>																																	
12.b. OFFICER AUTHORIZING RELEASE <i>Andrew Warrick</i>													12.c. TITLE																				
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE																																	
13.a. DATE OF REPORT <i>4-25-2019</i>						13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									13.c. SUBMITTED BY (Signature and Title) <i>[Signature]</i> <i>State Rating Officer</i>																		
<b>FOR FDA USE ONLY</b>																																	
14. DATE RECEIVED						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)																											



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

NAME AND LOCATION OF PLANT

*W.opak Portion Packaging Inc 1111 W.opak Way*

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

*13a) Product not shielded between extrusion & molding.  
13b) No filtration provided on air inlets off of resin's silo*

DATE *April 25, 2019*

SANITARIAN/SRO/SSC/RMS *[Signature]*

State Rating Officer *[Signature]*

NOTE: This Form has been developed for use with Appendix J of the Grade "A" Pasteurized Milk Ordinance.



