DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION										INTERSTATE MILK SHIPPER's CHECK RATING REPORT																						
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□ No Action Necessary

□ New Rating by (*date*)

□ Reinspection by (date)

□ Immediate Withdrawal of Certification

RECEIVED BY (Signature of Rating Agency Official)	

TITLE OF RATING AGENCY OFFICIAL

DATE

FDA MILK SPECIALIST