

FDA

U.S. Food and Drug Administration

Food Facility Registration

Date: 04/30/2025 10:48:53

Please review the registration.

Created Date	Registration Renewed Date
2010-07-21 13:53:54.0	2024-10-15
Registration Expiration Date	Last Modified by
2026-12-31	reg61603
Last Updated	
2024-10-15	
Last Modified by Company	
Steriltom	
Registration Status	
VALID	

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ Yes ☐ No

Section 1: Type of Registration

Facility Location : Foreign Registration

FACILITY REGISTRATION NUMBER 15125762964

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name :

Previous Owner's Registration Number :

Section 2: Facility Name/Address Information

Facility Name Steriltom	Telephone Number 039 523 789811
Facility Name Suffix Other	Fax Number 039 523 788323
Facility Name Suffix Other Srl	E-Mail Address commerciale@steriltom.com
Facility Street Address, Line 1 Via Provinciale 90	Unique Facility Identifier (UFI) 442662615
Facility Street Address, Line 2	
City Casaliggio di Gragnano Trebbiense	
State/Province/Territory Piacenza	
Zip/Postal Code 29010	
Country/Area ITALY	

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name Steriltom	Telephone Number 039 523 789811
Address, Line 1 Via Provinciale 90	Fax Number 039 523 788323
Address, Line 2	E-Mail Address commerciale@steriltom.com
City Casaliggio di Gragnano Trebbiense	
State/Province/Territory Piacenza	
Zip Code (Postal Code) 29010	
Country/Area ITALY	

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
☐ Same as Preferred Mailing Address (Section 3)
☐ None of the above

Company Name

Steriltom

Telephone Number

039 523 789811

Company Name Suffix

Other

Fax Number

039 523 788323

Company Name Suffix Other

Srl

E-Mail Address

commerciale@steriltom.com

Address, Line 1

Via Provinciale 90

Address, Line 2

City

Casaliggio di Gragnano Trebbiense

State/Province/Territory

Piacenza

Zip Code (Postal Code)

29010

Country/Area

ITALY

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
☐ Same as U.S. Agent Information (Section 7)
☒ None of the above

Individual's Title (Optional)

Mr

Emergency Contact Phone

039 523 789811

Individual's Name (Optional)

Dario

E-mail Address

commerciale@steriltom.com

Individual's Middle Name (Optional)

Job Title (Optional)

Sole Administrator

Individual's Last Name (Optional)

Squeri

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- ☐ Yes ☒ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

U.S. Agent ID

USID1095970

Telephone Number

757 2240177

Name

Registrar Corp

Emergency Contact Phone

802 3728842

Address, Line 1

144 Research Drive

Fax Number

757 2240179

Address, Line 2

E-Mail Address

agent@registrarcorp.com

City

Hampton

State/Province/Territory

Virginia

Zip Code (Postal Code)

23666

Country/Area

UNITED STATES

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☒ Food for Human Consumption

☐ Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]													
c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ☒ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ Section 4 - Parent Company Address Information
☐ Section 7 - U.S. Agent Address Information
☐ None of the above

Address, Line 1

Via Provinciale 90

Telephone Number

039 523 789811

Address, Line 2

Fax Number

039 523 788323

City

Casaliggio di Gragnano Trebbiense

E-Mail Address

commerciale@steriltom.com

State/Province/Territory

Piacenza

Zip Code (Postal Code)

29010

Country/Area

ITALY

Section 11: Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Arielle Daniel, an employee of Registrar Corp

CHECK ONE BOX

- ☐ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- ☒ B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

☒ Same as Section 10

Individual's Name

Silvia Marcello

Telephone Number

039 523 789811

Address, Line 1

Via Provinciale 90

Fax Number

039 523 788323

Address, Line 2

E-Mail Address

commerciale@steriltom.com

City

Casaliggio di Gragnano Trebbiense

State/Province/Territory

Piacenza

Zip Code (Postal Code)

29010

Country/Area

ITALY