PART IV:
Forms & Instructions

CONFIDENTIAL INFORMATION FORM

In accordance with Title 17, California Code of Regulations (CCR), Sections 91000-91022, and the California Public Records Act (Government Code Section 6250 et seq.), the information that a company provides to the Air Resources Board (ARB) may be released (1) to the public upon request, except trade secrets which are not emissions data or other information which is exempt from disclosure or the disclosure of which is prohibited by law; and (2) to the Federal Environmental Protection Agency (EPA), which protects trade secrets as provided in Section 114(c) of the Clean Air Act and amendments thereto (42 USC 7401 et seq.) and in federal regulation; and (3) to other public agencies provided that those agencies preserve the protections afforded information which is identified as a trade secret, or otherwise exempt from disclosure by law (Section 39660(e)).

Trade secrets, as defined in Government Code Section 6254.7, are not public records and therefore will not be released to the public. However, the California Public Records Act states that air pollution emission data are always public records, even if the data comes within the definition of trade secrets. However, the information used to calculate air pollution emissions data is not "emissions data", and will not be released to the public if it is a trade secret.

Identifying Confidential Information

If any company believes that any of the information it may provide is a trade secret or otherwise exempt from disclosure under any other provision of law, it **must identify the confidential information as such at the time of submission** to the ARB and must provide the name, address, and telephone number of the individual to be consulted. If the ARB receives a request for disclosure or seeks to disclose the data claimed to be confidential, ARB may ask the company to provide documentation of its claim of trade secret or exemption at a later date. Data identified as confidential will not be disclosed unless the ARB determines, in accordance with the above referenced regulations, that the data do not qualify for a legal exemption from disclosure. The regulations establish substantial safeguards before any such disclosure.

To designate any information contained in your survey data as "confidential information", provide the data requested below and return this page with your completed survey forms.

1. In accordance with the provisions of Title 17, California Code of Regulations, Sections 91000-91022, and the California Public Records Act (Government Code Sections 6250 seq.),
   *(enter company name):*_____
   declares that only those portions specifically identified (by checking the upper left-hand corner confidentiality box on each form) and submitted in response to the California Air Resources Board's information request on the survey are confidential "trade secret" information, and requests that it be protected as such from public disclosure.

2. We have designated confidential information by page for each survey data form submitted by checking (✔) the upper left-hand corner confidentiality box.

   Name:_____ Signature:_____ Date:_____

3. In the case that there are inquiries pertaining to this confidential information, the ARB should contact the following person:

   Name: _____ Title: _____

   Phone: _____ Email: _____

   Company Address: _____

CALIFORNIA AIR RESOURCES BOARD *** 2001 CONSUMER & COMMERCIAL PRODUCTS SURVEY
STATIONARY SOURCE DIVISION, AIR QUALITY MEASURES BRANCH

Check (✔) if Confidential ❑

FORM 1 – Responsible Party Information

(Instructions for completing FORM 1: See back side)

1. **Company Name:**_____
   Division Name(s):_____
   Mailing Address:_____
   City:_____ **State:**_____ **Zip:**_____

2. **Parent Company Name** (if applicable):_____
   Mailing Address:_____
   City:_____ **State:**_____ **Zip:**_____

3. **Contact Person:**_____ **Phone:**_____ **Fax:**_____
   Title:_____ **Email:**_____

4. **NAICS Code(s):** (see Attachment C for common codes) ☐☐☐☐☐ ☐☐☐☐☐

5. **Number of products:** (enter total number of products and/or *product groups* submitted) ☐

6. Type of Business — check (✔) all that apply

- ❑ Manufacturer/ Marketer
- ❑ Distributor
- ❑ Retailer
- ❑ Contract Packager
- ❑ Other (specify): _____

7. Gross Annual Receipts *For Calendar Year 2001* — check (✔) one

- ❑ Less than $250,000
- ❑ Between $250,000 and $1 million
- ❑ Between $1 million and $10 million
- ❑ Between $10 million and $50 million
- ❑ Between $50 million and $100 million
- ❑ Between $100 million and $1 billion
- ❑ More than $1 billion

8. Employees *For Calendar Year 2001*

Worldwide check (✔) one	California Only check (✔) one
❑ None	❑ None
❑ 1 to 10	❑ 1 to 10
❑ 11 to 100	❑ 11 to 100
❑ 101 to 250	❑ 101 to 250
❑ 251 to 500	❑ 251 to 500
❑ 501 to 750	❑ 501 to 750
❑ More than 750	❑ More than 750

9. Contract Employees *For Calendar Year 2001*

Worldwide check (✔) one	California Only check (✔) one
❑ None	❑ None
❑ 1 to 10	❑ 1 to 10
❑ 11 to 100	❑ 11 to 100
❑ 101 to 250	❑ 101 to 250
❑ 251 to 500	❑ 251 to 500
❑ 501 to 750	❑ 501 to 750
❑ More than 750	❑ More than 750

10. **Comments:**_____

11. **Certification:** I am an authorized company representative and hereby certify that all information entered by my company on FORM 1, FORM 2, FORM 3(s), Supplement(s) to FORM 3 (if applicable), and FORM 4(s) is complete and accurate to the best of my knowledge and belief.

Name:_____ **Title:**_____

Signature:_____ **Date:**_____

Instructions: FORM 1 – Responsible Party Information

The information requested on FORM 1 will assist the California Air Resources Board in characterizing the types of businesses that are included in the survey as required by State law. Complete and submit one FORM 1 for each *responsible party*. Do not submit a separate FORM 1 for each product being submitted.
NOTE: Throughout the survey, when the term "company" is used, "company, firm, or establishment" is implied.

Confidential Information *(in the upper left corner of all forms):*
The *responsible party* should check the box if information on this form is confidential. This information will be handled as described on page 10.

Check (✔) if Confidential ❑

1. **Company Name:** Enter the name of the company that is the *responsible party* for the product(s) being submitted with this FORM 1.

   For the purposes of this survey, the "responsible party" means the company, firm, or establishment listed on the label of a consumer or commercial product covered by this survey (see survey categories, page 78) that was sold with intention for use in California during Calendar Year 2001. If the label lists two companies, firms, or establishments, the responsible party is the party that the product was "manufactured for" or "distributed by," as noted on the label.

   Division Name(s): If the respondent to the survey is representing a division of the company, please enter the name of the division.
   Mailing Address: Enter the complete mailing address for the company listed above.

2. **Parent Company Name:** If the company is not *independently owned*, enter the name of the *parent company*.
   Mailing Address: Enter the complete mailing address for the *parent company* listed above.

3. **Contact Person:** Enter the name, title, telephone number, fax number, and email address for the person to be contacted by ARB staff if clarifications are needed for the survey information submitted.

4. **NAICS Code(s) (North American Industry Classification System):** Enter the 2002 NAICS code(s) that apply to the *responsible party* for the products covered by this survey. Attachment C, page 41, provides a list of common 2002 NAICS codes related to consumer and commercial products. If none of the codes provided apply, please enter the company's primary NAICS code(s). For more information about NAICS codes, visit: *http://www.census.gov/epcd/www/naics.html*

5. **Number of products:** Count and enter the total number of products and/or *product groups* that your company is submitting for this survey. The Product Tracking # boxes, like the one shown here and those located in the upper right corner of FORMS 3, 4 and the Supplement to FORM 3 (if applicable), are used to track the number of products or *product groups* you have, and are also used to associate related forms. Because Product Tracking #s are entered sequentially, as described on page 12, the final number should indicate the total number of products submitted.

   Product Tracking #: _____

6. **Type of Business:** Check (✔) each box that describes the type of business conducted by the *responsible party*. See Related Definitions, page 85, for business type definitions.

7. **Gross Annual Receipts:** Check (✔) the box that identifies the gross annual receipts generated by the *responsible party* worldwide for Calendar Year 2001. This means the total income of the company before expenses are deducted.

8. **Employees:** Check (✔) the box that indicates the total number of employees (including part-time and temporary staff, not including *contract employees* listed in question 9) for the *responsible party* "Worldwide" (including California), and also for "California Only."

9. **Contract Employees:** Check (✔) the box that indicates the total number of *contract employees* for the *responsible party* "Worldwide" (including California), and also for "California Only."

10. **Comments:** As needed, provide comments to clarify any piece of information your have listed on this form.

11. **Certification:** Please have an authorized company representative certify that all information entered by their company on FORM 1, FORM 2, FORM 3(s), Supplement(s) to FORM 3 (if applicable), and FORM 4(s) is complete and accurate.

Check (✔) if Confidential ❑

FORM 2 – Source of Ingredient Information

(Instructions for completing FORM 2: See back side)

Will your company be using a *formulator*? Indicate the source of ingredient information; Check (✔) "no" or "yes" and complete the blanks.

❑ **No, my company, _____, the *responsible party*, will not be using a *formulator* to complete ingredient information for any product or *product group* submitted for this survey.**

– OR –

❑ **Yes, my company, _____, the *responsible party*, will be using a *formulator* to complete ingredient information for one or more products submitted for this survey.** *List formulator contact information below; photocopy sheet as needed.*

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____ **Formulator Contact Name:** _____

_____ **Title:** _____

Address: _____ **Phone:** _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____ **Formulator Contact Name:** _____

_____ **Title:** _____

Address: _____ **Phone:** _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____ **Formulator Contact Name:** _____

_____ **Title:** _____

Address: _____ **Phone:** _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Instructions: FORM 2 – Source of Ingredient Information

Will your company be using a *formulator*?

No.

Check (✔) this box if...
your company, the *responsible party*, will not be using a *formulator* to submit ingredient information on behalf of your company for any product submitted for this survey.

Then:

- Submit this form to ARB with the other survey forms (you do not need to complete the lower portion).
- Complete and submit all FORM 4s directly to ARB with all ingredient information filled out.

OR

Yes.

Check (✔) this box if...
for one or more of the products, your company, the *responsible party*, will be using a *formulator* to submit ingredient information on behalf of your company.

Then:

- Complete one contact information box on the bottom portion of this form for each *formulator* that will submit ingredient information on behalf of your company.

  Notes:

  - You only need to list a *formulator* once; if a *formulator* will send ingredient information for multiple products or *product groups*, list all the appropriate product tracking numbers at the top of the corresponding *formulator* contact information box. See page 12 and the instructions for FORM 3 for more information about product tracking numbers.
  - If you will be using more than three *formulators*, photocopy this form as necessary.
  - If multiple *formulators* were used for a product or *product group* during Calendar Year 2001, choose a representative *formulator* to complete ingredient information, and list that *formulator* on this form.

- Submit this form to ARB with the other survey forms.
- Enter the Product Tracking # on each FORM 4 *and* complete Section A before forwarding this form to the *formulator*.
- As soon as possible, forward each FORM 4 (along with a blank copy of the survey packet) to the *formulator* who will be completing Section B, the ingredient information.

  Note:

  - The *formulator* needs to mail the FORM 4(s) directly to ARB.

Check (✔) if Confidential ❑

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: _____

A. RESPONSIBLE PARTY & PRODUCT INFORMATION

1. Company Name: _____

Contact Person: _____

Title: _____

Phone: _____ **Email:** _____

2. Full Product Name: _____

3. Product Form check (✔) one :
❑ Aerosol Product ❑ Pump Spray ❑ Other (specify): _____
❑ Foam ❑ Gel
❑ Liquid ❑ Solid

4. Customer Type check (✔) all that apply :
❑ Household _____% + ❑ Commercial/Institutional _____% + ❑ Industrial _____% = _____ (must = 100)

B. ADDITIONAL PRODUCT INFORMATION

1. ARB Category Code(s)
Primary Category Code: [ ] *If applicable*, Additional Category Code(s): [ ] [ ] [ ] [ ]

2. Relation to Product check (✔) all that apply
❑ Manufacturer/ Marketer
❑ Distributor
❑ Retailer
❑ Contract Packager
❑ Other (specify): _____

3. Product Groups
Does this product represent a *product group*? ❑ yes ❑ no
If yes, list the individual products on the "Supplement to FORM 3" and attach it to this form.
Also specify which attribute(s) were used to group the products:
❑ Color ❑ Fragrance ❑ Size

4. Dilution Ratios
Is this product sold as a *concentrate*? ❑ yes ❑ no
If yes, complete the dilution ratio table below.
Also specify the *diluent*: _____

	Product		Diluent	
Dilution	*amount*	*units*	*amount*	*units*
Min.				
Max.				

5. Product Type
Is this a *pet care product*? ❑ yes ❑ no
Is this a FIFRA registered product? ❑ yes ❑ no
Is this product regulated by FDA as an OTC drug? ❑ yes ❑ no

6. California Sales Data (Fill out *either* Option 1 *or* Option 2)

Option 1 – Direct Mass
Enter the total pounds of this product or combined sales of this *product group* that was sold with intention for use in California during Calendar Year 2001:
_____ **lbs.**

Or

Option 2 – Calculated Mass
Fill in the table to the right.
Note: Provide *either* density *or* specific gravity *only if* product units are reported in volume units, such as fluid ounces.

	Product Size	Size Units	No. Sold in CA	*If reported by volume, provide either:* *Density (units)* - *or* - *Specific Gravity*
1				
2				
3				
4				
5				

7. Comments: _____

C. LABEL

Submit one entire representative *label* for this product or *product group*. When submitting by hardcopy, attach the *label* to this form (see instructions).

Instructions: FORM 3 – Product Information

This form requests general product information, sales data, and *labels* for the products being reported. Complete and submit one FORM 3 for *each* product or *product group*.

Confidential Information *(in the upper left corner of all forms):* The *responsible party* should check the box if the information on this form is confidential. This information will be handled as described on page 10.

Check (✔) if Confidential ❑

Product Tracking # *(in the upper right corner of Forms 3 and 4):* Assign a single, product tracking number for each product or *product group*. Enter this number into the box. For *each* product or *product group* submitted, this number should be the same on *both* FORM 3 and FORM 4 and also on the corresponding *label*. See page 12 for more information on assigning product tracking numbers.

Product Tracking #: _____

A. RESPONSIBLE PARTY & PRODUCT INFORMATION

For both FORMs 3 and 4, the questions in this section pertain to the company that is considered the *responsible party,* as defined on page 92. The information in this section must be identical to Section A of FORM 4. For those completing the survey electronically, Section A will be copied automatically into FORM 4.

1. **Company Name:** Enter the name of the company that is the *responsible party* for the product listed on this form.

   Contact Person/ Title/ Phone/Email: Enter the name, title, telephone number, and email address for the person to be contacted by ARB staff if clarifications are needed about the product information submitted.

2. **Full Product Name:** Enter the full product name as shown on the *principal display panel.*

   Notes:

   Product Groups – If this is a *product group*, name the most representative product for which the ingredients will be submitted. See page 12 for the criteria that define a *product group*.

   Multicomponent Kit Products – "Kit" components must be reported separately, according to category descriptions. Include the component name in the product name.

   For example: "ACME French Manicure Kit" includes "Base/Top Coat", "White Tips Polish", and "Natural Polish". Each of these three components must be reported since they fit a category description in this survey. The full product name for the natural polish would be "ACME French Manicure Kit; Natural Polish".

Continued, next column...

3. **Product Form:** Check only one box that describes the form of this product. If the product is sold in another form, it is considered a separate product and must be reported under a different product tracking number.

   Aerosol Product – A pressurized spray system that dispenses product ingredients by means of a propellant or mechanically induced force. For the purposes of this survey, "Aerosol Product" does not include *Pump Spray* or *Foam*.

   Foam – A substance that upon being dispensed from its container or upon contact with a surface, or as a result of exposure to body heat or the atmosphere, is comprised of two phases: a dispersed gas or vapor phase, and a continuous liquid phase, therein creating a mass of gaseous cells that is separated by thin films of liquid and formed by the juxtaposition of bubbles. "Foam" does not include substances that become foam solely from shearing action after being dispensed, such as rubbing the product on the skin or other agitation.

   Liquid – A substance or mixture of substances, including those impregnated into a wipe, which is capable of a visually detectable flow as determined under ASTM D-4359-90. "Liquid" does not include powders or other materials that are composed entirely of solid particles.

   Pump Spray – A packaging system in which the product ingredients within the container are not under pressure and in which the product is expelled only while a pumping action is applied to a button, trigger or other actuator.

   Gel – A substance or mixture of substances that, after being dispensed or as used, is a colloid in which the dispersed phase has combined with the continuous phase to produce a semisolid material, such as jelly.

   Solid – A whole or subdivided substance (such as the particles comprising a powder), or a mixture of substances, that after being dispensed or as used, is not capable of visually detectable flow as determined under ASTM D-4359-90.

   Other – A product form other than the forms listed above; specify the form.

4. **Customer Type:** Check all boxes that indicate the customer type for which this product is intended. Also, indicate the percentage of each customer type in the blanks provided. The percentages, when added, must total 100%.

B. ADDITIONAL PRODUCT INFORMATION

1. **ARB Category Code(s):** Enter the appropriate two-digit category code, as chosen from the list on page 37; category codes are also listed with full descriptions on page 78. The primary category code should be the chosen according to the description that *best* describes your product according to the product's *principal display panel.* List additional category codes *only* for products that fit into more than one survey category, according to their *principal display panel*; do not list category codes for uses *not* displayed on this panel. See "Selecting Category Codes" on page 12 for more details and an example.

(*Continued*) Instructions: FORM 3 – Product Information

2. **Relation to Product:** Indicate whether you are the *manufacturer/marketer*, *distributor*, *retailer*, and/or *contract packager* of this product. If these descriptions do not fit your relationship(s) to the product, check the "other" box and specify another relationship. Check all boxes that apply.

   For example, many companies manufacture and sell their products in their own retail locations, in which case, both the "manufacturer" and "retailer" boxes should be checked.

3. **Product Groups:** Indicate by checking "yes" or "no" if this product represents a *product group*. See page 12 for the criteria that define a *product group*. ***If "yes,"*** indicate how the products vary from each other: by color, fragrance, and/or size. Additionally, for the *product group*, list the name, size, color differences, and/or fragrance differences of *each* product that comprises the group as indicated on the "Supplement to FORM 3" provided at the end of these FORM 3 instructions. Attach the supplement to this form.

4. **Dilution Ratios:** Indicate by checking "yes" or "no" if this product is sold as a *concentrate* that requires dilution according to the product *label*. ***If "yes,"*** enter the *diluent* and complete the dilution table for the minimum and maximum dilutions specified on the *label*. *Do not* use arbitrary terms such as "scoop"; specify appropriate units of measure, such as 0.25 cups. *However*, ratios are acceptable.

   For example: on the *label*, a concentrated hair care product recommends diluting 1 part product to 1 part water for "extra" hold and 1 part product to 4 parts water for "light" hold. So, the diluent is water and the table would read as shown.

	Product		Diluent	
Dilution	*amount*	*units*	*amount*	*units*
Min.	1	part	1	part
Max.	1	part	4	part

5. **Product Type:** Indicate by checking "yes" or "no" if this product is: a *pet care product*, a FIFRA registered product, or regulated by the Food & Drug Administration (FDA) as an Over-the-Counter (OTC) drug (as established by the FDA). Prescription-only drugs are not covered by this survey and do not need to be reported.

6. **California Sales Data:** Provide the sales information about this product (or combined sales of this *product group)* for Calendar Year 2001. Answer this question by using *either* Option 1 *or* Option 2.

   Notes:

   Estimating California Sales. If California direct sales data are not available, sales may be estimated by prorating national or regional sales figures by population using the population estimates provided in Attachment D, page 45.

Continued, next column...

Product Groups. If this is a *product group*, combine the sales of the individual products from the entire *product group*.

Option 1 – Direct Mass: Calculate the total net pounds of product sold for with intention for use in California during Calendar Year 2001, less container/packaging, and enter it into the space provided.

Option 2 – Calculated Mass: List each size of this product that is sold with intention for use in California during Calendar Year 2001, then, for each of those, report the unit size (for example, weight ounces or fluid ounces), and the number sold during 2001. If the units are listed by volume units, such as fluid ounces, provide *either* the density, indicating the units (pounds/gal or grams/milliliter), *or* provide the specific gravity.

7. **Comments:** Provide any comments that will help us understand your product or how you have filled out the survey for this product.

C. LABEL

Submit one entire product *label* for each FORM 3 (therefore, only one for each product or *product group*). Send a clear and legible photocopy, hard copy of a scanned image, or an original *label*. Submit a representative *label* for the product or *product group*. Include the entire *label* as defined here:

Label—means any written, printed, or graphic matter affixed to, applied to, attached to, blown into, formed, molded into, embossed on, or appearing upon any consumer product or consumer product package, for the purposes of branding, identifying, or giving information with respect to the product or to the contents of the package.

Submitting a hardcopy – write the appropriate Product Tracking # on the *label*, according to the number listed on all corresponding forms for that product. Attach the *label* (or photocopy of the *label*) to the corresponding FORM 3 for the product or *product group*.

Submitting an electronic copy– submit the *labels* via PDF (Adobe Acrobat) image file, or other common file type, and name each file according to the Product Tracking # listed on all corresponding forms for that product.

For example, when submitting the *label* for Product Tracking # "5," the acrobat file should be named: product5.pdf.

Note:

If you have any questions about *label* submission or electronic file type, contact ARB staff, see page 37.

Supplement to FORM 3 – Product Group Details

Product Tracking #: _____

The table below has been provided *only* for those companies that have grouped products together for the purposes of this survey (see FORM 3, section B, box 3).

1. Copy the following from FORM 3:
   - Company Name:_____
   - Full product name representing this *product group*:_____
   - Product Tracking #: *place in box, upper right corner of this page.*
2. Complete the following columns according to the method used to group the products (by color, fragrance, and/or size), which is also indicated by checking the attribute box(es) on FORM 3. Submit one completed copy of this page for each FORM 3 that represents a *product group.*

Individual Product Name	**Color** (if applicable)	**Fragrance** (if applicable)	**Size and units** (if applicable)
More products to list? Photocopy this page as needed.			

Check (✔) if Confidential ❑

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: _____

A. RESPONSIBLE PARTY & PRODUCT INFORMATION – *To be completed by the responsible party.*

1. **Company Name:** _____
   Contact Person: _____
   Title: _____
   Phone: _____ **Email:** _____

2. **Full Product Name:** _____

3. **Product Form** check (✔) one : ❑ Aerosol Product ❑ Pump Spray ❑ Other (specify): _____ ❑ Foam ❑ Gel ❑ Liquid ❑ Solid

4. **Customer Type** check (✔) all that apply : ❑ Household _____% + ❑ Commercial/Institutional _____% + ❑ Industrial _____% = _____ (must = 100)

B. INGREDIENTS – *To be completed by the company that holds the ingredient information (either the responsible party or formulator).*

1. **Specific Ingredient Table:** Indicate the weight percent (Wt. %) of the following compounds that are contained in the product.

Compound :	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	Menthol	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	**Wt. % Subtotal**
Wt. % :							=	**A**
Compound :	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	**Wt. % Subtotal**
Wt. % :							=	**B**

2. **VOC Speciation Table:** List all *VOCs* and all *LVP-VOC* solvents that comprise at least 0.1Wt. %. *Do not* list any exempt compounds, non-solvent *LVP-VOCs*, inorganics, or fragrances; group these items and any *VOCs* that *individually* comprise less than 0.1 Wt. %, as indicated below in the line-item entries.

	Chemical Name	CAS Number	*Trade Name & Manufacturer* [1]	*Bin #* [1]	Weight %
1					
2					
3					
4					
5					
6					
7					
8					
	.....If necessary, list additional ingredients on a separate page; enter the weight percent subtotal from that page on this line....				=
	Group all other Exempts & non-solvent *LVP-VOCs* (provide total Wt. %)				=
	Group other Inorganics (provide total Wt. %)				=
	Group all Fragrance (provide total Wt. %)				=
	Group *VOCs* that are *each* less than 0.1Wt. % (provide total Wt. %)				=
	Weight % Subtotal				= **C**
	Grand Total (*A + B + C must = 100*)				= **%**

3. **Contact Information (*if different from above*):**
   Completed By: _____
   Title: _____ **Phone:** _____
   Formulating Company: _____ **Date:** _____

[1] Completion of these columns is required only if the ingredient is a *hydrocarbon solvent*, such as mineral spirits, otherwise these columns are optional. See instructions for details.

Instructions: FORM 4 – Ingredient Information

This form requests ingredient information for the products being reported. If the *responsible party* holds all ingredient information, then that company will complete both Sections A and B of this form. If the *responsible party* does *not* hold the ingredient information, this form will be completed by two companies: the *responsible party* will complete Section A and the *formulator* will complete Section B. See page 10 for details. One completed FORM 4 must be submitted to ARB for *each* product or *product group*.

Confidential Information *(in the upper left corner of All Forms):*

The *responsible party* should check the box if the information on this form is confidential. This information will be handled as described on page 10.

Check (✔) if Confidential ❑

Product Tracking # *(in the upper right corner of Forms 3 and 4):* For the same product or *product group* being submitted, this number should be identical to the number that was entered into the box on FORM 3. See page 12 for more information on assigning product tracking numbers.

Product Tracking #: _____

A. RESPONSIBLE PARTY & PRODUCT INFORMATION

The questions in this section pertain to the company that is considered the *responsible party,* as defined on page 92. *Note:* the information in this section is identical to Section A of FORM 3. See the instructions on FORM 3 for more information. For those completing the survey electronically, this section will be completed automatically.

B. INGREDIENTS

This section gathers ingredient information about this product.

If multiple formulas were used for this product during Calendar Year 2001, the most recent formula should be reported. If the ingredients varied because they were supplied by different vendors, report an appropriately representative vendor.

Every entry should be reported to the nearest 0.1 percent.

1. **Specific Ingredient Table:** If the product contains any of the compounds listed, enter the weight percent to the nearest 0.1% as indicated for each of those compounds (1,1,1-Trichloroethane, Parachlorobenzotrifluoride, Perchloroethylene, Menthol, Paradichlorobenzene, Naphthalene, Nitrogen, Methylene Chloride, Volatile Methyl Siloxanes, HFC-152a, Acetone, Methyl Acetate, Carbon Dioxide, Water).

   Subtotals: Solely for the purpose of making the Grand Total easier to calculate, subtotal the weight percent (Wt. %) of each line as indicated at the right (Subtotal A and Subtotal B).

Continued, next column...

2. **VOC Speciation Table:** In the table, list all *Volatile Organic Compounds* (VOCs), including all *Low Vapor Pressure Volatile Organic Compound* (LVP-VOC) solvents that comprise at least 0.1 weight percent (Wt. %) in the product. The "exempt compounds", "non-solvent *LVP-VOCs*", "inorganics", "fragrances", and "*VOCs* that *individually* comprise less than 0.1 Wt. %" will be grouped in line-item entries as described below in the "Additionally Required Line-Item Entries" section of the instructions.

   See definition section, page 85, for definition of *VOC*, *LVP-VOC*, and *Hydrocarbon Solvent*.

Required for each *VOC* listed:

Chemical Name: Enter the generic or chemical name for the compound. If the chemical name is unknown, the trade name may be listed.

CAS Number: Enter the Chemical Abstract Service (CAS) number for the compound or mixture according to your supplier.

For reference only, a CAS list is provided in Attachment E on page 47. Before referring to this list, please note the condition that has been placed on the list. Use this list *only* if you are unable to obtain the CAS number of the ingredient from your supplier.

Weight Percent: Enter the percent by weight to the nearest 0.1% of the ingredient in the final product. If the ingredient is a mixture of known components, list the ingredients separately with their individual weight percentages in the final product.

Note:

If the product is sold as a *concentrate*, list the Wt. % as sold, undiluted.

(*Continued*) Instructions: FORM 4 – Ingredient Information

Required For each *Hydrocarbon Solvent*: These columns are *required* for *hydrocarbon solvents*, however, the columns may be filled out for other *VOCs*.

Trade Name: Manufacturer's proprietary name for the compound or mixture.

Manufacturer Name: Enter the name of the manufacturer for the compound or mixture.

Bin #: List the bin number for the compound or mixture. Please contact your manufacturer if you do not know the Bin number.

For reference only, see Attachment F on page 61 for some specifications of Bin Numbers.

Additionally Required Line-Item Entries:

Enter the aggregated weight percent, as indicated, of those ingredients not listed in either Section B, item 1, "Specific Ingredient Table" or the *VOC* speciation table in this section.

Note: Once complete, the "Grand Total" weight percent *must equal 100.*

- If there are **more than eight** *VOC* ingredients in this product, photocopy this table and continue to specify the compounds as shown. Attach this photocopy to FORM 4 and enter a weight percent (Wt. %) subtotal from that page in the space indicated.

  Note: The electronic version will allow as many entries as needed on the specific ingredient table.

- Aggregate the remaining **exempt compounds and non-solvent LVPs** and enter that total in the space indicated.

  For example, these compounds may include, but are not limited to resins, wax, and polyethylene glycol.

- Aggregate all **inorganic compounds**, except nitrogen and water, and enter that total in the space indicated.

  For example, these compounds may include, but are not limited to, ammonia, clay, hydrogen peroxide, and metallic salts.

- Aggregate **fragrances** and enter that total in the space indicated.

  Note: d-limonene, l-limonene, and pine oils must be speciated in the *VOC* speciation table above.

- Aggregate all compounds for which ***each* individual compound comprises less than 0.1 weight percent** of the product and enter that total in the space indicated.

Continued, next column...

Subtotal C: Sum the weight percentages for all ingredients listed in this table (including the line-items entries). The electronic version will automatically calculate the subtotals, as well as the grand total.

Grand Total: The sum of each subtotal A, B, and C *must* equal 100 percent. If this value does not sum to 100, check the component percentages for an error. The electronic version will automatically calculate the subtotals, as well as the grand total.

3. **Contact Information:** The information requested in this section is in reference to the person/company that filled out Section B, the ingredients section. If this information is the same as that in Section A, then this section may be left blank.

   Completed By/ Title/ Phone/Email: Enter the name, title, telephone number, and email address for the person to be contacted by the ARB if clarifications are needed about the ingredient information being submitted.

   Formulating Company/Date: Enter the name of the company that filled out this ingredient section and the date it was completed.

For questions about filling out this or other forms, please contact ARB staff, see page 37.