PART VI:
Samples of Completed Forms

SAMPLE #1: POISON OAK SHAMPOO

To provide help in understanding the following sample forms, this section provides some general information about Product Sample #1.

Background

The Company. Oakdale Roots Company, Inc. (ORC) is an independently owned company that manufacturers, markets, and contract packages various types of consumer products. ORC is submitting information for only one of their products, Poison Oak Shampoo, which they solely manufacture and market. ORC holds all the ingredient information for this product.

The Product. Poison Oak Shampoo is a foaming shampoo, labeled for dogs, that claims to wash poison oak oils out of dog hair, fur, and skin.

Notable Form Details

Some items from the forms are detailed here for clarity.

FORM 1 – Responsible Party Information

- Two NAICS codes are provided because ORC manufacturers products that fall under two different NAICS product categories.
- Both manufacturer/marketer and contract packager are checked because ORC is involved in both types of businesses.
- A parent company is not listed because ORC is independently owned.

FORM 2 – Source of Ingredient Information

- Item 1 has been checked because ORC holds all the ingredient information about this product and therefore will not use a formulator.

FORM 3 – Product Information

- Only the manufacturer/marketer box is checked for this product, since ORC does not contract package for this particular product.
- Poison Oak Shampoo is indicated as a pet care product.

FORM 4 – Ingredient Information

- Two of the ingredients are hydrocarbon solvents, so the trade names, manufacturers, and bin numbers have been listed in addition to the chemical names and CAS numbers.
- The contact information below the VOC Speciation Table has been left blank because the person who completed the ingredient information, John Doe, already listed his contact information above.

Note

It is assumed that ORC sent the "Preliminary Form: Who Must Complete the Survey?" ahead of time. ORC also submitted a product label, Confidential Information Form, and Voluntary Survey Evaluation with these forms, however they are not included in this sample.

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FORM 1 – Responsible Party Information

(Instructions for completing FORM 1: See back side)

1. **Company Name:** Oakdale Roots Company, Inc.
Division Name(s): Oakdale Products
Mailing Address: 72 Milford Lane
City: Oakdale **State:** CA **Zip:** 97302

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

3. **Contact Person:** John Doe **Phone:** (507)555-0612 **Fax:** (507)555-0614
Title: Director, Product Development **Email:** jdoe@oakdaleproducts.com

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

325620	325998			

5. **Number of products:** (enter total number of products and/or *product groups* submitted) 1

6. Type of Business	7. Gross Annual Receipts *For Calendar Year 2001*	8. Employees *For Calendar Year 2001*		9. Contract Employees *For Calendar Year 2001*	
check (✔) all that apply	check (✔) one	Worldwide check (✔) one	California Only check (✔) one	Worldwide check (✔) one	California Only check (✔) one
☑ Manufacturer/ Marketer	☐ Less than $250,000	☐ None	☐ None	☑ None	☑ None
☐ Distributor	☐ Between $250,000 and $1 million	☐ 1 to 10	☐ 1 to 10	☐ 1 to 10	☐ 1 to 10
☐ Retailer	☑ Between $1 million and $10 million	☑ 11 to 100	☑ 11 to 100	☐ 11 to 100	☐ 11 to 100
☑ Contract Packager	☐ Between $10 million and $50 million	☐ 101 to 250	☐ 101 to 250	☐ 101 to 250	☐ 101 to 250
☐ Other (specify):	☐ Between $50 million and $100 million	☐ 251 to 500	☐ 251 to 500	☐ 251 to 500	☐ 251 to 500
	☐ Between $100 million and $1 billion	☐ 501 to 750	☐ 501 to 750	☐ 501 to 750	☐ 501 to 750
	☐ More than $1 billion	☐ More than 750	☐ More than 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(s), FORM 3(s), Supplement(s) to FORM 3, and FORM 4(s) is complete and accurate to the best of my knowledge and belief.

Name: John Doe **Title:** Director, Product Development

Signature: John Doe **Date:** 12/20/02

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, Oakdale Roots Company, Inc., 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:** _____

Check (✔) if Confidential ☑

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 1

A. RESPONSIBLE PARTY & PRODUCT INFORMATION

1. Company Name: Oakdale Roots Company, Inc.
Contact Person: John Doe
Title: Director, Product Development
Phone: (507)555-0612 Email: jdoe@oakdale products.com

2. Full Product Name: Poison Oak Shampoo

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

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

B. ADDITIONAL PRODUCT INFORMATION

1. ARB Category Code(s)
Primary Category Code: 37
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*: ____

Dilution	Product *amount*	Product *units*	Diluent *amount*	Diluent *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	12	fl. oz.	47,036		1.09
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).

Check (✔) if Confidential ☑

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: 1

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

1. Company Name: Oakdale Roots Company, Inc.
Contact Person: John Doe
Title: Director, Product Development
Phone: (507)555-0612 Email: jdoe@oakdale products.com

2. Full Product Name: Poison Oak Shampoo

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)
100 % + ____ % + ____ % = 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. %:								= 0 A

Compound:	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	Wt. % Subtotal
Wt. %:							72	= 72 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	Odorless Mineral Spirits	64741657	Shell Sol D38 / Shell Chemical	6	7
2	Propylene Glycol	57556			5.5
3	Isoparaffinic distillate	64742478	Isopar M - Exxon Mobil	16	4
4	Glycerin	56815			1
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. %) = 6.3
Group other Inorganics (provide total Wt. %) = 1.5
Group all Fragrance (provide total Wt. %) = 0.9
Group *VOCs* that are *each* less than 0.1Wt. % (provide total Wt. %) = 1.8
Weight % Subtotal = 28 C
Grand Total (*A + B + C must = 100*) = 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.

SAMPLE #2: 3 IN 1 NAIL MIRACLE

To provide help in understanding the following sample forms, this section provides some general information about Product Sample #2.

Background

The Company. Cornstarch Beauty Products, Inc. (CBP) is a retailer owned by a parent company, Total Beauty International, Inc. CBP will be using two different companies (formulators) to complete ingredient information for 7 of their 22 products being submitted for this survey. Although CBP has submitted 22 products, only one product, #8, has been included in detail for this sample.

The Product. 3 in 1 Nail Miracle (Nail Miracle) comes in five colors and is described on the label as a base coat, top coat and polish all in one.

Notable Form Details

Some items from the forms are detailed here for clarity.

FORM 1 – Responsible Party Information

- Although Jane Brown is the contact person, the owner, Diane Alexander has certified the form.

FORM 2 – Source of Ingredient Information

- Item 2 was checked because CBP does not hold the ingredient information for all of the 22 products being submitted.
- Nail Products, USA, Inc. holds the ingredient information for Product Tracking #8, Nail Miracle, as well as, products #5 and #20.
- CBP holds the ingredient information for the remaining product #s not shown on this form.

FORM 3 – Product Information

- A primary category code and two additional category codes have been listed because Nail Miracle has multiple-use claims on the principal display panel.
- Nail Miracle is being reported as a product group because it differs only by color (meeting the criteria for a product group).

Supplement to FORM 3 – Product Group Details

- The individual shades of color for Nail Miracle have been listed on the table because it was reported as a product group on FORM 3.

FORM 4 – Ingredient Information

- CBP initially completed Section A then forwarded the whole FORM 4 to their formulator, Nail Products, USA, Inc., who then completed the ingredient information, in Section B.
- Darren Fletcher, Product Line Manager from the formulating company, completed the ingredient information and mailed FORM 4 directly to ARB.
- Nail Miracle does not contain any hydrocarbon solvents; therefore, no trade names or manufacturers are listed.

Note

It is assumed that CBP sent the "Preliminary Form: Who Must Complete the Survey?" ahead of time. CBP also submitted a product label, Confidential Information Form, and Voluntary Survey Evaluation with these forms, however they are not included in this sample.

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Check (✔) if Confidential ☑

FORM 1 – Responsible Party Information

(Instructions for completing FORM 1: See back side)

1. Company Name: Cornstarch Beauty Products, Inc.
Division Name(s): Cornstarch Beauty Products
Mailing Address: 12753 Richards St.
City: Rhodes **State:** NY **Zip:** 10001

2. Parent Company Name (if applicable): Total Beauty International, Inc.
Mailing Address: 1000 Main Ave. Ste. 300
City: Minneapolis **State:** MN **Zip:** 55400

3. Contact Person: Jane Brown **Phone:** (730) 555-2731 **Fax:** (730) 555-2752
Title: Vice President of Marketing **Email:** janeb@cornstarchbeauty.com

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

446120	446191	448310		

5. Number of products: (enter total number of products and/or *product groups* submitted) 22

6. Type of Business (check (✔) all that apply)	7. Gross Annual Receipts *For Calendar Year 2001* (check (✔) one)	8. Employees *For Calendar Year 2001* Worldwide (check (✔) one)	8. Employees *For Calendar Year 2001* California Only (check (✔) one)	9. Contract Employees *For Calendar Year 2001* Worldwide (check (✔) one)	9. Contract Employees *For Calendar Year 2001* California Only (check (✔) one)
☐ Manufacturer/ Marketer	☐ Less than $250,000	☐ None	☐ None	☐ None	☐ None
☐ Distributor	☐ Between $250,000 and $1 million	☐ 1 to 10	☐ 1 to 10	☐ 1 to 10	☐ 1 to 10
☑ Retailer	☐ Between $1 million and $10 million	☐ 11 to 100	☐ 11 to 100	☑ 11 to 100	☑ 11 to 100
☐ Contract Packager	☐ Between $10 million and $50 million	☐ 101 to 250	☑ 101 to 250	☐ 101 to 250	☐ 101 to 250
☐ Other (specify):	☑ Between $50 million and $100 million	☐ 251 to 500	☐ 251 to 500	☐ 251 to 500	☐ 251 to 500
	☐ Between $100 million and $1 billion	☑ 501 to 750	☐ 501 to 750	☐ 501 to 750	☐ 501 to 750
	☐ More than $1 billion	☐ More than 750	☐ More than 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(s), FORM 3(s), Supplement(s) to FORM 3, and FORM 4(s) is complete and accurate to the best of my knowledge and belief.

Name: Diane Alexander **Title:** Owner
Signature: [signature] **Date:** January 17, 2003

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, Cornstarch Beauty Products, Inc., 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): 5 8 20

Formulator Company Name: Nail Products, USA, Inc.

Address: 1371 Chester Ave.

City: Chicago State: IL Zip: 60607

Formulator Contact Name: Darren Fletcher

Title: Product Line Manager

Phone: (330)555-9165 Fax: (330)555-9164

Email: dfletcher@nailusa.com

formulator

Product Tracking Number(s): 2 7 21 22

Formulator Company Name: Beauty Chemistry

Address: 300 Franklin Street, Floor 18

City: New York State: NY Zip: 10014

Formulator Contact Name: Monica Ward

Title: Chemist

Phone: (730)555-1279 Fax: (730)555-5749

Email: monicaward@beautychem.com

formulator

Product Tracking Number(s):

Formulator Company Name:

Address:

City: State: Zip:

Formulator Contact Name:

Title:

Phone: Fax:

Email:

Check (✔) if Confidential ☑

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 8

A. RESPONSIBLE PARTY & PRODUCT INFORMATION

1. Company Name: Cornstarch Beauty Products, Inc.
Contact Person: Jane Brown
Title: V. P. Marketing
Phone: (730)555-2731 Email: janeb@cornstarchbeauty.com

2. Full Product Name: 3 in 1 Nail Miracle

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)
80 % + 20 % + ____ % = 100

B. ADDITIONAL PRODUCT INFORMATION

1. ARB Category Code(s)
Primary Category Code: 41
If applicable, Additional Category Code(s): 40 | 45 | | |

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*:

Dilution	Product amount	Product units	Diluent amount	Diluent 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:
70,023 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).

Supplement to FORM 3 – Product Group Details

Product Tracking #: 8

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: Cornstarch Beauty Products, Inc.
   - Full product name representing this *product group*: 3 in 1 Nail Miracle
   - 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)
3 in 1 Nail Miracle	Red		
"	Blue		
"	Pink		
"	Purple		
"	Clear		
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 #: 8

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

1. Company Name: Cornstarch Beauty Products, Inc.
Contact Person: Jane Brown
Title: V. P. Marketing
Phone: (730)555-2731 Email: janeb@cornstarchbeauty.com

2. Full Product Name: 3 in 1 Nail Miracle

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)
80 % + 20 % + ____ % = 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. %:								= 0.0 A

Compound:	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	Wt. % Subtotal
Wt. %:								= 0.0 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	Ethyl Acetate	141786			22
2	Butyl Acetate	123864			30
3	Isopropyl Alcohol	67630			12.3
4	Dibutyl Phthalate	84662			5.7
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. %) = 17.8

Group other Inorganics (provide total Wt. %) = 11.0

Group all Fragrance (provide total Wt. %) =

Group *VOCs* that are *each* less than 0.1Wt. % (provide total Wt. %) = 1.2

Weight % Subtotal = 100 C

Grand Total (*A + B + C must = 100*) = 100 %

3. **Contact Information** (*if different from above*):
Completed By: Darren Fletcher
Title: Product Line Manager Phone: (330)555-9165
Formulating Company: Nail Products, USA. Inc. Date: 1-23-03

[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.