

Survey Webcast Training
December 3, 2004

The Survey Forms

Jessica Dean, 2003 Survey Staff
California Air Resources Board

The "heart" of the survey:

Survey FORMS:

- Confidential Information Form (optional)
- Form 1
- Form 2
- Form 3
- Supplement to Form 3
- Form 4

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 (HSC, 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. Even so, 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 *** 2003 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: <u>Household Saver, Inc.</u> Division Name(s): <u>Cleaning Products Division</u> Mailing Address: <u>1750 Regal Garden Pkwy, Suite A</u> City: <u>Penfield</u> State: <u>KY</u> Zip: <u>42706</u> Webpage: <u>www.householdsaverinc.com</u>		2. Parent Company Name (if applicable): <u>Clever Brands</u> Mailing Address: <u>1305 Commerce Ct.</u> City: <u>Lincoln</u> State: <u>GA</u> Zip: <u>30723</u> Webpage: <u>www.cb.net</u>	
3. Contact Person: <u>George Alexandria</u> Phone: <u>(270) 555-0757</u> Fax: <u>(270) 555-3355</u> Title: <u>Regulatory Affairs Associate</u> Email: <u>galex@hhs.com</u>			
4. NAICS Code(s): (see Attachment C for common codes) 325612 325520		5. Number of products: (enter total number of products and/or product groups submitted) 10	
6. Type of Business check (✓) all that apply	7. Gross Annual Receipts For Calendar Year 2003 check (✓) one	8. Employees For Calendar Year 2003 Worldwide check (✓) one California Only check (✓) one	9. Contract Employees For Calendar Year 2003 Worldwide check (✓) one California Only check (✓) one
<input checked="" type="checkbox"/> Manufacturer/Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input checked="" type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> Between \$250,000 and \$1 million <input type="checkbox"/> Between \$1 million and \$10 million <input checked="" type="checkbox"/> Between \$10 million and \$50 million <input type="checkbox"/> Between \$50 million and \$100 million <input type="checkbox"/> Between \$100 million and \$1 billion <input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input checked="" type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750
10. Comments: _____ _____ _____			

11. Certification: I am an authorized representative (management level) of the *responsible party* listed above and certify that all information submitted in this survey is complete, true, and correct.

Name: Carmen Lindsay Title: Director, Regulatory Affairs
 Signature: Carmen Lindsay Date: 1/7/05

Check (✓) if Confidential

FORM 2 – Source of Ingredient Information

(Instructions for completing FORM 2: See back side)

Will your company be using a *formulator*? Check (✓) “no” or “yes” and complete the blanks as indicated.

No, my company, Household Saver, 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):	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Formulator Company Name:	_____										Formulator Contact Name:	_____	
	_____										Title:	_____	
Address:	_____										Phone:	_____ Fax:	_____
City:	_____	State:	_____	Zip:	_____	Email:		_____					

formulator

Product Tracking Number(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Formulator Company Name:	_____										Formulator Contact Name:	_____	
	_____										Title:	_____	
Address:	_____										Phone:	_____ Fax:	_____
City:	_____	State:	_____	Zip:	_____	Email:		_____					

formulator

Product Tracking Number(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>										
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 #:

3

1. Full Product Name: <u>Lickety Split Adhesive Remover</u>		2. Company Name: <u>Household Saver, Inc.</u>																																											
3. ARB Category Code(s) Primary Category Code: <u>60207</u>		If applicable, Additional Category Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
4. Product Groups Does this product represent a product group? <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, list individual products on "Supplement to FORM 3". Also specify which attribute(s) were used to group the products: <input type="checkbox"/> Color <input type="checkbox"/> Fragrance <input checked="" type="checkbox"/> Size <input type="checkbox"/> Botanical/herbal extract		5. Delivery/Packaging System check (✓) one <input type="checkbox"/> wipes/towels/cloths/sheets/pads <input checked="" type="checkbox"/> pressurized aerosol container <input type="checkbox"/> non-pressurized pump system (i.e. spray, foam, liquid) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/pourable bottle <input type="checkbox"/> squeeze tube or squeeze bottle <input type="checkbox"/> other (specify): _____																																											
7. Relation to Product check (✓) all that apply <input checked="" type="checkbox"/> Manufacturer/ Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____		8. Customer Type check (✓) all that apply <input checked="" type="checkbox"/> Household <u>60</u> % <input checked="" type="checkbox"/> Commercial/ Institutional <u>40</u> % <input type="checkbox"/> Industrial _____ % total must = 100%																																											
		9. Dilution Ratios Is this product sold as a concentrate? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, complete the dilution ratio table below. Also specify the diluent: _____																																											
		10. Sales Data Collection Method check (✓) one <input checked="" type="checkbox"/> Used CA-specific sales data <input type="checkbox"/> Estimated by prorating data Specify "national", "regional", "distribution centers" or other: _____ <input type="checkbox"/> Other collection method used (specify): _____																																											
11. General Information Is this a pet care product? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is this a FIFRA registered product? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is this product regulated by the FDA as an OTC drug? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Does this product contain a resin, polymer, or other film-forming compound? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		12. 2003 California Sales Data: complete for each size sold (for wipes/towels and barrier packs see instructions)																																											
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Product Size (from label)</th> <th>Volume/Mass filled (include overfill of 2% or more)</th> <th>Units (wt oz or fl oz)</th> <th>Qty Sold</th> <th>Liquids (fl oz) only: Density (units) -OR- Specific Gravity</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td><u>7</u></td> <td><u>7.14</u></td> <td><u>wt oz</u></td> <td><u>67,329</u></td> <td></td> </tr> <tr> <td>#2</td> <td><u>10</u></td> <td><u>10.61</u></td> <td><u>" - "</u></td> <td><u>106,152</u></td> <td></td> </tr> <tr> <td>#3</td> <td><u>20</u></td> <td><u>20.40</u></td> <td><u>" - "</u></td> <td><u>8,463</u></td> <td></td> </tr> <tr> <td>#4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>#5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>#6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product Size (from label)	Volume/Mass filled (include overfill of 2% or more)	Units (wt oz or fl oz)	Qty Sold	Liquids (fl oz) only: Density (units) -OR- Specific Gravity	#1	<u>7</u>	<u>7.14</u>	<u>wt oz</u>	<u>67,329</u>		#2	<u>10</u>	<u>10.61</u>	<u>" - "</u>	<u>106,152</u>		#3	<u>20</u>	<u>20.40</u>	<u>" - "</u>	<u>8,463</u>		#4						#5						#6					
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#5																																													
#6																																													
13. Comments: _____																																													

LABELS: Submit one entire representative label for this product or product group.

Check (✓) one: Label attached or submitted electronically, OR Label submitted in 2001 Survey; 2001 Survey Product Tracking #: _____ (required for this response)

Check (✓) if Confidential

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: 3

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME – To be completed by the responsible party; copy from corresponding FORM 3.

Full Product Name: Lickety Split Adhesive Remover Company Name: Household Saver, Inc.

B. RESPONSIBLE PARTY CONTACT INFORMATION – Only needed when responsible party is sending this form to a formulator for completion of Part C.

Contact Person: _____ Phone: _____ Fax: _____
 Title: _____ Email: _____

C. 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.

HFC-134a	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	AMP	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	Menthol	
HCFC-141b	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	C1 % Subtotal	
	<u>39.7</u>							<u>39.7</u>	C1

2. **Speciation Table:** List all VOCs, partial LVP-VOCs and LVP-VOCs (see Attachment E for "LVP-VOCs to be Individually Reported") that comprise at least 0.1 Wt. %. Group other LVP-VOCs (those not listed individually), other exempts (those not listed above), other inorganics (those not listed above), all fragrance, and all VOCs that individually comprise less than 0.1 Wt. %, as indicated in each line-item entry below.

	Chemical Name	CAS Number	Trade Name & Manufacturer*	Bin #*	Weight %
1	<u>C₁₀-C₁₅ saturated Hydrocarbons</u>	<u>64742-47-8</u>	<u>synergel SA 200 - Penreco</u>	<u>14</u>	<u>20.0</u>
2	<u>Isopropyl Alcohol</u>	<u>67-63-0</u>			<u>5.3</u>
3	<u>Isobutane</u>	<u>75-28-5</u>			<u>20.0</u>
4	<u>Propane</u>	<u>74-98-6</u>			<u>15.0</u>
5					
6					
7					
8					

If more lines are needed, list additional ingredients on a separate page; enter the weight percent subtotal from that page on this line: = _____

Group other LVP-VOCs (those not listed individually above): Group Total = _____

Group other exempts (those not listed in item C1): Group Total = _____

Group other inorganics (those not listed in item C1): Group Total = _____

Group all Fragrance: Group Total = _____

Group VOCs that are each less than 0.1 Wt. %: Group Total = _____

3. **Ingredient Contact Information**

Completed By: George Alexandra
 Title: Reg. Aff. Associate Phone: (270)555-0757 Email: galex@hhs.com
 Formulating Company: Household Saver, Inc. Date: 1/4/05

Section C2 % Subtotal = 60.3 C2

Grand Total (Sections C1 + C2 must = 100%) = 100.0 Total

*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 and Attachment F for a list of trade names and bin numbers.

Questions? Visit www.arb.ca.gov/consprod/regact/2003surv/2003surv.htm

What is a VOC?

- VOC = Volatile Organic Compound
- “Organic” means carbon-containing (“inorganic” = no carbon atoms)
- Compounds with at least one carbon atom
 - except very specific compounds listed in definition of “VOC” (aka, “exempts”)
 - examples of VOCs: propane, ethyl alcohol

What is an LVP-VOC?

- LVP-VOC = Low Vapor Pressure VOC
- VOC compounds or mixtures that:
 - have vapor pressure < 0.1 mm Hg at 20° C (ARB Method 310), or
 - have 12 or more atoms of carbon, or
 - have boiling point >216° C, or
 - is the weight % of chemical mixture that boils above 216°C (aka, “partial LVP-VOC”)

Which chemicals go where?

- 17 compounds have boxes on “Specific Ingredient Table” (Sec. C, Item 1)
 - some are exempts (VMS, HFCs)
 - some are inorganics (water, nitrogen)
- All other compounds accounted for in Speciation Table (Sec. C, Item 2)
 - All VOCs ≥ 0.1 wt % are to be speciated
- All compounds categorized, total = 100%

Check (✓) if Confidential

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: 3

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME – To be completed by the responsible party; copy from corresponding FORM 3.

Full Product Name: Lickety Split Adhesive Remover Company Name: Household Saver, Inc.

B. RESPONSIBLE PARTY CONTACT INFORMATION – Only needed when responsible party is sending this form to a formulator for completion of Part C.

Contact Person: _____ Phone: _____ Fax: _____
 Title: _____ Email: _____

C. 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.

HFC-134a	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	AMP	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	Menthol	
HCFC-141b	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	C1 % Subtotal	
	<u>39.7</u>							<u>39.7</u>	C1

2. **Speciation Table:** List all VOCs, partial LVP-VOCs and LVP-VOCs (see Attachment E for "LVP-VOCs to be Individually Reported") that comprise at least 0.1 Wt. %. Group other LVP-VOCs (those not listed individually), other exempts (those not listed above), other inorganics (those not listed above), all fragrance, and all VOCs that individually comprise less than 0.1 Wt. %, as indicated in each line-item entry below.

	Chemical Name	CAS Number	Trade Name & Manufacturer*	Bin #*	Weight %
1	<u>C₁₀-C₁₅ saturated Hydrocarbons</u>	<u>64742-47-8</u>	<u>synergel SA 200 - Penreco</u>	<u>14</u>	<u>20.0</u>
2	<u>Isopropyl Alcohol</u>	<u>67-63-0</u>			<u>5.3</u>
3	<u>Isobutane</u>	<u>75-28-5</u>			<u>20.0</u>
4	<u>Propane</u>	<u>74-98-6</u>			<u>15.0</u>
5					
6					
7					
8					

If more lines are needed, list additional ingredients on a separate page; enter the weight percent subtotal from that page on this line: = _____

Group other LVP-VOCs (those not listed individually above): Group Total = _____

Group other exempts (those not listed in item C1): Group Total = _____

Group other inorganics (those not listed in item C1): Group Total = _____

Group all Fragrance: Group Total = _____

Group VOCs that are each less than 0.1 Wt. %: Group Total = _____

3. **Ingredient Contact Information**

Completed By: George Alexandra Section C2 % Subtotal = 60.3 C2
 Title: Reg. Aff. Associate Phone: (270)555-0757 Email: galex@hhs.com
 Formulating Company: Household Saver, Inc. Date: 1/4/05 Grand Total (Sections C1 + C2 must = 100%) = 100.0 Total

*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 and Attachment F for a list of trade names and bin numbers.

Questions? Visit www.arb.ca.gov/consprod/regact/2003surv/2003surv.htm

Which LVPs do I speciate?

- Some LVPs must be individually listed on FORM 4
- Reportable LVP-VOCs are listed in Attachment E.
- Example: propylene glycol
- LVP compounds not listed are grouped under “group other LVP-VOCs”

Reporting Ingredients

- Compound listed in Item 1?
 - If yes, write wt. % in Specific Ingredient Table
 - If no, continue
- Compound a VOC?
 - If yes, write wt. % in Speciation Table
 - If no, continue

Reporting Ingredients (cont.)

- Compound an LVP-VOC?
 - If yes, check Attachment E.
 - If listed in Att. E, write wt. % in Speciation Table
 - If not listed, group under “group other LVP-VOCs”

Reporting Ingredients (cont.)

- Compound not 1 of first 17, not VOC, not LVP? Depending on compound:
 - group under “group other exempt”
 - group under “group other inorganics”
 - group under “group all fragrance”
 - group under “group VOCs that are each less than 0.1 wt %”

Check (✓) if Confidential

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: 3

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME – To be completed by the responsible party; copy from corresponding FORM 3.

Full Product Name: Lickety Split Adhesive Remover Company Name: Household Saver, Inc.

B. RESPONSIBLE PARTY CONTACT INFORMATION – Only needed when responsible party is sending this form to a formulator for completion of Part C.

Contact Person: _____ Phone: _____ Fax: _____
 Title: _____ Email: _____

C. 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.

HFC-134a	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	AMP	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	Menthol	
HCFC-141b	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	C1 % Subtotal	
	<u>39.7</u>							<u>39.7</u>	C1

2. **Speciation Table:** List all VOCs, partial LVP-VOCs and LVP-VOCs (see Attachment E for "LVP-VOCs to be Individually Reported") that comprise at least 0.1 Wt. %. Group other LVP-VOCs (those not listed individually), other exempts (those not listed above), other inorganics (those not listed above), all fragrance, and all VOCs that individually comprise less than 0.1 Wt. %, as indicated in each line-item entry below.

	Chemical Name	CAS Number	Trade Name & Manufacturer*	Bin #*	Weight %
1	<u>C₁₀-C₁₅ saturated Hydrocarbons</u>	<u>64742-47-8</u>	<u>synergel SA 200 - Penreco</u>	<u>14</u>	<u>20.0</u>
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5					
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Group other LVP-VOCs (those not listed individually above): Group Total = _____

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3. **Ingredient Contact Information**

Completed By: George Alexandra
 Title: Reg. Aff. Associate Phone: (270)555-0757 Email: galex@hhs.com
 Formulating Company: Household Saver, Inc. Date: 1/4/05

Section C2 % Subtotal = 60.3 C2

Grand Total (Sections C1 + C2 must = 100%) = 100.0 Total

*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 and Attachment F for a list of trade names and bin numbers.

Questions? Visit www.arb.ca.gov/consprod/regact/2003surv/2003surv.htm

Example 2: 3-in-1 Nail Miracle

- Cornstarch Beauty is Responsible Party
- Fred MacLeod is contact person
- 36 products reported

Check (✓) if Confidential

FORM 2 – Source of Ingredient Information

(Instructions for completing FORM 2: See back side)

Will your company be using a *formulator*? Check (✓) “no” or “yes” and complete the blanks as indicated.

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):	<input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="20"/> <input type="text"/>
Formulator Company Name:	<u>Nail Products USA, Inc.</u>
Formulator Contact Name:	<u>Darren Fletcher</u>
Title:	<u>Product Line Manager</u>
Address:	<u>1371 Chester Ave.</u>
Phone:	<u>(312) 555-9165</u> Fax: <u>(312) 555-9164</u>
City:	<u>Chicago</u> State: <u>IL</u> Zip: <u>60607</u>
Email:	<u>dfletcher@nailusa.com</u>

formulator

Product Tracking Number(s):	<input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="21"/> <input type="text" value="22"/> <input type="text"/>
Formulator Company Name:	<u>Beauty Chemistry</u>
Formulator Contact Name:	<u>Monica Gianni</u>
Title:	<u>Chemist</u>
Address:	<u>300 Franklin St. Floor 18</u>
Phone:	<u>(347) 555-1279</u> Fax: <u>(347) 555-5749</u>
City:	<u>New York</u> State: <u>NY</u> Zip: <u>10014</u>
Email:	<u>monicagianni@beautychem.com</u>

formulator

Product Tracking Number(s):	<input type="text"/>
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 #:

4

1. Full Product Name: <u>3 in 1 Nail Miracle - Pink Group</u>		2. Company Name: <u>Cornstarch Beauty Products</u>																																																				
3. ARB Category Code(s) Primary Category Code: <u>30906</u>		If applicable, Additional Category Code(s): <u>30903</u> <u>30911</u>																																																				
4. Product Groups Does this product represent a <i>product group</i> ? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, list individual products on "Supplement to FORM 3". Also specify which attribute(s) were used to group the products: <input checked="" type="checkbox"/> Color <input type="checkbox"/> Fragrance <input checked="" type="checkbox"/> Size <input type="checkbox"/> Botanical/herbal extract		5. Delivery/Packaging System check (✓) one <input type="checkbox"/> wipes/towels/cloths/sheets/pads <input type="checkbox"/> pressurized aerosol container <input type="checkbox"/> non-pressurized pump system (i.e. spray, foam, liquid) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input checked="" type="checkbox"/> jar/can/tub/pourable bottle <input type="checkbox"/> squeeze tube or squeeze bottle <input type="checkbox"/> other (specify): _____																																																				
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LABELS: Submit one entire representative label for this product or product group.

Check (✓) one: Label attached or submitted electronically, OR Label submitted in 2001 Survey; 2001 Survey Product Tracking #: 8 (required for this response)

Supplement to FORM 3 – Product Group Details

Product Tracking #: 4

The table below has been provided *only* for those companies that have grouped products together for the purposes of this survey (see FORM 3, Item 4).

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 - Pink 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*, botanical/herbal extract, 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/ Botanical or herbal extract (if applicable)	Size and units (if applicable)
3 in 1 Nail Miracle	Pretty Pink		0.25 fl oz
" — "	Carnation		0.25 fl oz
" — "	Rose		" — "
" — "	Salmon		" — "
" — "	Blushing Pink		" — "
3 in 1 Nail Miracle	Pretty Pink		0.45 fl oz
" — "	Carnation		" — "
" — "	Rose		" — "
" — "	Salmon		" — "
" — "	Blushing Pink		" — "
<i>More products to list? Photocopy this page as needed.</i>			

Check (✓) if Confidential

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: 4

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME – To be completed by the responsible party; copy from corresponding FORM 3.

Full Product Name: 3 in 1 Nail Miracle - Pink Group Company Name: Cornstarch Beauty Products

B. RESPONSIBLE PARTY CONTACT INFORMATION – Only needed when responsible party is sending this form to a formulator for completion of Part C.

Contact Person: Fred MacLeod Phone: (641)555-8316 Fax: (641)555-5634
 Title: VP, Marketing Email: macleodf@tbinternational.net

C. 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.

HFC-134a	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	AMP	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	Menthol	
HCFC-141b	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	C1 % Subtotal	
								<u>0.0</u>	C1

2. Speciation Table: List all VOCs, partial LVP-VOCs, and LVP-VOCs (see Attachment E for "LVP-VOCs to be Individually Reported") that comprise at least 0.1 Wt. %. Group other LVP-VOCs (those not reported individually), other exempts (those not listed above), other inorganics (those not listed above), all fragrance, and all VOCs that individually comprise less than 0.1 Wt. %, as indicated in each line-item entry below.

	Chemical Name	CAS Number	Trade Name & Manufacturer*	Bin #*	Weight %
1	Ethyl Acetate	141-78-6			22.0
2	Butyl Acetate	123-86-4			30.0
3	Isopropyl Alcohol	67-63-0			12.3
4	Dibutyl Phthalate	84-66-2			5.7
5	Camphor	76-22-2			2.0
6	Benzophenone	119-61-9			1.7
7					
8					
If more lines are needed, list additional ingredients on a separate page; enter the weight percent subtotal from that page on this line: =					
Group other LVP-VOCs (those not listed individually above): Group Total =					14.1
Group other exempts (those not listed in item C1): Group Total =					
Group other inorganics (those not listed in item C1): Group Total =					11.0
Group all Fragrance: Group Total =					0.0
Group VOCs that are each less than 0.1 Wt. %: Group Total =					1.2
Section C2 % Subtotal =					100.0
Grand Total (Sections C1 + C2 must = 100%) =					100.0

3. Ingredient Contact Information
 Completed By: Darren Fletcher
 Title: Product Line Manager Phone: (312)555-9165 Email: dfletcher@nailusa.com
 Formulating Company: Nail Products USA Date: 12/20/04
 Section C2 % Subtotal = 100.0 C2
 Grand Total (Sections C1 + C2 must = 100%) = 100.0 Total

*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 and Attachment F for a list of trade names and bin numbers.

Questions? Visit www.arb.ca.gov/consprod/regact/2003surv/2003surv.htm

Example 3: Kitty-B-Clean Cat Bathing Wipes

- Hearty Pet International is Responsible Party
- Jane Furley is contact person
- 1 product reported

Check (✓) if Confidential

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 1

1. Full Product Name: <u>Kitty-B-Clean Cat Bathing Wipes</u>		2. Company Name: <u>Hearty Pet Int'l</u>																																											
3. ARB Category Code(s) Primary Category Code: <u>30208</u>		If applicable, Additional Category Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
4. Product Groups Does this product represent a product group? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, list individual products on "Supplement to FORM 3". Also specify which attribute(s) were used to group the products: <input type="checkbox"/> Color <input type="checkbox"/> Fragrance <input checked="" type="checkbox"/> Size <input type="checkbox"/> Botanical/herbal extract		5. Delivery/Packaging System check (✓) one <input checked="" type="checkbox"/> wipes/towels/cloths/sheets/pads <input type="checkbox"/> pressurized aerosol container <input type="checkbox"/> non-pressurized pump system (i.e. spray, foam, liquid) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/pourable bottle <input type="checkbox"/> squeeze tube or squeeze bottle <input type="checkbox"/> other (specify): _____																																											
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Prorating Regional Sales Data

- No CA-specific data available
- Jane has Western Region data: WA, OR, ID, CA, UT, AZ total = 11,300 units
- Use Att. D to add population of those 6 states
- CA pop. $35.5 \text{ mil} / 54.7 \text{ mil} = 65\%$ of Western Region
- CA sales = 7,346 as written in Item 12

Check (✓) if Confidential

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 1

1. Full Product Name: <u>Kitty-B-Clean Cat Bathing Wipes</u>		2. Company Name: <u>Hearty Pet Int'l</u>																																											
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The End

The Survey Forms

Jessica Dean, 2003 Survey Staff

California Air Resources Board