PART VI:
Samples of Completed Forms

SAMPLE #1: LICKETY SPLIT ADHESIVE REMOVER

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

Background

The Company: Household Saver, Inc. (HSI) is a subsidiary of Clever Brands that manufactures various types of *consumer products*. HSI is submitting information for ten of their products and holds the ingredient information for all of them.

The Product. Lickety Split Adhesive Remover is a general purpose adhesive remover, according to the *principal display panel*. Although HSI has submitted 10 products, only one product, identified by tracking #3, has been included for detail in this sample.

Notable Form Details

Some items from the forms are detailed here for clarity.

FORM 1 – Responsible Party Information

- A *parent company*, Clever Brands, is listed in Item 2 because HSI is not independently owned.
- Two NAICS codes are provided because HSI manufactures products that fall under two different NAICS product categories.
- Both manufacturer/marketer and contract packager are checked because HSI is involved in both types of businesses.
- A management-level representative has certified this submission.

FORM 2 – Source of Ingredient Information

- "No" has been checked because HSI holds all the ingredient information about their products and therefore will not use a *formulator*.

FORM 3 – Product Information

- Only the manufacturer/marketer box is checked for this product, because HSI does not contract package for this particular product.
- In Item 12, the "Product Size" does not match the "Volume/Mass Filled" because this product is overfilled by 2% or more. The density or specific gravity is not needed because the product is sold by mass (wt oz).

FORM 4 – Ingredient Information

- Section B is not completed because HSI did not send this form to a formulator; HSI completed their own ingredient information.
- In the Speciation Table, one ingredient is a *hydrocarbon solvent*, so the trade name, *manufacturer*, and bin number has been listed, in addition to the chemical names and CAS numbers.

Note

It is assumed that HSI sent the "Preliminary Form: Who Must Complete the Survey?" ahead of time. HSI 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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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:** Household Saver, Inc.
Division Name(s): Cleaning Products Division
Mailing Address: 1750 Regal Garden Pkwy, Suite A
City: Penfield **State:** KY **Zip:** 42706
Webpage: www.householdsaverinc.com

2. **Parent Company Name** (if applicable): Clever Brands
Mailing Address: 1305 Commerce Ct.
City: Lincoln **State:** GA **Zip:** 30723
Webpage: www.cb.net

3. **Contact Person:** George Alexandrea **Phone:** (270) 555-0757 **Fax:** (270) 555-3355
Title: Regulatory Affairs Associate **Email:** galex@hhs.com

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*		9. Contract Employees *For Calendar Year 2003*	
		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 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): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

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

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

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

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

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Check (✔) if Confidential ☒

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 3

1. Full Product Name: Lickety Split Adhesive Remover

2. Company Name: Household Saver, Inc.

3. ARB Category Code(s)
Primary Category Code: 60207 *If applicable*, Additional Category Code(s):

4. Product Groups
Does this product represent a *product group*? ☐ yes ☒ no
If yes, list individual products on "Supplement to FORM 3".
Also specify which attribute(s) were used to group the products: ☐ Color ☐ Fragrance ☐ Size ☐ Botanical/herbal extract

5. Delivery/ Packaging System check (✔) one
- ☐ wipes/towels/cloths/sheets/pads
- ☒ pressurized aerosol container
- ☐ non-pressurized pump system (i.e. spray, foam, liquid)
- ☐ barrier pack or compartmentalized dispenser
- ☐ jar/can/tub/pourable bottle
- ☐ squeeze tube or squeeze bottle
- ☐ other (specify):

6. Dispensed Form check (✔) one
- ☐ post-foaming gel
- ☐ foam/mousse
- ☐ liquid
- ☐ semisolid
- ☐ solid
- ☒ mist/dispersed spray
- ☐ other (specify):

7. Relation to Product check (✔) all that apply
- ☒ Manufacturer/ Marketer
- ☐ Distributor
- ☐ Retailer
- ☐ Contract Packager
- ☐ Other (specify):

8. Customer Type check (✔) all that apply
- ☒ Household 60 %
- ☒ Commercial/ Institutional 40 %
- ☐ Industrial ____ %

total must = 100%

9. 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*
least dilute				
most dilute				

10. Sales Data Collection Method check (✔) one
- ☒ Used CA-specific sales data
- ☐ Estimated by prorating data
  Specify "national", "regional", "distribution centers" or other:
- ☐ Other collection method used (specify):

11. General Information
- Is this a *pet care product*? ☐ yes ☒ no
- Is this a FIFRA registered product? ☐ yes ☒ no
- Is this product regulated by the FDA as an OTC drug? ☐ yes ☒ no
- Does this product contain a resin, polymer, or other film-forming compound? ☐ yes ☒ no

12. 2003 California Sales Data: complete for each size sold *(for wipes/towels and barrier packs see instructions)*

	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	7	7.14	Wt OZ	67,329		
#2	10	10.61	" — "	106,152		
#3	20	20.40	" — "	8,463		
#4						
#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)*

Supplement to FORM 3 – Product Group Details

Product Tracking #: 3

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: Household Saver, Inc.
- Full product name representing this *product group*: Lickety Split Adhesive Remover
- 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)
Lickety Split Adhesive Remover			7 wt oz
Lickety Split Adhesive Remover			10 wt oz
" ——— "			20 wt oz
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 #: 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	
	39.7							= 39.7	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	C_{10} - C_{15} saturated Hydrocarbons	64742-47-8	Synergel SA 200 - Penreco	14	20.0	
2	Isopropyl Alcohol	67-63-0			5.3	
3	Isobutane	75-28-5			20.0	
4	Propane	74-98-6			15.0	
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** =

Section C2 % Subtotal = 60.3 C2

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

3. ***Ingredient Contact Information***

Completed By: George Alexandrea

Title: Reg. Aff. Associate **Phone:** (270)555-0757 **Email:** galex@hhs.com

Formulating Company: Household Saver, Inc. **Date:** 1/4/05

*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

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 36 products being submitted for this survey. Although CBP has submitted 36 products, only one product, #4, has been included in detail for this sample.

The Product. 3 in 1 Nail Miracle (Nail Miracle) comes in twenty 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 2 – Source of Ingredient Information

- "Yes" was checked because CBP does not hold the ingredient information for all of the 36 products being submitted. Nail Products, USA, Inc. holds the ingredient information for Product Tracking #4, Nail Miracle, as well as, products #8 and #20. Beauty Chemistry holds ingredient information for tracking numbers 2, 7, 21 and 22.
- CBP holds the ingredient information for the remaining product tracking numbers 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*.
- Although Nail Miracle come in 20 colors, only 5 of them have been grouped under this tracking number because the others vary by more than 2% VOC content from these shades (see page III-5 for grouping requirements). The other 15 shades must be reported separately from the 5 that are grouped under product #4.
- Nail Miracle contains a resin, as denoted in Item 11.
- CBP submitted a *label* for this product in the 2001 Survey. The *label* has not changed at all (neither art nor language), so CBP has fulfilled the *label* submittal requirement. The appropriate box is checked and 2001 tracking number is provided for ARB staff.

Supplement to FORM 3 – Product Group Details

- Five individual colors, with two sizes each (for a total of 10 separate products) for Nail Miracle have been listed on the table because they were reported as a *product group* on FORM 3.

FORM 4 – Ingredient Information

- CBP completed Sections A and B, then forwarded the whole FORM 4 to their *formulator*, Nail Products, USA, Inc., who then completed the ingredient information in Section C.
- Darren Fletcher, Product Line Manager from the formulating company, completed the ingredient information and mailed FORM 4 directly to the 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):
   Mailing Address: 12753 Richards St.
   City: Rhodes **State:** NY **Zip:** 10001
   Webpage: www.tbinternational.net/cornstarch

2. **Parent Company Name** (if applicable): Total Beauty International, Inc.
   Mailing Address: 1000 Maine Ave, Suite 300
   City: Minneapolis **State:** MN **Zip:** 55401
   Webpage: www.tbinternational.net

3. **Contact Person:** Fred Macleod **Phone:** (347)555-8316 **Fax:** (347)555-5634
   Title: Vice President of Marketing **Email:** macleodf@tbinternational.net

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) 36

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)	8. Employees *For Calendar Year 2003* California Only (check (✔) one)	9. Contract Employees *For Calendar Year 2003* Worldwide (check (✔) one)	9. Contract Employees *For Calendar Year 2003* 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 representative (management level) of the *responsible party* listed above and certify that all information submitted in this survey is complete, true, and correct.
Name: Fred Macleod **Title:** VP, Marketing
Signature: Fred Macleod **Date:** 12/15/04

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): 4 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: (312)555-9165 **Fax:** (312)555-9164

Email: dfletchere nailusa.com

formulator

Product Tracking Number(s): 2 7 21 22

Formulator Company Name: Beauty Chemistry

Address: 300 Franklin St. Floor 18

City: New York **State:** NY **Zip:** 10014

Formulator Contact Name: Monica Gianni

Title: Chemist

Phone: (347)555-1279 **Fax:** (347)555-5749

Email: monicagiannie beautychem.com

formulator

Product Tracking Number(s):

Formulator Company Name: _____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

CALIFORNIA AIR RESOURCES BOARD *** 2003 CONSUMER & COMMERCIAL PRODUCTS SURVEY

Check (✔) if Confidential ☑

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 4

1. Full Product Name: 3 in 1 Nail Miracle - Pink Group

2. Company Name: Cornstarch Beauty Products

3. ARB Category Code(s)
Primary Category Code: 30906
If applicable, Additional Category Code(s): 30903 30911

4. Product Groups
Does this product represent a *product group*?
☑ yes ☐ no
If yes, list individual products on "Supplement to FORM 3".
Also specify which attribute(s) were used to group the products: ☑ Color ☐ Fragrance ☑ Size ☐ Botanical/herbal extract

5. Delivery/ Packaging System check (✔) one
☐ wipes/towels/cloths/sheets/pads
☐ pressurized aerosol container
☐ non-pressurized pump system (i.e. spray, foam, liquid)
☐ barrier pack or compartmentalized dispenser
☑ jar/can/tub/pourable bottle
☐ squeeze tube or squeeze bottle
☐ other (specify):

6. Dispensed Form check (✔) one
☐ post-foaming gel
☐ foam/mousse
☑ liquid
☐ semisolid
☐ solid
☐ mist/dispersed spray
☐ other (specify):

7. Relation to Product check (✔) all that apply
☐ Manufacturer/ Marketer
☐ Distributor
☑ Retailer
☐ Contract Packager
☐ Other (specify):

8. Customer Type check (✔) all that apply
☑ Household 80 %
☑ Commercial/ Institutional 20 %
☐ Industrial %
total must = 100%

9. 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*
least dilute				
most dilute				

10. Sales Data Collection Method check (✔) one
☑ Used CA-specific sales data
☐ Estimated by prorating data
Specify "national", "regional", "distribution centers" or other:
☐ Other collection method used (specify):

11. General Information
Is this a *pet care product*? ☐ yes ☑ no
Is this a FIFRA registered product? ☐ yes ☑ no
Is this product regulated by the FDA as an OTC drug? ☐ yes ☑ no
Does this product contain a resin, polymer, or other film-forming compound? ☑ yes ☐ no

12. 2003 California Sales Data: complete for each size sold *(for wipes/towels and barrier packs see instructions)*

	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	0.25	0.25	fl oz	30,051		0.98
#2	0.45	0.45	" – "	27,482		" – "
#3						
#4						
#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 #: 8 *(required for this response)*

CALIFORNIA AIR RESOURCES BOARD *** 2003 CONSUMER & COMMERCIAL PRODUCTS SURVEY

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		" — "
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 #: 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	
								= 0.0	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 C2

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

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

*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

SAMPLE #3: KITTY-B-CLEAN CAT BATHING WIPES

To provide help in understanding the following sample forms, this section provides some general information about Product Sample #3.

Background

The Company. Hearty Pet International (HPI) is independently owned and submitting only one product.

The Product. Kitty-B-Clean Cat Bathing Wipes are used to clean cats' bodies between grooming sessions.

Notable Form Details

Some items from the forms are detailed here for clarity.

FORM 1 – Responsible Party Information

- Although Jane Furley is the contact person, a management-level representative, Julio Serrano, has signed the form.

FORM 2 – Source of Ingredient Information

- "No" was checked because HPI holds the ingredient information for the one product submitted.

FORM 3 – Product Information

- The most appropriate category for this product, based on claims on the *principal display panel*, was entered for Item 3.
- Because there are two product sizes, "yes" and "size" are checked in item 4 and the "Supplement to FORM 3" is appropriately filled out.
- Because the product is a liquid-impregnated paper cloth, "wipes" was selected for Item 5, and "liquid" was selected for Item 6.
- HPI's Western Region includes Washington, Idaho, Oregon, California, Utah, and Arizona. Jane calculated the sales data (Item 10) by dividing California's population by the total population of the six states in the region, then multiplying this percentage by the number of units sold in the entire region.
- In Item 11, only the pet care question applies to the product.
- Two sizes of product are sold, as noted in Item 12. The product size on the *label* gives the number of wipes in the container. The "volume/mass filled" refers to the amount of product (liquid portion only), **not including the cloth substrate.** The number of units sold was calculated as outlined in Item 10.

FORM 4 – Ingredient Information

- Section B is not completed because HPI did not send this form to a *formulator*; HPI completed their own ingredient information.
- Kitty-B-Clean Wipes do not contain any *hydrocarbon solvents*; therefore, no trade names or *manufacturers* are listed.

Note

It is assumed that HPI sent the "Preliminary Form: Who Must Complete the Survey?" ahead of time. HPI 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:** Hearty Pet International
   Division Name(s):
   Mailing Address: 753 W. Calaveras Dr.
   City: Payson **State:** AZ **Zip:** 85541
   Webpage: www.heartypet.com

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

3. **Contact Person:** Jane Furley **Phone:** (520) 555-2362 **Fax:** (520) 555-9551
   Title: EH+S Assistant **Email:** jfurley@heartypet.com

4. **NAICS Code(s):** (see Attachment C for common codes) 424990 | 453910 | | | |

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 2003*	8. Employees *For Calendar Year 2003*		9. Contract Employees *For Calendar Year 2003*	
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 representative (management level) of the *responsible party* listed above and certify that all information submitted in this survey is complete, true, and correct.
    Name: Julio Serrano **Title:** EH+S Supervisor
    Signature: Julio Serrano **Date:** 12/01/04

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, Hearty Pet International, 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:** _____

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Check (✔) if Confidential ☐

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: 1

1. Full Product Name: Kitty-B-Clean Cat Bathing Wipes

2. Company Name: Hearty Pet Int'l

3. ARB Category Code(s)
Primary Category Code: 30208 *If applicable*, Additional Category Code(s):

4. Product Groups
Does this product represent a *product group*? ☑ yes ☐ no
If yes, list individual products on "Supplement to FORM 3".
Also specify which attribute(s) were used to group the products: ☐ Color ☐ Fragrance ☑ Size ☐ Botanical/herbal extract

5. Delivery/ Packaging System check (✔) one
☑ wipes/towels/cloths/sheets/pads
☐ pressurized aerosol container
☐ non-pressurized pump system (i.e. spray, foam, liquid)
☐ barrier pack or compartmentalized dispenser
☐ jar/can/tub/pourable bottle
☐ squeeze tube or squeeze bottle
☐ other (specify):

6. Dispensed Form check (✔) one
☐ post-foaming gel
☐ foam/mousse
☑ liquid
☐ semisolid
☐ solid
☐ mist/dispersed spray
☐ other (specify):

7. Relation to Product check (✔) all that apply
☑ Manufacturer/ Marketer
☐ Distributor
☑ Retailer
☐ Contract Packager
☐ Other (specify):

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

9. 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*
least dilute				
most dilute				

10. Sales Data Collection Method check (✔) one
☐ Used CA-specific sales data
☑ Estimated by prorating data
Specify "national", "regional", "distribution centers" or other: regional
☐ Other collection method used (specify):

11. General Information
Is this a *pet care product*? ☑ yes ☐ no
Is this a FIFRA registered product? ☐ yes ☑ no
Is this product regulated by the FDA as an OTC drug? ☐ yes ☑ no
Does this product contain a resin, polymer, or other film-forming compound? ☐ yes ☑ no

12. 2003 California Sales Data: complete for each size sold *(for wipes/towels and barrier packs see instructions)*

	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	10	1.44	wt oz	7,346		
#2	50	7.19	" – "	16,203		
#3						
#4						
#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)*

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Supplement to FORM 3 – Product Group Details

Product Tracking #: 1

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: Hearty Pet International
   - Full product name representing this *product group*: Kitty-B-Clean Cat Bathing Wipes
   - 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)
Kitty-B-Clean Cat Bathing Wipes			10 wipes
Kitty-B-Clean Cat Bathing Wipes			50 wipes
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 #: 1

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

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

Full Product Name: Kitty-B-Clean Bathing Wipes

Company Name: Hearty Pet Int'l

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	
							93.0	= 93.0	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	propylene glycol	57-55-6			4.5
2					
3					
4					
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** = 0.5

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

Group other inorganics (those not listed in item C1): **Group Total** = 1.0

Group all Fragrance: **Group Total** = 1.0

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

Section C2 % Subtotal = 7.0 C2

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

3. *Ingredient Contact Information*

Completed By: Jane Furley

Title: EH+S Assistant **Phone:** (530)555-2362 **Email:** jfurley@heartypet.com

Formulating Company: Hearty Pet Int'l **Date:** 11/30/04

*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.