

1998
AEROSOL ADHESIVES SURVEY

March 3, 1999

**ONLY USE THE SURVEY FORMS PROVIDED IN THIS PACKAGE, DO NOT USE ANY
PREVIOUS CONSUMER PRODUCT SURVEY OR REGISTRATION FORMS.**

THIS SURVEY IS MANDATORY.

DUE DATE: MAY 1, 1999

California Environmental Protection Agency
 **Air Resources Board**

Responsible Parties and Formulators

Please read this before filling out the survey.

The “*Responsible Party*” means the company, firm or establishment which is listed on the label of an aerosol adhesive product covered by this survey. If the label lists two companies, firms or establishments, the responsible party is the party which the product was “manufactured for” or “distributed by”, as noted on the label.

If you are **not** the Responsible Party for any aerosol adhesive product as covered by this survey, please complete the top portion of **Form I: Company Information** only and return this form to the following address:

California Air Resources Board
Stationary Source Division
Aerosol Adhesives survey
2020 L Street
P.O. Box 2815
Sacramento, CA 95812

Formulators: Please fill out the Research and Development Section - Forms R&D_Parts 1, 2, 3 and 4 even if you are not the responsible party.

TABLE OF CONTENTS

THIS PACKET CONTAINS:

- I. Survey Overview and Instructions
- II. Survey Forms and Sample Forms
- III. Attachments for completing the survey
 - Attachment A: List of Standard Industrial Classification (SIC) codes
 - Attachment B: United States Resident Population
 - Attachment C: Chemical Abstract Service (CAS) Numbers and Synonyms
 - Attachment D: Definitions
 - Attachment E: Title 17, California Code of Regulations, Section 91000 to 91100
(The Air Resources Board's authority to collect information
and the handling of confidential information)

IF YOUR PACKET IS MISSING ANY ITEMS LISTED ABOVE, PLEASE CALL:

Ms. Linda Lee (916) 327-1514

Ms. Kim Nguyen (916) 327-1513

E-mail: llee@arb.ca.gov

E-mail: knguyen@arb.ca.gov

Facsimile number (916) 322-6088

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DO NOT USE ANY PREVIOUS CONSUMER PRODUCT SURVEY
OR REGISTRATION FORMS.**

Part I

**Survey Overview
and Instructions**

INSTRUCTIONS FOR COMPLETING THE 1998 AEROSOL ADHESIVES SURVEY

SURVEY OVERVIEW

The Air Resources Board's (ARB) Aerosol Adhesives Survey is intended to collect information about *aerosol adhesives* as defined in the Consumer Products Regulations that were sold for use in California in 1998. **You must complete this survey if you are the *responsible party*.**

The *responsible party* is the company, firm or establishment which is listed on the product label. If the label lists two companies, firms or establishments, the responsible party is the party whom the product was “manufactured for” or “distributed by,” as noted on the label.

If the responsible party is not the manufacturer/filler or not directly involved in the formulation of the product, they must identify the designated reporting party (manufacturer/filler or some other party) who will submit the survey to the ARB on their behalf. Otherwise, the responsible party and the designated reporting party may complete and submit the survey together. However, regardless of the arrangement, the responsible party is still legally responsible for ensuring that the survey is completed and submitted.

We would like to emphasize that this survey is intended to collect information about all aerosol adhesives, including *consumer products*, *commercial products* (products used by household, commercial and institutional consumers), and *industrial products* (products designed and labeled exclusively for use in the manufacturing of goods or commodities). All consumer, commercial, and industrial products which are defined as aerosol adhesives must be reported.

This survey consists of the following questionnaire forms and five attachments:

Company and Product Forms

- I: Company Information
- II: Formulator Information
- III: Product Sales
- IV-A: Product Ingredients (Responsible Party form)
- IV-B: Product Ingredients (Formulator form)

Research and Development Forms

- Part 1: Research Overview
- Part 2: Research and Development Results
- Part 3: Technology Tested
- Part 4: Technology Not Tested

Confidential Information Submittal Form

Attachment A: List of Standard Industrial Classification (SIC) Codes

SURVEY OVERVIEW

- Attachment B: United States Resident Population
- Attachment C: Chemical Abstract Service (CAS) Numbers and Synonyms
- Attachment D: Definitions
- Attachment E: Title 17, California Code of Regulations, Section 91000 to 91100 (The Air Resources Board's authority to collect information and the handling of confidential information)

Please read the instructions before completing this survey.

Survey Due Date

This survey is due **May 1, 1999**. Once it is completed, please send it to:

California Air Resources Board
Stationary Source Division
Aerosol Adhesives Survey
P.O. Box 2815
Sacramento, CA 95812
CONFIDENTIAL MATERIALS ENCLOSED

Confidential Information

The ARB will treat ALL information that you provide in this survey as Confidential. Title 17, California Code of Regulations (CCR), Section 91000 to 91100 (Attachment E) describes the handling of Confidential Information. We also request that you review and complete the Confidential Information Submittal Form found in Part II, and submit a hard copy of it with your completed survey. Finally, for your protection, each page of the survey form has a box to check to indicate that the information on that page is confidential. The ARB takes extreme measures to ensure that all Confidential Information remains confidential pursuant to Title 17, CCR.

Contact People

If you have any questions, please contact the following staff:

| | | |
|------------|----------------|--------------------|
| Linda Lee | (916) 327-1514 | llee@arb.ca.gov |
| Kim Nguyen | (916) 327-1513 | knguyen@arb.ca.gov |

INSTRUCTIONS FOR FORMS I AND II

FORM I: COMPANY INFORMATION

FORM II: FORMULATOR INFORMATION

The following instructions apply to Forms I and II. General company information such as name and address are needed, as well as fundamental information regarding the company. This information will assist us in determining the economic impacts of any proposed regulatory actions.

Data Fields on Form I

Company Name; Division Name; Address; Contact Person Name, Phone Number, Fax Number, and E-mail Address; and Co. Website Address: Complete as indicated on the form.

Responsible Party: Enter the appropriate answer in the box (yes or no) to indicate if your company is the *responsible party* (see definitions) for any *aerosol adhesive* products as defined in the Consumer Products Regulations (see definitions) that were sold in California in 1998. If you are not the *responsible party*, please stop here and submit this form to the ARB. For your convenience, the back of Form I is already addressed and metered for postage. The form can be tri-folded, sealed, and dropped in the mail.

Standard Industrial Classification (SIC) Codes: Enter the SIC codes applicable to your company's business (for example, one SIC code for Adhesives and Sealants Manufacturing is 2891). A list of SIC codes is provided in Attachment A. A listing of SIC codes can also be found on the internet at <http://www.osha.gov/oshstats/sicsr.html>.

Independent Ownership: Enter the appropriate answer (yes or no) to indicate if the company is *independently owned*. Please refer to the Definitions in Attachment D for clarification of the terms in this question. If the company is not *independently owned*, enter the name and address of the *parent company* in the spaces provided.

Employees Nationwide: Enter the number of *employees* (including full-time, part-time and temporary staff) of the company or division nationwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Contract Employees Nationwide: Enter the number of *contract employees* of the company or division nationwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

California Employees: Enter the number of *employees* (including full-time, part-time and temporary staff) of the company or division in California. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Contract Employees in California: Enter the number of *contract employees* of the company or division in California. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

INSTRUCTIONS FOR FORMS I AND II

Gross Annual Receipts: Enter the corresponding answer for the *typical gross annual receipts* generated by the company or division worldwide. Please refer to the Definitions in Attachment D for clarification of the terms in this question.

Forwarding the Survey to Another Company for Formulation Data: In the event you do not know the product formulation information required in Form IV-A: Product Ingredient, please do the following:

- 1) Indicate in the box provided on Form I that your company will be forwarding a copy of this survey to another company for completion.
- 2) Complete and submit to the ARB Form I, Form II, Form III (Enter NO for the question “Do you have all of the ingredient information for this product?” under the Product Ingredients section of Form III.), and Forms R&D Part 1 to Part 4.
- 3) Fill out the Responsible Party and Product Name section of Form IV-B, and forward this form with a blank copy of the entire survey to the formulator. This form has the Formulator Company Data section. Request that the formulator complete and submit this form to the ARB.

Certification: Please have a designated contact person certify the accuracy of the completed survey.

Data Fields on Form II

Complete as indicated on the form.

INSTRUCTIONS FOR FORM III

FORM III: PRODUCT SALES

All product responses are to be placed on this form. There is one product or group of related products per form. Please make more copies of the form as needed and number the sheets in the space provided in the header. There are several things to remember as you complete this section of the survey:

- A) Only complete Form III if you are the *responsible party* for any *aerosol adhesives* that were sold in California in calendar year 1998.
- B) You may group products according to the criteria listed under the "Full Product Name" field below.
- C) The survey must be completed using data from calendar year 1998, or if these data are not available, the most recent twelve month consecutive period beginning no earlier than July 1, 1997.
- D) All aerosol adhesive products must be reported, regardless of whether they have been reported in previous ARB consumer products surveys.

Data Fields

RESPONSIBLE PARTY AND PRODUCT NAME

Responsible Party Name and **Formulator Name:** Complete as indicated on the form.

Full Product Name: Please provide the name of the product as shown on the *principal display panel* or a representative name for a group of products that have been aggregated. Products may be aggregated according to the following criteria:

- 1) All products must have the same Application Category as listed on Form III.
- 2) All products must be applicable to the same substrates as listed on Form III.
- 3) The products included in the group must have no greater than two percent variation in total volatile organic compound (VOC) content, where the difference is only due to the type or amount of *fragrance* or *colorant*
- 4) List the names of the products to be aggregated on the back of Form III.

SALES REPORTING OPTIONS: You have two options for entering the sales of your product. Regardless of the option chosen, provide calendar year 1998 California sales data, or, if 1998 sales are not available, provide the sales for the most recent 4 quarters for which data are available. This period should begin no earlier than July 1, 1997.

Option 1:

Calculate the total 1998 product sales in California (in pounds less packaging) and enter this amount in the box provided.

INSTRUCTIONS FOR FORM III

Option 2:

- a) List the product sizes and the estimated number of units sold in each size in California in 1998.
- b) Place an "X" in the Size Units box indicating whether your product size units are fluid ounces or weight ounces.
- c) If your size units are listed in fluid ounces, please provide either the density of the product in pounds per gallon or grams per milliliter, or provide the specific gravity. Spaces are provided for these entries.

Estimating California Sales: If California-specific sales data are not available, sales may be estimated using national or *regional* sales figures that are apportioned appropriately. If you use population as a basis for determining sales, please use the population estimates provided in Attachment B. If you are estimating sales by another method, please explain on the back of Form III.

Entering Sales Data for Grouped Products: If you are grouping products, please combine the sales of all grouped products. Be sure the individual product names are listed on the back of Form III.

PRODUCT CATEGORY:

Type of Spray: Place an "X" in the appropriate box.

Type of Application: Place an "X" in the box for each application type. Definitions of the *applications* are provided in Attachment D.

Substrate: Place an "X" in the box for each applicable substrate. If the substrate(s) is/are not listed, place an "X" in the "other" box and write in the substrate(s).

PRODUCT INGREDIENTS: Indicate in the box provided whether you have all of the ingredient information for the product and will be filling out the ingredient information, or you will be forwarding the Product Ingredients Form to your formulator. If YES, you may do one of the following: (1) Complete **Form IV-A** for the product, or (2) If the product was reported in the ARB's 1997 Consumer and Commercial Products Survey, dated February 28, 1998, please submit a copy of the product formulation data and complete the LVP-VOC section on Form IV-A. If NO, send **Form IV-B** to your formulator, and follow the forwarding instructions on page 4.

INSTRUCTIONS FOR FORMS IV-A AND IV-B

FORM IV-A: PRODUCT INGREDIENTS (RESPONSIBLE PARTY FORM)

FORM IV-B: PRODUCT INGREDIENTS (FORMULATOR FORM)

All product ingredient responses are to be placed on this form. Please use one sheet per product or group of products. Please make more copies of the form as needed and number the sheets in the space provided in the header. Please note: Use **Form IV-A** if you have all of the ingredient information for your product. If you are sending the product ingredient sheet to the formulator to complete, forward **Form IV-B** to your formulator. The survey forwarding instructions are on page 4.

Data Fields

RESPONSIBLE PARTY AND PRODUCT NAME

Responsible Party Name: This should be the same as the name on Form III.

Full Product Name: Please enter the name of the product or the representative name if a group of products have been aggregated. This should be the same as the name on Form III.

INGREDIENT INFORMATION

VOC SPECIATION TABLE: Every *volatile organic compound* (VOC) that amounts to 0.1 weight percent or more of the product must be listed. The total of all VOC ingredients which individually represent less than 0.1 weight percent of the product should be entered into the box at the bottom of the speciation table.

Ingredient Name: enter the name of the ingredient.

CAS #: Please enter the Chemical Abstract Service (CAS) number for the ingredient if available. A list of CAS numbers for a number of chemicals is included in Attachment C.

Weight %: Enter the percent by weight to the nearest 0.1% of the ingredient in the final product. If the ingredient is a mixture of known components, list the ingredients separately with their individual weight percentages in the final product. If the components of the mixture cannot be determined, list the ingredient as a single entity.

Total VOC Content (Total A): Sum the weight percentages for the VOC's listed in the table above, including the total of the VOC's which are individually less than 0.1% of the product.

EXEMPT AND INORGANIC COMPOUNDS: Enter the weight percent to the nearest 0.1% for each of the nine *exempt compounds* listed (acetone, carbon dioxide, HFC-152a, methyl acetate, methylene chloride, perchloroethylene, parachlorobenzotrifluoride, 1,1,1-TCA, *volatile methyl siloxanes*), and enter the weight percent of water. Aggregate the remaining exempt compounds and the remaining inorganic compounds and provide these weight percentages in "All other Exempt Compounds" and "All other Inorganic compounds," respectively. Finally, sum all

INSTRUCTIONS FOR FORMS IV-A AND IV-B

of the exempt and inorganic compounds in the table above, and indicate this value in the Total Exempt/Inorganic box (**Total B**).

LVP-VOC SOLVENT SPECIATION TABLE: Every solvent contained in a *Low Vapor Pressure-Volatile Organic Compounds (LVP-VOC)* in amount of 0.1 weight percent or more of the product must be listed. If the product does not use a solvent in the *LVP-VOC* mixture, skip down to “Total LVP-VOC Solvents (**Total C**) and enter 0.”

Ingredient Name: Enter the name of the ingredient.

Trade Name: Enter the trade name of the solvent, if known. This applies even if the trade name is the same as the solvent name. Please attach MSDS sheets if available.

CAS #: Please enter the Chemical Abstract Service (CAS) number for the solvent if available. A list of CAS numbers for a number of chemicals is included in Attachment C.

Weight %: Enter the percent by weight to the nearest 0.1% of the ingredient in the final product. If the ingredient is a mixture of known components, list the ingredients separately with their individual weight percentages in the final product. If the components of the mixture cannot be determined, list the ingredient as a single entity.

Total LVP-VOC Solvents (Total C): Sum the weight percentages for the solvents listed in the table above, including the total of the solvents which are individually less than 0.1% of the product. Enter this amount to the nearest 0.1 percent. If you have not listed any solvents in the table above, enter 0.

Total Other LVP-VOC Content (Total D): Aggregate the total weight percent for all *LVP-VOCs* that are not listed in the LVP-VOC Solvent Speciation Table and enter this amount to the nearest 0.1 percent. Other LVP-VOCs include rubber, resins, surfactants, etc.

Total Ingredients: The sum of Total A, Total B, Total C, and Total D **must equal 100 percent**. If this value does not sum to 100, check the component percentages for an error.

INSTRUCTIONS FOR FORMS R&D_PART 1 TO R&D_PART 4

In the case that the responsible party is not the manufacturer/filler or not directly involved in the research and development of reformulated products, you do not have to complete this section of the survey.

FORM R&D_PART 1: RESEARCH OVERVIEW

Data Field

Company Name: Enter your company name.

Research and Development Efforts Update: Please provide a general summary of your research and development efforts, successes and failures, to date for developing a product(s) with less than 75% VOC by weight. The discussion should include a brief description of the technologies (e.g., water-based, low VOC solvents/exempt compounds substitution) being pursued; any special packaging or valves being considered; any testing performed (e.g., prototype, stability, performance, consumer market/acceptance); and the results of the testing. Please make more copies of the form as needed and number the sheets in the space provided in the header. If other sheets of paper are used instead of this form, please number the sheets and indicate in the top right hand corner the name of the form (Form R&D_Part 1).

FORM R&D_PART 2: RESEARCH AND DEVELOPMENT RESULTS

Data Fields

Company Name, Research and Development Results: Complete as indicated on the form.

FORM R&D_PART 3: TECHNOLOGY TESTED

Descriptions of the technology tested, alone or in combination, are to be placed on this form. Please make more copies of the form as needed and number the sheets in the space provided in the header.

Data Fields

Company Name: Complete as indicated on the form.

Technology Description: Please provide a detailed description of each of the technologies tested.

Type of Application, and Substrate: Complete as indicated on the form (for instructions, see Form III instructions on Product Category).

INSTRUCTIONS FOR FORMS R&D_PART 1 TO R&D_PART 4

Technological Advantages and Shortfalls: Please provide a detailed description of the advantages and shortfalls encountered.

Potential VOC Level: Please determine a potential VOC level achievable with this technology. Please specify any stipulations and, if applicable, approximate the month and year when a product is expected to be available in California.

Incremental Cost of Manufacturing: Based on this technology, please estimate the incremental cost difference between manufacturing the potential reformulated product and the existing product in dollars per pound (\$/lb product). Provide cost in year 2000 dollars and assume an interest rate of 7.5% over 5 years.

FORM R&D_PART 4: TECHNOLOGY NOT TESTED SHEETS

Please make more copies of the form as needed and number the sheets in the space provided in the header.

Data Fields

Company Name: Complete as indicated on the form.

Technology Not Tested: Please provide an explanation of why the technology was not tested. If the reason is cost, please include your estimate of the incremental cost of manufacturing using this technology. Please provide cost in year 2000 dollars and assume an interest rate of 7.5% over 5 years.

Part II

Survey Forms

(Blanks and Samples)

For survey forms, see files B_Forms.xls and Confid_B.wpd.

For sample survey forms, see files S_Forms.xls and Confid_S.wpd.

Part III
Attachments for Completing the
Survey

Attachment A: List of Standard Industrial Classification (SIC) Codes
(See file AttachA.wpd)

Attachment B: United States Resident Population
(See file AttachB.wpd)

Attachment C: Chemical Abstract Service (CAS) Numbers and Synonyms
(See file AttachC.xls)

Attachment D: Definitions
(See file AttachD.wpd)

Attachment E: Title 17, California Code of Regulations, Section 91000 to 91100 (The Air Resources Board's authority to collect information and the handling of confidential information)
(See file AttachE.wpd)