

Technical Assessment Report for Automotive Products

http://www.arb.ca.gov/consprod/regact/autotech/autotech.htm

Check (✓) if
 Confidential

Complete ONE form for each product category in which your company has sales.

1. Company Name: _____		Date: _____	
2. Product Category		Brake Cleaner <input type="checkbox"/>	Carburetor or Fuel-Injection Cleaner <input type="checkbox"/>
Check the box that applies (✓)		General Purpose Degreaser (aerosol) <input type="checkbox"/>	3. No. of products in category <input style="width: 50px; height: 20px;" type="text"/>
4. Delivery or Packaging Systems Employed	<input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads	5. If Aerosol: Please Specify Propellant(s)	<input type="checkbox"/> Hydrocarbon Propellant
	<input type="checkbox"/> pressurized aerosol container		<input type="checkbox"/> Hydrofluorocarbon 152a
	<input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank)		<input type="checkbox"/> Nitrogen
	<input type="checkbox"/> barrier pack or compartmentalized dispenser		<input type="checkbox"/> Carbon Dioxide
	<input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle	check all that apply (✓)	<input type="checkbox"/> Compressed Air
	<input type="checkbox"/> squeeze tube/squeeze bottle/cartridge		<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> other (specify): _____		
6. Specific Ingredients: Indicate which of the following reformulation strategies you will/are using			
<input type="checkbox"/> Water <input type="checkbox"/> Surfactants <input type="checkbox"/> Type(s): _____ <input type="checkbox"/> Alkaline <input type="checkbox"/> VOC Exempt Solvents <input type="checkbox"/> Acetone <input type="checkbox"/> Parachlorobenzotrifluoride (PCBTF) <input type="checkbox"/> Methyl Acetate <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Low Vapor Pressure (LVP) Methyl Esters <input type="checkbox"/> Soy <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> LVP-VOC Hydrocarbon Solvents <input type="checkbox"/> LVP-VOC Glycol Ethers <input type="checkbox"/> Other LVP-VOC <input type="checkbox"/> Up to 10% VOC solvent <input type="checkbox"/> Other (specify): _____	
7. Research and Development on these products: <input type="checkbox"/> "In-house" <input type="checkbox"/> Contract Packager/Manufacturer <input type="checkbox"/> Other: _____			
8. Are you on track to comply with the 10% VOC limit, effective 12-31-10? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If No, please provide detail in Comments section. If "Do Not Know," please provide detail or indicate name of contract packager(s), manufacturer(s), or formulator(s) in Comments section that will supply the information.			
9. Are you currently selling products that are at or below 10% VOC in this category? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Comments: _____ _____ _____			(You may provide additional information on a separate sheet)