

## **ToxServices' Green Screen for Safer Chemicals Product Formulation Information Form**

### **About ToxServices LLC**

ToxServices LLC is a scientific consulting firm that excels at providing toxicology, regulatory, and risk assessment consulting services to industrial, commercial, and public sector clients. We specialize in evaluating potential health risks from industrial chemicals, pharmaceuticals, food additives, food contact materials, cleaning products, and consumer products. We help clients comply with applicable federal, state, and local environmental health and safety regulations, and provide clients with strategic assistance in instances when products are claimed to be associated with adverse health effects.

### **Green Screen for Safer Chemicals Review Process**

ToxServices performs reviews and renewals of product formulations for Clean Production Action's (CPA) Green Screen for Safer Chemicals. To initiate the review process, please return the signed non-disclosure agreement and formulation form to allow ToxServices to provide you with a quote and invoice for 50% of the cost estimate and 100% of the licensing fee (when applicable), which will be required to initiate the renewal process.

Once ToxServices receives the signed retainer agreement and initial payment for 50% of the cost estimate and 100% of the CPA licensing fee (when applicable), the review process will begin. Generally, we aim to complete reviews within 5 to 7 weeks of receiving all proprietary chemical information.

### **Confidentiality**

ToxServices enters into non-disclosure agreements with their clients and often with clients' suppliers. The agreements state that ToxServices will treat all product information received as confidential business information, and only authorized personnel, including CPA personnel, will be permitted to access the information provided on this form. Project records and reports are maintained with ToxServices for a minimum of 5 years upon completion of the project, and are either destroyed or returned to client at their written request.

<b>Product Information Request Form</b>						
Company Name:    Company Name				Primary Contact:    Primary Contact		
Submission Date:    Submission Date				Phone Number:    Phone Number		
Product Name:    Product Name				Email:    Email		
Type of Product:    Type of Product				Address: Address		
Annual Production (in lbs or gallons/year):    Annual Production						
Check one: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Both						
CAS #	Chemical Name	Trade Name	Supplier	Function/ Ingredient Class*	% Composition	Other information (i.e. particle size, sturcuture, mobility, molecular weight, etc.)

\*If any chemical is a polymer, please complete a Polymer Information Request form for EACH polymer after completing the form above (see page 3).

**THIS FORMULATION IS CONSIDERED CONFIDENTIAL BUSINESS INFORMATION AND WILL NOT BE DISCLOSED**

## Polymer Information Request Form

### Polymer Representative Structure

(E.g. [ ]<sub>mon</sub> for polymers with one monomer OR [ ]<sub>m</sub> and [ ]<sub>n</sub> for copolymers, etc.)

% of Each Monomer	Are the monomers blocked?	MW <sub>n</sub>	% of Chains with MW<1,000; % of Chains with <500	% Weight Residual Monomer(s)	Solubility/ Dispersability/ Swellability	Particle Size	Overall Polymer Charge

**2. Certification statement:**

I hereby certify that, to the best of my knowledge, the information provided to ToxServices is accurate and complete. I understand that the information submitted may be used as a basis for reviewing and/or accepting other products that contain this material and/or the ingredients herein. I also understand and agree that the information I have provided on this form was requested for CPA's Green Screen for Safer Chemicals review, and may be submitted to the CPA's Green Screen for Safer Chemicals Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For forms submitted electronically, check this box to indicate agreement to the Certification Statement above (required).

Typed or printed name:    Typed or printed name

Position/Title:            Position/Title

**3. Return instructions:**

**To send by e-mail**, check the box indicating your agreement with the certification statement, and send your e-mail with attachments to [mwhittaker@toxservices.com](mailto:mwhittaker@toxservices.com).

**To send by fax**, completely fill out and sign the form, then fax to **202-429-8788**.

**To send by U.S. mail or courier**, insert completed form in an envelope marked "Confidential Business Information," seal in an outer envelope, and return to:

Dr. Margaret Whittaker, Ph.D., M.P.H., E.R.T., D.A.B.T.  
ToxServices LLC  
1367 Connecticut Avenue, N.W., Suite 300  
Washington, DC 20036  
USA

**4. Questions? Please contact Ms. Callie McLellan at [cmclellan@toxservices.com](mailto:cmclellan@toxservices.com) or 202-429-8789**

**Formulation assistance:**

**CAS number** (Chemical Abstracts Service registry number): is a systematic numbering convention that uniquely identifies each chemical. If the ingredient is a mixture of several chemicals, enter the word “mixture.” All CAS numbers are up to nine digits, which are separated into three groups by hyphens. The first part of the number, starting from the left, has up to six digits; the second part after the first hyphen has two digits. Finally, the third part of the CAS number following the last hyphen is single digit. For example, a CAS number may look like: 123456-12-1. If it is not in this format, it is not a valid CAS number. If you cannot determine a CAS number for an ingredient, leave this area blank.

\*Please note that EACH polymer in a formulation requires completion of the Polymer Information Request Form.

**Trade Name:** is the unique name or identification number of the ingredient as you purchase it from your supplier.

**Supplier:** is the company from whom you purchase this ingredient. If you know that your supplier is a distributor, and you know the name of the company that manufactures the ingredient, please enter both company names here. Write (D) after the distributor’s name, and (M) after the manufacturer’s name. For each ingredient that you purchase from more than one supplier, please enter each chemical name, trade name, supplier, and % on a separate line. Please note that if a chemical is proprietary, please provide contact information for that supplier/distributor in the “Other Information” column.

**Percentage Composition:** the total of all components must always equal 100%.

A formula description is provided below as an example:

CAS #	Chemical Name	Trade Name	Supplier	Function/ Ingredient Class	% Composition	Other Information
1234-56-7	Polymer Name	Name 1	Company 1 (M)	Polymer	14.25	see attached polymer form
Proprietary	Name	Name 2	Company 2 (D)	Adhesive	1.22	Solubility Particle size
2345-67-8	Flame Retardant Name	Name 3	Company 3 (M)	Flame Retardant	84.53	Solubility Particle size