ToxServices’ Health Product Declaration (HPD)

Initial Product Formulation 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.

**About Health Product DeclarationTM (HPD)**

The HPD is an open, standard format for reporting product content and associated health information for building products and materials. For the current project, you, or your supplier, will disclose full ingredient composition to a reporting level of at least 1,000 ppm, or (0.1%) for the product formulation.

**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 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.

**Formula Information:** (please use additional sheets as needed)

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| **Health Product DeclarationTM Information Request Form**  **(please complete for each individual product to be assessed)** | | | | | | | | | |
| Company Name: | | | | | Primary Contact: | | | | |
| Product Name: | | | | | Phone Number: | | | | |
| Product ID: | | | | | Email: | | | | |
| Product Classification: | | | | | Contact Address: | | | | |
| Submission Date: | | | | |
| Expected HPD Release Date: | | | | |
| Production Address(es)  (Defined as final site of product assembly): | | | | |
| Type of product: | | | | | | | | | |
| Give a brief product description: | | | | | | | | | |
| How is the product used? | | | | | | | | | |
| In what countries/geographical locations will this product be marketed? | | | | | | | | | |
| Does this product have any relevant certificates or standards it meets? Please provide links: | | | | | | | | | |
| Does this product have required or recommended accessory materials to be used during product installation, use, etc.? Please list and provide product links, if possible: | | | | | | | | | |
| **Please provide the following data for all ingredients in your product at a concentration of at least 1,000 ppm (0.1%), including any catalysts, dyes, colorants or residual monomers.** | | | | | | | | | |
| **CAS #** | **Chemical/**  **Material Name** | **Trade Name** | **Function/**  **Ingredient Class**[[1]](#footnote-1) | **% Composition** | | **Recycled Content** | **Supplier**[[2]](#footnote-2) | **Supplier Contact Info** | **MSDS Attached?** |
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**THIS FORMULATION IS CONSIDERED CONFIDENTIAL BUSINESS INFORMATION AND WILL NOT BE DISCLOSED**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Collection for Assessment of Polymers** | | | | | | | |
| **Polymer Representative Structure** | | | | | | | |
| (E.g. [ ]mon for polymers with one monomer OR [ ]m and [ ]n for copolymers, etc.) | | | | | | | |
| **% of Each Monomer** | **Are the Monomers Blocked?** | **MWn** | **% of Chains with MW<1,000;**  **% of Chains with <500** | **% Weight Residual Monomer(s)** | **Solubility/**  **Dispersability/**  **Swellability** | **Particle Size** | **Overall Polymer Charge** |
|  |  |  |  |  |  |  |  |

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**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.

Signature Date

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

Typed or printed name:   
Position/Title:

1. If the chemical is a polymer, please complete the Polymer Information Request form for EACH polymer (see below) [↑](#footnote-ref-1)
2. Each supplier must be identified. [↑](#footnote-ref-2)