

## Information related to the manufacture or import of a toxic substance or the import of a product containing it

Section 1 – Information respecting the manufacturer or importer						
Information on the principal place of business of the manufacturer or importer:						
Company name:	Contact name:					
Civic address:	Title:					
	Telephone number:	Ext:	Fax number (if any):			
Postal address:	E-mail address (if any):					
Prepared and submitted by (if different from above):						
Company name (optional):	Name of the person authorized to act on behalf of the manufacturer or importer:					
Civic address:	Title:					
	Telephone number:	Ext:	Fax number (if any):			
Postal address:	E-mail address (if any):					
Section 2 – Information respecting a toxic substance referred to in column 1 of Part 4 of Schedule 2 that is imported or manufactured in a calendar year						
Name of the toxic substance (as listed in the <i>Prohibition of Certain Toxic Substances Regulations</i> , 2012):						
Calendar year						



In the case of a substance, complete columns A-E. In the case of a product, complete all columns (A-I).

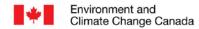
А	В	С		D		Е	F	G		Н	I
Substance or	Total quantity of	f Total quar	ntity of	Total quantity of		Each proposed	If contained in a product				
name of product	the toxic substance manufactured Canada, and unit of measurement	the too substan n imported Canada, unit o measure	nce I into and of	the substance sold in Canad and unit of measuremen	da,	use of the substance	Each proposed use of the product	Annual weig average concentrati the substa and its un measuren	e on of ance it of	Analytical method used to determine the concentration in the product	Detection limit of the analytical method used to determine the concentration in the product
	Ur	it	Unit	U	Init				Unit		

Identify each person in Canada to whom the manufacturer or importer sold the toxic substance or the product:

Substance or name of product	Client name, civic and postal addresses, telephone number, fax number (if any) and e-mail address (if any)						
	Client Name:	Telephone:		Civic Address:			
	Email:	Fax:		Postal Address:			
	Client Name:	Telephone:	Ext	Civic Address:			
	Email:	Fax:		Postal Address:			
	Client Name:	Telephone:	Ext	Civic Address:			
	Email:	Fax:		Postal Address:			

v2016.01

Attach additional sheets if needed



## Section 3 – Information respecting the laboratory (laboratories) that determined the concentration of the toxic substance in the product

Substance or name of product	hat determined the concentration of the toxic substance in the mixture or product:  Laboratory name, civic and postal addresses, telephone number, fax number (if any), and e-mail address (if any)					
	Laboratory Name:	Telephone:	Civic Address:			
		Ext:				
	Email:	Fax:	Postal			
			Address:			
	Laboratory Name:	Telephone:	Civic			
			Address:			
		Ext:				
	Email:	Fax:	Postal			
			Address:			
	Laboratory Name:	Telephone:	Civic			
			Address:			
		Ext:				
	Email:	Fax:	Postal			
	Email.	T UX.	Address:			
			, taures.			
Section 4 – Certificat	tion					
I certify that this inform	nation is accurate and co	omplete.				
Date	Place		Signature of the person authorized to submit this report			

## **Disclaimer**

This form is provided for information purposes only and may not include all legal requirements. If there is any inconsistency or conflict between the information contained in this document and the Canadian Environmental Protection Act, 1999 and/or the Prohibition of Certain Toxic Substances Regulations, 2012, the official versions of the Act and Regulations take precedence. The official versions of the Regulations can be found at: <a href="http://www.ec.gc.ca/lcpe-cepa/eng/regulations/detailreg.cfm?intReg=207">https://www.ec.gc.ca/lcpe-cepa/eng/regulations/detailreg.cfm?intReg=207</a>