



Priority Existing Chemicals Nomination Form

Purpose of this Form

The National Industrial Chemicals Notification and Assessment Scheme (NICNAS) assess existing industrial chemicals of concern on a priority basis. Anyone who believes that the manufacture, handling, storage, use or disposal of an industrial chemical gives rise, or may give rise, to a risk of adverse health effects or adverse environmental effects, may nominate it for consideration for assessment under the Scheme.

This form is designed to assist you in making a nomination.

How to Fill Out the Form

A separate nomination form should be completed for each chemical, except where you think that a group of chemicals should be assessed together, for instance, because the chemicals are closely associated by their properties, and/or are commonly known by a single name.

Please ensure that your nomination form is complete.

Confidentiality

The identity and address of individuals nominating a chemical on their own behalf, or on behalf of an organisation will be kept confidential. Where an individual is nominating on behalf of an organisation, the name of the organisation will NOT be kept confidential unless this is specifically requested.

Help Available

If you require assistance in completing this form, please contact the officer below.

Returning your Form

The form may be mailed or faxed to the address shown below:

Nominations Officer, Existing Chemicals Section
NICNAS
GPO Box 58, Sydney NSW 2001
Telephone: 02 8577 8800 / 1800 638 528
Fax: 02 8577 8888

Priority Existing Chemicals Nomination Form

1. Details of nominator

This section is to provide NICNAS with contact names and addresses to enable acknowledgment of your nomination, request clarification of any matters, and notify you of the outcome of your nomination.

Name:

Address:

Phone number: ()

Fax number: ()

Email address:

Are you making this nomination on behalf of an organisation?

No

Yes —▶ Please fill out information below.

Organisation

Name:

Address:

2. Details of chemical nominated

This section enables NICNAS to clearly identify the chemical or chemicals being nominated. You should use one nomination form for each chemical nomination. However, if you are nominating a group of chemicals that you think should be assessed together, you may list the chemicals on one form.

Chemical Name(s):

Product or Trade Name(s):

Chemical Abstracts Services (CAS) Number (if known): - -

Manufacturer(s) of the chemical(s) (if known):

Importer(s) of the chemical (if known):

3. Reasons for nomination

This section is for you to explain your concerns about the chemical. If your concern is only with a specific use or aspect of the chemical, please specify this.

Why are you nominating this chemical?

4. Further details of the chemical

This section is to provide NICNAS with information that will assist in the screening of the nomination. Please answer as many of the questions that you are able, in as much detail as possible. Extra information may be attached to the nomination form.

What type of industry uses this chemical and in what quantity? (kg or litres per yr)

How is the chemical used?

Who uses the chemical (e.g. householder, welder, builder), and in what quantity?

Where can the chemical be obtained? (e.g. retail outlet, employer's premises, etc.)

Is this chemical available to members of the public?

How many people use the chemical?

Describe what you know about the effect this chemical has on people.

If possible, provide information on how, where and in what quantity the chemical is released into the environment

Describe what you know about the effect this chemical has on the environment.

Do you have a Material Safety Data Sheet (MSDS) for this chemical or for a product containing this chemical?

No

Yes → Please attach a copy/copies

Do you have a label for this chemical or a product containing this chemical?

No

Yes → Please attach label(s)

5. Please Sign Here

Signature	Date:
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Is your company a small business with less than 20 employees? YES NO

If yes, please provide an estimate of the time taken to complete this form:

hrs

mins

February 2004

Thank you for completing this form. Please return to:

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