

Application for Assessment Certificate - Polymer of Low Concern



Australian Government
Department of Health and Ageing
NICNAS

Use this form to apply for an Assessment Certificate for a Polymer of Low Concern under section 24A of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

If space is insufficient for any item, an attachment should be completed and signed in accordance with the instructions for this form.

For fees see http://www.nicnas.gov.au/Industry/New_Chemicals/Fees_and_Charges.asp

Please make cheque payable to NICNAS.

Where a joint application is made, details of all the applicants and a signed declaration from all the applicants are required.

If a Variation to the Schedule requirements is proposed, Form 2 should accompany this application.

If Exempt Information is proposed, Form 3 should accompany this application.

If data is provided by a third party, either separately or accompanying the notification, Form 5 (signed by the owner of the data) should accompany the third party data.

Please complete forms and ensure that all supporting documents and relevant fees are enclosed.

Return to: Director
NICNAS
GPO Box 58, Sydney NSW 2001
Telephone (02) 8577 8800 / 1800 638 528 Fax (02) 8577 8888

FORM PLC-1

Notifier Details

Business Name

ACN / ABN

NICNAS Registration Number

Business Address

Postcode

Postal Address (*if same as Business Address, state AS ABOVE*)

Postcode

Contact Name

Phone ()

Fax ()

Email

Technical Contact Details

Business Name

Business Address

Postcode

Postal Address (*if same as Business Address, state AS ABOVE*)

Postcode

Contact Name

Phone ()

Fax ()

Email

Polymer Details

Chemical Name of Polymer

Marketing or Other Name(s)

CAS Number (*if known*)

- -

Has this polymer been notified overseas?

Yes

No

If so by which competent authority and in what year?

Has this chemical been assessed, or is it currently being assessed by another Australian regulatory agency (e.g. TGA, APVMA)?

Yes

No

Are you applying for an Early Introduction Permit (EIP)?

Yes

No

(Please note Form EIP-1 is no longer required. An EIP for a PLC is free of charge)

If applying for an EIP, is the major component of the molecule either carbon or silicon atoms?

Yes

No

Justification for application under the Polymer of Low Concern category (Does the polymer meet the criteria for a polymer of low concern in section 5 of the Act and regulations 4A-4I of the regulations to the Act?)

Criterion	Yes	No
Meets Molecular Weight Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Meets Functional Group Equivalent Weight (FGEW) Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Low MW Polyester Manufactured from Allowable Reactants	<input type="checkbox"/>	<input type="checkbox"/>
Low Charge Density	<input type="checkbox"/>	<input type="checkbox"/>
Stable Under Normal Conditions of Use	<input type="checkbox"/>	<input type="checkbox"/>
Approved Elements Only	<input type="checkbox"/>	<input type="checkbox"/>
Not Water Absorbing	<input type="checkbox"/>	<input type="checkbox"/>
Not a Hazardous Substance or Dangerous Good	<input type="checkbox"/>	<input type="checkbox"/>

Molecular formula

Structural formula

Means of identification (list of spectral data available, please attach copies of spectra)

Molecular Weight Information – Please attach analytical test report, e.g. Gel permeation chromatography (GPC) data

Number average molecular weight (NAMW)

Weight average molecular weight (WAMW)

Weight percentage of polymer species with MW < 1000 MW < 500

Functional group equivalent weight (FGEW)

Does the polymer contain any positively or negatively charged groups? Yes No

For cationic polymers, please provide a calculation of the charge density (no. of charges per 1000 MW) or the combined FGEW of charged groups.

Is the polymer cationic or reasonably anticipated to become cationic in the pH range (4-9) likely to be encountered in the environment?
 Yes No

Table 1: List of Polymer Constituents (i.e. monomers and other reactants)

Constituent	CAS No.	% Weight

Table 2: Maximum Weight-Percentage of Residual Monomers/Impurities

Monomer or Impurity	CAS No.	% Weight

Does the polymer contain any functional groups which are intended or can reasonably be anticipated to undergo further reaction? If so, give details.

Does the polymer or its breakdown products have PBT characteristics (persistence, bioaccumulation, toxicity)? If so, give details.

Appearance of the polymer (not the solution or formulation)

Melting Point and/or Glass Transition Temperature (for the polymer itself). If data is not available, please provide justification as well as an indication of likely behaviour °C

Density (for the polymer itself) kg/m³ at ...°C

Water solubility (Please provide a quantitative estimate rather than qualitative, for example 'insoluble'. Please attach a copy of the test report. If a test is not able to be conducted, sound scientific reasons should be given as well as an indication of likely solubility based on structural considerations.)

Dissociation Constant (complete if acid or base groups are present)

Particle size distribution (for solids only)

Reactivity (e.g. depolymerisation, hydrolysis, photodegradation, thermal degradation.)

Degradation products

Intended use(s) (Complete the confidential section only if an application for exempt information for this item has been made, a non-confidential use description should be also be given)

Confidential

Non-confidential

Mode of introduction (import or manufacture). If imported as a formulation, please provide the % of the notified polymer in this formulation.

Port Identity

Estimated manufacture or import volume for each of the first five years. (Complete the confidential section only if an application for exempt information for this item has been made, a non-confidential volume range should be also be given)

Confidential

Non-confidential

Site of manufacture or reformulation

Operation Description (Discuss in turn: manufacturing, processing, (re)formulation, and/or end use, as applicable)

Confidential

Non-confidential

Occupational Health and Safety

What is the likely occupational exposure? Give details of:

- I. the types of workers to be involved in working with the polymer; and
- II. the nature of the work to be done by them; and
- III. the safety procedures to be observed when handling the polymer; and
- IV. a brief description of the training and education in safe working practices to be given to those workers.

What are the likely health effects of the polymer? Give details of:

- I. any toxicological studies available. (Please attach a copy of any study reports); and
- II. any data relating to occupational hazards associated with the polymer; and
- III. information held, or reasonably obtainable, by the notifier about studies and observations of health problems or adverse symptoms occurring in humans exposed to the polymer.

Environmental Impact

What is the likely environmental impact? Provide information about the release of the polymer likely to occur at the manufacture or reformulation site and during normal end-use (rather than from spills, etc.). Take into consideration releases from cleaning of equipment and residues remaining in transport containers. Qualitative or semi-quantitative estimates only are required. Where there is both a high content of low MW species **and** a high release to water, aquatic toxicity data for fish, daphnia and/or algae may be required. If ecotoxicological studies are available, please provide a copy of any study reports).

Public Health

What is the likely public health exposure? Provide a brief description of any way in which a chemical could be harmful or hazardous to the health of the public at large. Where there is both a high content of low MW species **and** the polymer is to be used as an ingredient in a cosmetic product at 1% or more, additional information, eg toxicological data, may be required.

MSDS - Please provide MSDS for the polymer and all commercially available products, or substances used in the workplace, containing the polymer.

Declaration

I declare that to the best of my knowledge all the information in this application is true, correct and complete. In relation to the notification statement and/or other documentation accompanying this application, I declare that I am entitled to use and give the Director all data in the statement.

Name

Position

Signature

Date

Note: It is an offence under the Act to supply a statement that is false or misleading.

Payment Details

<input type="checkbox"/> Electronic Funds Transfer	Please quote Notification number / Registration number / Invoice number when making the payment		
	Account Name	Department of Health & Ageing Official Departmental NICNAS Special Account	
	Bank	Reserve Bank of Australia, London Circuit, Canberra ACT 2600	
	BSB Number	092-009	Account Number

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Mastercard		<input type="checkbox"/> Visa		
	Credit card no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount:	\$ _____		Expiry Date:	_____
	Print Name:	_____			
	Authorised Signature:	_____			

<input type="checkbox"/> Cheque	Enclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cheques are to be made payable to the National Industrial Chemicals Notification and Assessment Scheme (NICNAS) in \$AUD.		

**Please note: If payment is being made from an overseas bank, all bank charges/fees are payable by the payee.
Applications will not be processed until correct payment has been received.**