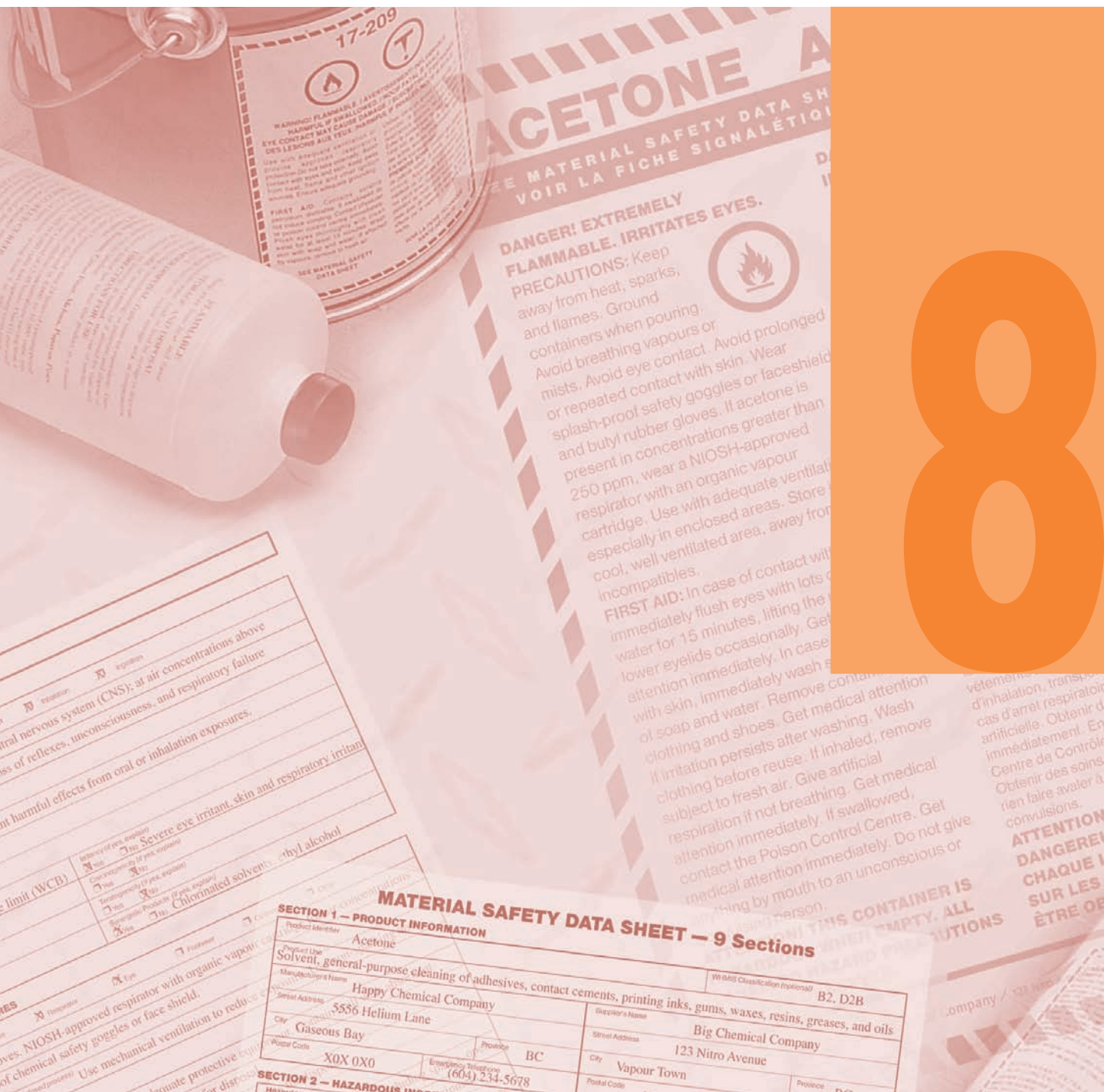


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In This Section:

HMIRR Form 1: Claim for Exemption

WHMIS Classification Checklist

Material Safety Data Sheet (9-Section)

MSDS Checklist (9-Section)

Supplier Label Checklist

Material Safety Data Sheet (16-Section)

MSDS Checklist (16-Section)



**Hazardous Materials
 Information Review Regulations**

**SCHEDULE I
 Sections 9 and 10**

(Également disponible en français)

**FORM 1
 CLAIM FOR EXEMPTION
 (Confidential when completed)**

Note: In this Form, "HMIRR" means the Hazardous Materials Information Review Regulations. "A Guide to Completing a Claim for Exemption Form" is available on request from the Commission.

PART 1 - CLAIMANT INFORMATION

CLAIMANT NAME:
 ADDRESS:
 CITY:
 PROVINCE:
 POSTAL CODE:

TELEX:
 FAX:
 CONTACT PERSON:
 TITLE:
 TELEPHONE:

ADDRESS CORRECTION

[Empty box for address correction]

LANGUAGE OF PREFERENCE

ENGLISH FRENCH

CLAIMANT CATEGORY

SUPPLIER AS:
 MANUFACTURER
 PROCESSOR/PACKAGER
 IMPORTER
 DISTRIBUTOR
 EMPLOYER

CLAIM TYPE (Check appropriate box.)

This form is completed in respect of one controlled product (paragraph 4(1)(a) of the HMIRR)

More than one claim for exemption in respect of any number of controlled products (paragraph 4(1)(b) of the HMIRR) in accordance with:

- subparagraph 4(1)(b)(i)
- subparagraph 4(1)(b)(ii)(A)
- subparagraph 4(1)(b)(ii)(B)
- subparagraph 4(1)(b)(ii)(C)

A subsequent claim or claims for exemption (section 4.1 of the HMIRR) in accordance with:

- paragraph 4.1(a)
- paragraph 4.1(b)

In the case of a subsequent claim or claims for exemption, the registry number (s) assigned to the existing claim(s) for exemption.

A claim for exemption in respect of :

- a product identifier (paragraph 5(1)(a) of the HMIRR)
- a supplier identifier (paragraph 5(1)(b) of the HMIRR)

A claim for exemption in respect of: the name of a toxicological study (section 5.1 of the HMIRR)

**SCHEDULE 1-Continued
FORM 1-Continued**

PART IV - INFORMATION THAT SUPPORTS THE CLAIM FOR EXEMPTION (SEE SECTION 8 OF THE HMIRR)

Note: This Part seeks the basic information necessary for the Commission to review a claim for exemption. A claimant may append additional information. Where this Form is filed in respect of more than one claim for exemption (section 4 or 4.1 of the HMIRR) and the information that supports the claims differs, a separate copy of this Part shall be completed in respect of each controlled product for which the information differs. Where this Form is filed in respect of a subsequent claim for exemption, update the information filed under this Part in the existing claim for exemption by completing this Part with information that is specific to the controlled product that is the subject of the subsequent claim.

Do not disclose in this Part information considered to be confidential business information. If it is necessary to disclose such information in order to meet the requirements of this Part, do so on a separate sheet and enclose it together with a completed Part VII of this Form in a separate sealed envelope.

1. Persons having knowledge of or access to the confidential business information:

CATEGORY OF PERSONS	FUNCTION OF PERSONS	NUMBER OF PERSONS, BY FUNCTION	REASONS FOR KNOWLEDGE OR ACCESS, BY FUNCTION
(1) Employees, officers or directors of the claimant			
(2) Other persons (i.e., persons not referred to in (1))			

**SCHEDULE 1-Continued
FORM 1-Continued**

2.(1) Measures taken to maintain the confidentiality of the information:

(2) Reasons why those measures were taken:

3. (1) Estimate of the actual or potential economic value of the information, because it is confidential, to:

(a) the claimant \$ _____, or

(b) the claimant's competitors \$ _____

(2) How the estimate was calculated:

4. (1) Estimate of

(a) the material financial loss to the claimant that would result from disclosure of
the information \$ _____

(b) the material financial gain to the claimant's competitors that would result from disclosure
of the information \$ _____

(2) How the estimate was calculated:

**SCHEDULE 1-Continued
FORM 1-Continued**

(3) Explanation of why, as the case requires,

(a) the claimant considers the financial loss to be material, or

(b) the claimant considers the financial gain to be material.

5. (1) Amount of money or other business resources, if any, that the claimant has expended or employed to develop the information:

Money: \$ _____

Other business resources:

(2) Explanation of why the claimant considers the money expended or the other business resources employed to be substantial in the circumstances:

**SCHEDULE 1-Continued
FORM 1-Continued**

6. Where the claim for exemption is in respect of the name of a toxicological study that identifies an ingredient of a controlled product, explain how the study identifies that ingredient.

7. Where the claim for exemption is in respect of the chemical name, common name, generic name, trade name or brand name of a controlled product or information that could be used to identify a supplier of a controlled product, explain why that information is considered to be confidential business information.

8. Where the claim for exemption is in respect of the chemical identity of an ingredient of a controlled product, explain why the generic chemical identity disclosed on the material safety data sheet or label, pursuant to section 16 of the Hazardous Products Act, is disclosed with as much precision as is consistent with the exemption.

9. The bibliography required by paragraph 8(5)(b) of the HMIRR is to be provided as an annex to this Form.

**SCHEDULE 1-Continued
FORM 1-Continued**

PART V - FEE CALCULATION (SEE SECTIONS 4 TO 7 OF THE HMIRR)

Note 1: Fees may be paid by certified cheque or money order, made payable in Canadian dollars to the Receiver General for Canada

Note 2: This Part has been designed to accommodate the calculation of the fee required to accompany claims for exemption in respect of each prescribed method of fee calculation. Select the appropriate description set out below and calculate the total fee that is required to accompany the claim or claims for exemption that are being made.

1. FEES, OTHER THAN FEES FOR SMALL BUSINESSES

(1) Fees for claims for exemption in respect of the chemical identity or concentration of an ingredient of a controlled product (section 4 of the HMIRR)

(a) Fee in respect of a claim for exemption referred to in paragraph 4(1)(a) of the HMIRR **(for one controlled product)**

- (i) Base Fee \$2,000
- (ii) Ingredient Fee (\$400 for each ingredient, whether or not it is included in the claim for exemption as confidential business information, that is required to be disclosed under subparagraphs 13(a)(i) to (iv) of the Hazardous Products Act)
\$400 x _____ (number of ingredients) \$ _____
- (iii) Total Fee [(i) plus (ii)] \$

(b) Fee in respect of claims for exemption referred to in paragraph 4(1)(b) of the HMIRR **(for any number of controlled products, all of which meet the criteria set out in subparagraph 4(1)(b)(i) or (ii))**

- (i) Base Fee (determined in accordance with Schedule II to the HMIRR by matching the number of claims as found in column I with the corresponding base fee set out in column II) \$ _____
- (ii) Ingredient Fee (\$400 for each ingredient, whether or not the ingredient is included in the claim for exemption or group of claims for exemption as confidential business information, that is required to be disclosed under subparagraphs 13(a)(i) to (iv) of the Hazardous Products Act)
\$400 x _____ (number of ingredients) \$ _____
- (iii) Total Fee [(i) plus (ii)] \$

**SCHEDULE 1-Continued
FORM 1-Continued**

(2) Fees for subsequent claims for exemption in respect of the chemical identity or concentration of an ingredient of a controlled product (section 4.1 of the HMIRR)

Note: A subsequent claim for exemption may be made only where the controlled product that is the subject of the subsequent claim shares the same characteristics as the controlled product or products included in an existing claim for exemption or group of existing claims for exemption.

(a) Fee calculated in accordance with paragraph 4.1(a) of the HMIRR (**where the Commission has not given written notice to the claimant that the review of an existing claim for exemption or group of existing claims for exemption has begun**)

- (i) Base Fee (determined in accordance with Schedule III to the HMIRR by matching the total number of existing and subsequent claims for exemption as found in column I with the corresponding base fee set out in column II) \$ _____
- (ii) Base Fee Credit (the base fee payable for the existing claim or claims for exemption as determined in accordance with subsection 4(1) of the HMIRR) \$ _____
- (iii) Base Fee Subtotal [(i) minus (ii)] \$ _____

**SCHEDULE 1-Continued
FORM 1-Continued**

- (iv) Ingredient Fee (\$400 for each ingredient, whether or not it is included in the subsequent claim for exemption or group of claims for exemption as confidential business information, that is required to be disclosed under subparagraphs 13(a)(i) to (iv) of the Hazardous Products Act and that is not an ingredient included in the existing claim or claims for exemption) \$ _____
- \$400 x _____ (number of new ingredients) \$ _____
- (v) Total Fee [(iii) plus (iv)] \$ _____

(b) Fee calculated in accordance with paragraph 4.1(b) of the HMIRR (**where the Commission has given written notice to the claimant that the review of an existing claim for exemption or group of existing claims for exemption has begun**)

- (i) Base Fee (determined in accordance with Schedule IV to the HMIRR by matching the number of subsequent claims for exemption as found in column I with the corresponding base fee set out in column II) \$ _____
- (ii) Ingredient Fee (\$400 for each ingredient, whether or not it is included in the subsequent claim for exemption or group of claims for exemption as confidential business information, that is required to be disclosed under subparagraphs 13(a)(i) to (iv) of the Hazardous Products Act and that is not an ingredient included in the existing claim or claims for exemption)
- \$400 x _____ (number of new ingredients) \$ _____
- (iii) Total Fee [(i) plus (ii)] \$ _____

(3) Fee for claims for exemption in respect of a product or a supplier identifier (section 5 of the HMIRR)

- (a) Base Fee \$2,000
- (b) Ingredient Fee (\$400 for each ingredient that is required to be disclosed under subparagraphs 13(a)(i) to (iv) of the Hazardous Products Act) \$ _____
- \$400 x _____ (number of ingredients) \$ _____
- (c) Total Fee [(a) plus (b)] \$ _____

(4) Fee for claims for exemption in respect of the name of a toxicological study, where the claims are supplemental to an existing claim for exemption in respect of the chemical identity or concentration of an ingredient of a controlled product (section 5.1 of the HMIRR)

- (a) Fee (\$450 for each ingredient included in the existing claim for exemption as confidential business information that is identified in the toxicological study)
- (b) Total Fee [\$450 x _____ (number of ingredients)] \$ _____

SCHEDULE 1-Continued
FORM 1-Continued

2. FEES FOR SMALL BUSINESSES (SECTION 7 OF THE HMIRR)

Note: The fees for a claimant that meets the qualifying criteria of "small businesses" as set out in paragraphs 7(a) and (b) of the HMIRR are equal to one half of the fees calculated in section 1 of this Part.

(1) Eligibility as a small business

(a) Claimant's gross annual revenue, in the claimant's fiscal year immediately preceding the fiscal year in which the claim for exemption is filed, was more than \$3,000,000 yes _____ no _____

(b) Claimant employs more than 100 employees yes _____ no _____

Note: Where the answer to both paragraphs (a) and (b) is "no", the claimant is eligible as a small business.

(2) Fee for a small business claimant 1/2 x _____ (fee calculated in section 1 of this Part) \$ _____

**SCHEDULE 1-Continued
FORM 1-Continued**

PART VI - DECLARATION

I, _____, hereby declare, on behalf of the claimant herein, that the information
(name)

reported in Parts I to V and Part VII of this Form is true to the best of my knowledge and belief.

(signature)

(date)

(title)

**SCHEDULE 1-Continued
FORM 1-Continued**

PART VII - CONFIDENTIAL BUSINESS INFORMATION

Note: Complete this Part, place it in a separate sealed envelope and file it together with Parts I to VI of this Form.

CLAIMANT NAME:
ADDRESS:
CITY:
PROVINCE:
POSTAL CODE:

ADDRESS CORRECTION:





TELEX : _____
FAX: _____

CONTACT PERSON: _____
TITLE: _____
TELEPHONE: _____





Registry number (for Commission use only)	Product identifier for each controlled product included in Part II	Generic chemical identity of the ingredient(s) for which exemption is claimed	CAS registry number of the ingredient(s) for which exemption is claimed	Confidential business information for which exemption is claimed (<u>e.g.</u> , the specific chemical identity that is the subject of the claim for exemption)

WHMIS CLASSIFICATION CHECKLIST

Product:

CLASS A — Compressed Gas		
<i>May be located in MSDS section(s): Physical Data, Fire and Explosion Data</i>		
<input type="checkbox"/> Aerosol container — liquid	<input type="checkbox"/> Cylinder — Gas under pressure (> 40 psi)	
CLASS B — Flammable/Combustible Material		
<i>May be located in MSDS section(s): Fire and Explosion Data</i>		
<input type="checkbox"/> Class B1 — Flammable Gases: Compressed gas that forms a flammable mixture with air at a concentration of $\leq 13\%$ or concentration range $\geq 12\%$ <input type="checkbox"/> Class B2 — Flammable Liquids: Flashpoint of $< 37.8^\circ\text{C}$ (100°F) <input type="checkbox"/> Class B3 — Combustible Liquids: Flashpoint of 37.8°C – 93.3°C (100°F – 200°F) <input type="checkbox"/> Class B4 — Flammable Solids: Ignites readily, causes fires through friction/retained heat and burns with self-sustained flame <input type="checkbox"/> Class B5 — Flammable Aerosols: Aerosol container that when tested gives a flame projection at full valve opening or a flashback at any degree of valve opening <input type="checkbox"/> Class B6 — Reactive Flammable Materials: Spontaneously combusts under normal conditions or contact with air/water, or emits flammable gas if in contact with water		
CLASS C — Oxidizing Material		
<i>May be located in MSDS section(s): Reactivity Data</i>		
<input type="checkbox"/> Contributes to the combustion of another material whether or not the product itself is combustible		
<input type="checkbox"/> Organic peroxide that contains the double-bonded oxygen structure		
CLASS D — Poisonous and Infectious Material		
<i>May be located in MSDS section(s): Hazardous Ingredients, Toxicological Properties</i>		
1. Class D1: Materials Causing Immediate and Serious Toxic Effects ($\geq 1\%$) <i>Materials causing acute lethal effects</i>		
Class D1A: Very Toxic Material at $\geq 1\%$		
<input type="checkbox"/> TDG Class 2.3, TDG class 6.1, Packing group I or II		
<input type="checkbox"/> Oral Toxicity: $\text{LD}_{50} \leq 50 \text{ mg/kg}$	<input type="checkbox"/> Dermal Toxicity: $\text{LD}_{50} \leq 200 \text{ mg/kg}$	
<input type="checkbox"/> Inhalation Toxicity: (4 hours)	Gas Vapour Dust, mist, fumes	$\text{LC}_{50} \leq 2500 \text{ ppm}$ $\text{LC}_{50} \leq 1500 \text{ ppm}$ $\text{LC}_{50} \leq 500 \text{ mg/m}^3$
Class D1B: Toxic Material at $\geq 1\%$		
<input type="checkbox"/> TDG class 6.1, Packing group III		
<input type="checkbox"/> Oral Toxicity: $\text{LD}_{50} > 50$ but $\leq 500 \text{ mg/kg}$	<input type="checkbox"/> Dermal Toxicity: $\text{LD}_{50} > 200$ but $\leq 1000 \text{ mg/kg}$	
<input type="checkbox"/> Inhalation Toxicity: (4 hours)	Gas Vapour Dust, mist, fumes	No criterion $\text{LC}_{50} > 1500$ but $\leq 2500 \text{ ppm}$ $\text{LC}_{50} > 500$ but $\leq 2500 \text{ mg/m}^3$

Product:

2. Class D2: Materials Causing Other Toxic Effects		
Class D2A: Very Toxic Material at ≥ 0.1%		
<input type="checkbox"/> Carcinogenicity: IARC — group 1, 2A, or 2B ACGIH — group A1, A2, or A3		
<input type="checkbox"/> Reproductive Toxicity — Adverse effect on reproductive capability (male or female)		
<input type="checkbox"/> Teratogenicity — Birth defects in the fetus but not toxic to the pregnant mother		
<input type="checkbox"/> Embryotoxicity — Toxic effects in the fetus but not toxic to the pregnant mother		
<input type="checkbox"/> Mutagenicity — Mutations of the reproductive cells <i>in vivo</i>		
<input type="checkbox"/> Respiratory Sensitization — Allergic reaction in the respiratory tract		
Class D2A: Very Toxic Material at ≥ 1%		
<input type="checkbox"/> Chronic toxic effects in small doses — Threatens life or causes serious impairment of body organs, or cardiovascular or nervous systems		
Class D2B: Toxic Material at ≥ 1%		
<input type="checkbox"/> Chronic toxic effects in larger doses — Threatens life or causes serious impairment of body organs, or cardiovascular or nervous systems		
<input type="checkbox"/> Mutagenicity — Mutations of the non-reproductive cells		
<input type="checkbox"/> Skin Sensitization — Allergic skin reaction		
<input type="checkbox"/> Skin/Eye Irritation — Reversible damage		
3. Class D3: Biohazardous Infectious Material		
<i>May be located in MSDS section(s): Hazardous Ingredients, Toxicological Properties</i>		
<input type="checkbox"/> Organism that has been shown to cause or is reasonably believed to cause disease in persons or animals		
<input type="checkbox"/> Organisms classified into Risk Group 2, 3, and 4 as determined by the World Health Organization (WHO) or the Medical Research Council of Canada (MRCC)		
CLASS E — Corrosive Material at ≥ 1%		
<i>May be located in MSDS section(s): Hazardous Ingredients, Physical Data, Toxicological Properties</i>		
<input type="checkbox"/> pH ≤ 2.0 or pH ≥ 11.5	<input type="checkbox"/> Burns — Causes irreversible damage/necrosis of skin tissue	
<input type="checkbox"/> Corrodes SAE 1020 steel or aluminum type 7075-T6	<input type="checkbox"/> TDG Class 8 (or 2.4 for a gas)	
CLASS F — Dangerously Reactive Material		
<i>May be located in MSDS section(s): Reactivity Data</i>		
<input type="checkbox"/> Vigorous polymerization, decomposition, or condensation		
<input type="checkbox"/> Self-reactive under conditions of shock, increased pressure, or temperature		
<input type="checkbox"/> Reacts vigorously with water to release a toxic gas		

Note: For more information refer to Health Canada's WHMIS Information Bulletin #8 *Guidelines on the Use of Professional Judgement in the Classification of Controlled Products* and Bulletin #12 *Guidelines for the Disclosure of Toxicological Information on an MSDS*.

Completed by: _____ **Date:** _____

MATERIAL SAFETY DATA SHEET — 9 SECTIONS

SECTION 1 — Product Information

Product Identifier			WHMIS Classification (<i>optional</i>)		
Product Use					
Manufacturer's Name			Supplier's Name		
Street Address			Street Address		
City		Province	City		Province
Postal Code	Emergency Telephone		Postal Code	Emergency Telephone	

SECTION 2 — Hazardous Ingredients

Hazardous Ingredients <i>(specific)</i>	%	CAS Number	LD ₅₀ of Ingredient <i>(specify species and route)</i>	LC ₅₀ of Ingredient <i>(specify species)</i>

SECTION 3 — Physical Data

Physical State	Odour and Appearance		Odour Threshold (ppm)
Specific Gravity	Vapour Density (air = 1)	Vapour Pressure (mmHg)	Evaporation Rate
Boiling Point (°C)	Freezing Point (°C)	pH	Coefficient of Water/Oil Distribution

SECTION 4 — Fire and Explosion Data

Flammability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under which conditions?		
Means of Extinction			
Flashpoint (°C) and Method	Upper Flammable Limit (<i>% by volume</i>)	Lower Flammable Limit (<i>% by volume</i>)	
Autoignition Temperature (°C)	Explosion Data — Sensitivity to Impact	Explosion Data — Sensitivity to Static Discharge	
Hazardous Combustion Products			

Product Identifier:

SECTION 5 — Reactivity Data

Chemical Stability <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, under which conditions?
Incompatibility with Other Substances <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which ones?
Reactivity, and Under What Conditions?	
Hazardous Decomposition Products	

SECTION 6 — Toxicological Properties

Routes of Entry <input type="checkbox"/> Skin Contact <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Eye Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion	
Effects of Acute Exposure to Product	
Effects of Chronic Exposure to Product	
Exposure Limits (<i>value, source, date</i>)	Irritancy (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Sensitization (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Carcinogenicity (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Reproductive Toxicity (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teratogenicity (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mutagenicity (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Synergistic Products (<i>if yes, explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7 — Preventive Measures

Personal Protective Equipment <input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Eye <input type="checkbox"/> Footwear <input type="checkbox"/> Clothing <input type="checkbox"/> Other	
If checked, specify type	
Engineering Controls (<i>specify, such as ventilation, enclosed process</i>)	
Leak and Spill Procedure	
Waste Disposal	
Handling Procedures and Equipment	
Storage Requirements	
Special Shipping Information	PIN

Product Identifier:

SECTION 8 — First Aid Measures

Inhalation
Ingestion
Skin Contact
Eye Contact

SECTION 9 — Preparation Information

Prepared by (<i>group, department, etc.</i>)	Telephone Number	Preparation Date
--	------------------	------------------

- = information present as required
 = information inaccurate or missing
 N/AP = information not applicable
 N/AV = information not available
 [] = optional information

MSDS CHECKLIST (9-SECTION)

SECTION 1 — Product Information

<input type="checkbox"/> Product Identifier		<input type="checkbox"/> [WHMIS Classification]	
<input type="checkbox"/> Product Use			
<input type="checkbox"/> Manufacturer's Name		<input type="checkbox"/> Supplier's Name	
<input type="checkbox"/> Street Address		<input type="checkbox"/> Street Address	
<input type="checkbox"/> City, Province/State, Postal/Zip Code		<input type="checkbox"/> City, Province/State, Postal/Zip Code	
<input type="checkbox"/> Emergency Telephone	<input type="checkbox"/> [Fax Number]	<input type="checkbox"/> Emergency Telephone	<input type="checkbox"/> [Fax Number]

SECTION 2 — Hazardous Ingredients

Hazardous Ingredients <i>(specific chemical name for each)</i>	%	CAS Number	LD ₅₀ of Ingredient <i>(specify species and route)</i>	LC ₅₀ of Ingredient <i>(specify species)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 — Physical Data

<input type="checkbox"/> Physical State	<input type="checkbox"/> Odour and Appearance		<input type="checkbox"/> Odour Threshold (ppm)
<input type="checkbox"/> Specific Gravity	<input type="checkbox"/> Vapour Density (air = 1)	<input type="checkbox"/> Vapour Pressure (mmHg)	<input type="checkbox"/> Evaporation Rate
<input type="checkbox"/> Boiling Point (°C)	<input type="checkbox"/> Freezing Point (°C)	<input type="checkbox"/> pH	<input type="checkbox"/> Coefficient of Water/Oil Distribution

Product Identifier:

SECTION 4 — Fire and Explosion Data

<input type="checkbox"/> Flammability	If yes, conditions identified?	
<input type="checkbox"/> Means of Extinction		
<input type="checkbox"/> Flashpoint (°C) and Method	<input type="checkbox"/> Upper Flammable Limit (% by volume)	<input type="checkbox"/> Lower Flammable Limit (% by volume)
<input type="checkbox"/> Autoignition Temperature (°C)	<input type="checkbox"/> Explosion Data — Sensitivity to Impact	<input type="checkbox"/> Explosion Data — Sensitivity to Static Discharge
<input type="checkbox"/> Hazardous Combustion Products		

SECTION 5 — Reactivity Data

<input type="checkbox"/> Chemical Stability	If yes, conditions identified?
<input type="checkbox"/> Incompatibility with Other Substances	If yes, incompatible substances identified?
<input type="checkbox"/> Reactivity, and Under What Conditions?	
<input type="checkbox"/> Hazardous Decomposition Products	

SECTION 6 — Toxicological Properties

Routes of Entry <input type="checkbox"/> Skin Contact <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Eye Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion	
<input type="checkbox"/> Effects of Acute Exposure to Product	
<input type="checkbox"/> Effects of Chronic Exposure to Product	
<input type="checkbox"/> Exposure Limits (<i>value, source, date</i>)	<input type="checkbox"/> Irritancy (<i>if yes, explained?</i>)
<input type="checkbox"/> Sensitization (<i>if yes, explained?</i>)	<input type="checkbox"/> Carcinogenicity (<i>if yes, explained?</i>)
<input type="checkbox"/> Reproductive Toxicity (<i>if yes, explained?</i>)	<input type="checkbox"/> Teratogenicity (<i>if yes, explained?</i>)
<input type="checkbox"/> Mutagenicity (<i>if yes, explained?</i>)	<input type="checkbox"/> Synergistic Products (<i>if yes, explained?</i>)

Product Identifier:

SECTION 7 — Preventive Measures

Personal Protective Equipment	<input type="checkbox"/> Gloves	<input type="checkbox"/> Respirator	<input type="checkbox"/> Eye	<input type="checkbox"/> Footwear	<input type="checkbox"/> Clothing	<input type="checkbox"/> Other
<input type="checkbox"/> If any of above checked, type specified?						
<input type="checkbox"/> Engineering Controls (<i>specified, such as ventilation, enclosed process</i>)						
<input type="checkbox"/> Leak and Spill Procedure						
<input type="checkbox"/> Waste Disposal						
<input type="checkbox"/> Handling Procedures and Equipment						
<input type="checkbox"/> Storage Requirements						
<input type="checkbox"/> Special Shipping Information					<input type="checkbox"/> PIN	

SECTION 8 — First Aid Measures

<input type="checkbox"/> Inhalation
<input type="checkbox"/> Ingestion
<input type="checkbox"/> Skin Contact
<input type="checkbox"/> Eye Contact

SECTION 9 — Preparation Information

<input type="checkbox"/> Prepared by (<i>group, department, etc.</i>)	
<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Preparation Date (<i>original date or date of last review</i>)

Completed by: _____ **Date:** _____









SUPPLIER LABEL CHECKLIST

Product Identifier:

Information present as required.

Information missing or incomplete.

A. VERIFY CLASSIFICATION OF PRODUCT

	<input type="checkbox"/> Class A		<input type="checkbox"/> Class B1 <input type="checkbox"/> Class B2 <input type="checkbox"/> Class B3 <input type="checkbox"/> Class B4 <input type="checkbox"/> Class B5 <input type="checkbox"/> Class B6		<input type="checkbox"/> Class C		<input type="checkbox"/> Class D1A <input type="checkbox"/> Class D1B
	<input type="checkbox"/> Class D2A <input type="checkbox"/> Class D2B		<input type="checkbox"/> Class D3		<input type="checkbox"/> Class E		<input type="checkbox"/> Class F

B. INFORMATION REQUIREMENTS	COMMENTS
<input type="checkbox"/> Product Identifier	
<input type="checkbox"/> WHMIS Hazard Symbols	
<input type="checkbox"/> Risk Phrases (<i>specific</i>)	
<input type="checkbox"/> Precautionary Statements (<i>specific</i>)	
<input type="checkbox"/> First Aid Measures (<i>specific</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Inhalation <input type="checkbox"/> Eye Contact <input type="checkbox"/> Skin Contact <input type="checkbox"/> Ingestion 	
<input type="checkbox"/> Supplier Identifier	
<input type="checkbox"/> Reference to the MSDS	

C. OTHER REQUIREMENTS

<input type="checkbox"/> WHMIS Hatched Border	
<input type="checkbox"/> English and French (<i>within border</i>)	
<input type="checkbox"/> Colour (<i>not in conflict with TDG</i>)	
<input type="checkbox"/> Legible	

MATERIAL SAFETY DATA SHEET — 16 SECTIONS

SECTION 1 — Chemical Product and Company Identification

[] = optional information

Product Identifier			[WHMIS Classification]		
Product Use					
Manufacturer's Name			Supplier's Name		
Street Address			Street Address		
City		Province	City		Province
Postal Code	Emergency Telephone		Postal Code	Emergency Telephone	
Date MSDS Prepared		MSDS Prepared by		Phone Number	

SECTION 2 — Composition/Information on Ingredients

Hazardous Ingredients <i>(specific)</i>	%	CAS Number	LD ₅₀ of Ingredient <i>(specify species and route)</i>	LC ₅₀ of Ingredient <i>(specify species)</i>

SECTION 3 — Hazards Identification

Routes of Entry <input type="checkbox"/> Skin Contact <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Eye Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion
[Emergency Overview]
[WHMIS Symbols]
[Potential Health Effects]

SECTION 4 — First Aid Measures

Skin Contact
Eye Contact
Inhalation
Ingestion

Product Identifier:

SECTION 5 — Firefighting Measures

Flammability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under which conditions?	
Means of Extinction		
Flashpoint (°C) and Method	Upper Flammable Limit (% by volume)	Lower Flammable Limit (% by volume)
Autoignition Temperature (°C)	Explosion Data — Sensitivity to Impact	Explosion Data — Sensitivity to Static Discharge
Hazardous Combustion Products		
[NFPA]		

SECTION 6 — Accidental Release Measures

Leak and Spill Procedures

SECTION 7 — Handling and Storage

Handling Procedures and Equipment
Storage Requirements

SECTION 8 — Exposure Control/Personal Protection

Exposure Limits <input type="checkbox"/> ACGIH TLV <input type="checkbox"/> OSHA PEL <input type="checkbox"/> Other (<i>specify</i>)
Specific Engineering Controls (<i>such as ventilation, enclosed process</i>)
Personal Protective Equipment <input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Eye <input type="checkbox"/> Footwear <input type="checkbox"/> Clothing <input type="checkbox"/> Other
If checked, specify type

Product Identifier:

SECTION 9 — Physical and Chemical Properties

Physical State	Odour and Appearance	Odour Threshold (ppm)
Specific Gravity	Vapour Density (air = 1)	Vapour Pressure (mmHg)
Evaporation Rate	Boiling Point (°C)	Freezing Point (°C)
pH	Coefficient of Water/Oil Distribution	[Solubility in Water]

SECTION 10 — Stability and Reactivity

Chemical Stability <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, under which conditions?
Incompatibility with Other Substances <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which ones?
Reactivity, and Under What Conditions?	
Hazardous Decomposition Products	

SECTION 11 — Toxicological Information

Effects of Acute Exposure	
Effects of Chronic Exposure	
Irritancy of Product	
Skin Sensitization	Respiratory Sensitization
Carcinogenicity — IARC	Carcinogenicity — ACGIH
Reproductive Toxicity	Teratogenicity
Embryotoxicity	Mutagenicity
Name of Synergistic Products/Effects	

Product Identifier:

SECTION 12 — Ecological Information

[Aquatic Toxicity]

SECTION 13 — Disposal Considerations

Waste Disposal

SECTION 14 — Transport Information

Special Shipping Information	PIN
TDG	[DOT]
[IMO]	[ICAO]

SECTION 15 — Regulatory Information

[WHMIS Classification]	[OSHA]
[SERA]	[TSCA]

This product has been classified in accordance with the hazard criteria of the *Controlled Products Regulations (CPR)* and the MSDS contains all of the information required by the *CPR*.

SECTION 16 — Other Information

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MSDS CHECKLIST (16-SECTION)

- = information present as required
 = information inaccurate or missing
 N/AP = information not applicable
 N/AV = information not available
 [] = optional information

SECTION 1 — Chemical Product and Company Identification

<input type="checkbox"/> Product Identifier		<input type="checkbox"/> [WHMIS Classification]	
<input type="checkbox"/> Product Use			
<input type="checkbox"/> Manufacturer's Name		<input type="checkbox"/> Supplier's Name	
<input type="checkbox"/> Street Address		<input type="checkbox"/> Street Address	
<input type="checkbox"/> City, Province/State, Postal/Zip Code		<input type="checkbox"/> City, Province/State, Postal/Zip Code	
<input type="checkbox"/> Emergency Telephone	<input type="checkbox"/> [Fax Number]	<input type="checkbox"/> Emergency Telephone	<input type="checkbox"/> [Fax Number]
<input type="checkbox"/> Date MSDS Prepared	<input type="checkbox"/> MSDS Prepared by	<input type="checkbox"/> Phone Number	

SECTION 2 — Composition/Information on Ingredients

Hazardous Ingredients <i>(specific chemical name for each)</i>	%	CAS Number	LD ₅₀ of Ingredient <i>(specify species and route)</i>	LC ₅₀ of Ingredient <i>(specify species)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 — Hazards Identification

Routes of Entry <input type="checkbox"/> Skin Contact <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Eye Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion
<input type="checkbox"/> [Emergency Overview]
<input type="checkbox"/> [WHMIS Symbols]
<input type="checkbox"/> [Potential Health Effects]

SECTION 4 — First Aid Measures

<input type="checkbox"/> Skin Contact
<input type="checkbox"/> Eye Contact
<input type="checkbox"/> Inhalation
<input type="checkbox"/> Ingestion

Product Identifier:

SECTION 5 — Firefighting Measures

<input type="checkbox"/> Flammability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, conditions identified?	
<input type="checkbox"/> Means of Extinction		
<input type="checkbox"/> Flashpoint (°C) and Method	<input type="checkbox"/> Upper Flammable Limit (% by volume)	<input type="checkbox"/> Lower Flammable Limit (% by volume)
<input type="checkbox"/> Autoignition Temperature (°C)	<input type="checkbox"/> Explosion Data — Sensitivity to Impact	<input type="checkbox"/> Explosion Data — Sensitivity to Static Discharge
<input type="checkbox"/> Hazardous Combustion Products		
<input type="checkbox"/> [NFPA]		

SECTION 6 — Accidental Release Measures

<input type="checkbox"/> Leak and Spill Procedures
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SECTION 7 — Handling and Storage

<input type="checkbox"/> Handling Procedures and Equipment
<input type="checkbox"/> Storage Requirements

SECTION 8 — Exposure Control/Personal Protection

Exposure Limits	<input type="checkbox"/> ACGIH TLV	<input type="checkbox"/> OSHA PEL	<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Specific Engineering Controls (such as ventilation, enclosed process)						
Personal Protective Equipment	<input type="checkbox"/> Gloves	<input type="checkbox"/> Respirator	<input type="checkbox"/> Eye	<input type="checkbox"/> Footwear	<input type="checkbox"/> Clothing	<input type="checkbox"/> Other
<input type="checkbox"/> If checked, type specified?						

Product Identifier:

SECTION 9 — Physical and Chemical Properties

<input type="checkbox"/> Physical State	<input type="checkbox"/> Odour and Appearance	<input type="checkbox"/> Odour Threshold (ppm)
<input type="checkbox"/> Specific Gravity	<input type="checkbox"/> Vapour Density (air = 1)	<input type="checkbox"/> Vapour Pressure (mmHg)
<input type="checkbox"/> Evaporation Rate	<input type="checkbox"/> Boiling Point (°C)	<input type="checkbox"/> Freezing Point (°C)
<input type="checkbox"/> pH	<input type="checkbox"/> Coefficient of Water/Oil Distribution	<input type="checkbox"/> [Solubility in Water]

SECTION 10 — Stability and Reactivity

<input type="checkbox"/> Chemical Stability <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If no, conditions identified?
<input type="checkbox"/> Incompatibility with Other Substances <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, incompatible substances identified?
<input type="checkbox"/> Reactivity, and Under What Conditions?	
<input type="checkbox"/> Hazardous Decomposition Products	

SECTION 11 — Toxicological Information

<input type="checkbox"/> Effects of Acute Exposure	
<input type="checkbox"/> Effects of Chronic Exposure	
<input type="checkbox"/> Irritancy of Product	
<input type="checkbox"/> Skin Sensitization (if yes, explained?)	<input type="checkbox"/> Respiratory Sensitization (if yes, explained?)
<input type="checkbox"/> Carcinogenicity — IARC (if yes, explained?)	<input type="checkbox"/> Carcinogenicity — ACGIH (if yes, explained?)
<input type="checkbox"/> Reproductive Toxicity (if yes, explained?)	<input type="checkbox"/> Teratogenicity (if yes, explained?)
<input type="checkbox"/> Embryotoxicity (if yes, explained?)	<input type="checkbox"/> Mutagenicity (if yes, explained?)
Name of Synergistic Products/Effects	

Product Identifier:

SECTION 12 — Ecological Information

<input type="checkbox"/> [Aquatic Toxicity]

SECTION 13 — Disposal Considerations

<input type="checkbox"/> Waste Disposal

SECTION 14 — Transport Information

<input type="checkbox"/> Special Shipping Information	<input type="checkbox"/> PIN
<input type="checkbox"/> TDG	<input type="checkbox"/> [DOT]
<input type="checkbox"/> [IMO]	<input type="checkbox"/> [ICAO]

SECTION 15 — Regulatory Information

<input type="checkbox"/> [WHMIS Classification]	<input type="checkbox"/> [OSHA]
<input type="checkbox"/> [SERA]	<input type="checkbox"/> [TSCA]

This product has been classified in accordance with the hazard criteria of the *Controlled Products Regulations (CPR)* and the MSDS contains all of the information required by the *CPR*.

SECTION 16 — Other Information

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Completed by: _____ **Date:** _____