

California Air Resources Board - Consumer Products Program
PAINT THINNER AND MULTI-PURPOSE SOLVENT SURVEY UPDATE

READ BEFORE COMPLETING FORMS

Use these forms to report new Paint Thinners and/or Multi-Purpose Solvent products (sold in California in 2004 or later) or Thinners and Solvents that have been reformulated since 2003. See below for definitions of Paint Thinners and Multi-Purpose Solvents.

Note: Do not include products labeled and used exclusively as a component in a specific coating, products labeled and used exclusively in marine and/or automotive coatings or other Original Equipment Manufacturer (OEM) surface coatings, products incorporated into or used exclusively in the manufacture or construction of goods or commodities at the site of manufacture.

The following forms were taken from the 2006 Consumer & Commercial Products Survey (2006 Survey). We have made a few, small changes to relate these forms to this particular survey update. You may still need to reference sections of the 2006 Survey to complete the forms. You may view the entire 2006 Survey at the following website:
<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>. If you have any questions or would prefer a hardcopy of the 2006 Survey, please contact Trish Johnson at tjohnson@arb.ca.gov or (916) 445-3365.

Definitions:

Multi-purpose Solvent any liquid product designed or labeled to be used for dispersing or dissolving or removing contaminants or other organic materials. "Multi-purpose Solvent" includes (A) products that do not display specific use instructions on the product container or packaging, (B) products that do not specify an end-use function or application on the product container or packaging, and (C) solvents used in institutional facilities, except for laboratory reagents used in analytical, educational, research, scientific or other laboratories. "Multipurpose Solvent" does not include solvents used in cold cleaners, vapor degreasers, conveyorized degreasers or film cleaning machines, or solvents that are incorporated into, or used exclusively in the manufacture or construction of, the goods or commodities at the site of the establishment. "Multi-purpose Solvent" also does not include any product making any representation that the product may be used as, or is suitable for use as a consumer product which qualifies under another definition; such products are not Multi-purpose Solvents and are subject to the "Most Restrictive Limit" provision.

Paint Thinner means any liquid product used for reducing the viscosity of coating compositions or components, that prominently displays the term "Paint Thinner," "Lacquer Thinner," "Thinner," or "Reducer" on the front panel of its packaging.

Product Tracking #: _____

FORM 3 – Product Information<http://www.arb.ca.gov/consprod/regact/tscpwg/tscpwg.htm>Check (✓) if
Confidential ☐

1. Full Product Name: _____			2. Company Name: _____																					
3. ARB Category Code(s) Primary Category Code: N/A			If applicable, Additional Category Code(s): 																					
4. Product Groups Does this product represent a product group? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, see "Supplement to FORM 3" for instructions.</i>		5. Delivery or Packaging System check (✓) one <input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads <input type="checkbox"/> pressurized aerosol container <input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle <input type="checkbox"/> squeeze tube/squeeze bottle/cartridge <input type="checkbox"/> other (specify): _____		6. Dispensed Form check (✓) one <input type="checkbox"/> post-foaming gel <input type="checkbox"/> foam/mousse <input type="checkbox"/> liquid <input type="checkbox"/> semisolid <input type="checkbox"/> solid <input type="checkbox"/> mist/dispersed spray <input type="checkbox"/> other (specify): _____																				
<u>LABELS:</u> Submit one entire representative label for this product or product group.																								
7. Relation to Product check (✓) all that apply <input type="checkbox"/> Manufacturer/ Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____		8. Customer Type – check (✓) all that apply (Provide actual or intended percentages) <input type="checkbox"/> Household _____ % <input type="checkbox"/> Commercial/ Institutional _____ % <input type="checkbox"/> Industrial _____ % total must = 100%		9. Dilution Ratios Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, complete the table below.</i> → <i>Specify</i> diluent here: _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Product</th> <th colspan="2">Diluent</th> </tr> <tr> <th>amount</th> <th>units</th> <th>amount</th> <th>units</th> </tr> </thead> <tbody> <tr> <td>most concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>least concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product		Diluent		amount	units	amount	units	most concentrated					least concentrated				
	Product		Diluent																					
	amount	units	amount	units																				
most concentrated																								
least concentrated																								
10. Sales Data Collection Method check (✓) one <input type="checkbox"/> Used CA-specific sales data <input type="checkbox"/> Estimated by prorating data <i>Specify "national", "regional", "distribution centers" or other:</i> _____ <input type="checkbox"/> Other collection method used (specify): _____																								
11. General Information Is this a FIFRA registered product? <input type="checkbox"/> yes <input type="checkbox"/> no Does this product contain a resin, polymer, or other film-forming compound (visible or not)? <input type="checkbox"/> yes <input type="checkbox"/> no Is this an FDA regulated OTC drug? <input type="checkbox"/> yes <input type="checkbox"/> no Is this product sold in a multi-pack? <input type="checkbox"/> yes <input type="checkbox"/> no		12. California Sales Data: complete for each size sold <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Product Size (from label)</th> <th style="width: 45%;">Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i></th> <th style="width: 30%;">Number of Individual Product Units Sold (in CA 10/01/07-09/30/08)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>				Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA 10/01/07-09/30/08)	1			2			3			4			5			
Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA 10/01/07-09/30/08)																						
1																								
2																								
3																								
4																								
5																								
13. Comments: _____ _____																								

LABELS: Submit one entire representative label for this product or product group; OR check (✓) if unchanged label submitted in 2001 or 2003 Survey ☐

Instructions: FORM 3 – Product Information

This form requests general product information, sales data, and labels for the products being reported. Complete and submit one FORM 3 for each product or product group.

Confidential Information (in the upper right corner of all forms): Check the box if the information is confidential. This information will be handled as described on the Confidential Information Form.

Check (✓) if
Confidential ☐

Product Tracking # (in the upper left corner of Forms 3 and 4): Assign a single product tracking number for each product or product group. Enter this number into the box. For each product or product group submitted, this number should be the same on *both* FORM 3 and FORM 4, and also associated with the corresponding label. See page 49 for more information on assigning product tracking numbers.

Product Tracking #: _____

1. Full Product Name: Enter the full product name as shown on the principal display panel (product label).

Notes: Product Groups – If this is a product group, name the most representative product for the group. See page 49 for product group criteria.

Kits – When multiple products are sold together in one kit or package, individual components must be reported separately, according to survey categories. Include the component name in the product name.

For example: “ACME Office Supply Kit” includes “Permanent Markers,” “Highlighters,” and “Correction Fluid.” Each of these three components must be reported since they fit into separate categories in this survey. The full product name for the permanent markers would be “ACME Office Supply Kit; Permanent Markers.”

2. Company Name: Enter the name of the company that is the responsible party.

3. ARB Category Code(s): Enter category code from the 2006 Survey Category List. Choose the primary category code that best describes your product according to the product's principal display panel. Only list additional category codes for products that fit more than one survey category, according to their principal display panel (product label); do not list category codes for uses not displayed on this panel. See “Reporting Products” on page 49 for more details.

4. Product Groups: Indicate by checking “yes” or “no” if this product represents a product group. See page 49 for product group criteria. **If “yes,”** list the name, size, color differences, and/or fragrance differences of each product that comprises the group on the “Supplement to FORM 3.” You do not complete the “Supplement to FORM 3” if size is the only attribute used to group products. Photocopy this form as needed.

LABELS: See “Submitting Product Labels” on page 53.

Continued, next column...

5. Delivery or Packaging System: Check the box that describes the delivery or packaging system. If the provided options don't describe your product, indicate “other” and specify the delivery or packaging method employed.

6. Dispensed Form: Check the box that describes the form of this product as it is dispensed, or as it leaves the delivery or packaging system. If the options provided (see definitions below) don't describe your product or product group, indicate “other” and specify the dispensed form.

post-foaming gel means a semisolid that, upon being dispensed from its container, or upon contact with a surface, or as a result of exposure to body heat or the atmosphere, changes from a semisolid state to a foaming state. “Post-foaming gel” does not include substances that become foam solely from shearing action after being dispensed, such as rubbing the product on the skin or other agitation.

Note: Report non-foaming gels under the “semisolid” option.

foam/mousse means a substance that is comprised of two phases: a dispersed gas or vapor phase, and a continuous liquid phase, therein creating a mass of gaseous cells that is separated by thin films of liquid and formed by the juxtaposition of bubbles.

liquid means a substance or mixture of substances which is capable of a visually detectable flow as determined under ASTM D-4359-90. “Liquid” does not include powders or other materials that are composed entirely of solid particles.

Notes: Most impregnated wipes/towels/cloths/sheets/pads and ink dispensing products should be reported as “liquid” here. Report mist or dispersed sprays under the “mist/dispersed spray” option.

semisolid means a product that, at room temperature, will not pour, but will spread or deform easily, including but not limited to gels, pastes, and greases.

Note: Report post-foaming gels under “post-foaming gel” option.

solid means a substance or mixture of substances which, either whole or subdivided (such as the particles comprising a powder), is not capable of visually detectable flow as determined under ASTM D-4359-90.

mist/dispersed spray means a substance that, upon being dispensed, generally yields a uniform application of discrete particles or droplets.

7. Relation to Product: Indicate whether you are the manufacturer/marketer, distributor, retailer, and/or contract packager of this product. If these descriptions do not fit your relationship(s) to the product, check the “other” box and specify the relationship. Check all boxes that apply.

Continued, next page...

Instructions: FORM 3 – Product Information (*Continued*)

8. Customer Type: Check all boxes that indicate the customer type for which this product is intended. Also, indicate the percentage of each customer type in the blanks provided. The percentages must total 100%.

9. Dilution Ratios: Indicate by checking “yes” or “no” if this product is sold as a *concentrate* that requires dilution according to the product label. If “yes,” list the amounts of the product and diluent, and the type of diluent, in the spaces provided. The “most concentrated” will be the highest amount of product to diluent, as specified on the product's label. “Least concentrated” will be the smallest amount of product to diluent as specified on the product's label. If a product can be used “straight” or non-diluted as well as diluted, the “least dilute” value will be 1 part product to 0 parts diluent. *Do not* use arbitrary terms such as “scoop”; specify appropriate units of measure, such as 0.25 cups. However, ratios are acceptable.

For example: on the label, a concentrated general purpose cleaner recommends diluting 1 part product to 1 part water for extra strength cleaning and 1 part product to 4 parts water for light cleaning. So, the diluent is water and the table would read as shown.

	Product		Diluent	
	<i>amount</i>	<i>units</i>	<i>amount</i>	<i>units</i>
most concentrated	1	part	1	part
least concentrated	1	part	4	part

10. Sales Data Collection Method: To specify how the quantity of products sold (“Number of Product Units Sold”) in item 12 was determined, indicate which sales data was used: California-specific sales, or prorated sales data by population (see population estimates provided in Attachment C). If prorating was used, specify whether national, regional, or distribution sales data was prorated, or whether a different prorating method was used. If sales data was collected in a way other than California-specific or by prorating, check “Other Collection Method Used” and describe how sales data was collected. Use the “Comments” section, item 13, if more space is needed.

Continued, next column...

11. General Information: Indicate by checking “yes” or “no” if this product 1) is a FIFRA (Federal Insecticide, Fungicide, and Rodenticide Act) registered product, 2) contains a resin, polymer, or other film-forming compound, 3) is an Food & Drug Administration (FDA) regulated Over-the-Counter (OTC) drug (*Note: Prescription-only drugs are not covered by this survey and do not need to be reported*), or 4) is sold in a multi-pack. Answering “yes” to the last question will initiate ARB staff to contact you to ensure “Number of Individual Product Units Sold” in item 12 was reported correctly with regards to multi-pack products.

12. California Sales Data: Provide the sales information for this product (or combined sales for this product group) in California from Oct. 01, 2007-Sept. 30, 2008. **Please note that internet sales must be included.** Use the comment field (item 13) to report additional sizes, if there are more than five.

Product Size: List each size that this product or product group is sold in. Record the size(s) directly from the product label(s).

Volume/Mass filled: For each size listed, indicate the average total volume or average total mass of product actually filled into the container. You may be simply re-entering in the value from the previous column. Refer to example product #1, found in the Examples of Completed Forms, for an example of how to fill out this question.

Specify measurement units: Refer to Attachment D: Acceptable Measurement Units for the abbreviations that should be used to specify volume or mass.

Barrier packs and compartmentalized containers: report the mass or volume of product and propellant, both **inside** and **outside** the bag or **above** and **below** the piston, even if this amount does not match the product size on the label.

Impregnated wipes/towels/cloths/sheets/pads: report only the mass or volume of liquid (or other substance) in the impregnated substrate.

Ink dispensing products: report only the mass or volume of ink (or clear fluid).

Number of Individual Product Units Sold: List, for each size, the number of individual product units (packages, containers) sold in California during 10/01/07-09/30/08. **Please note that internet sales must be included.** If this is a product group, combine the sales of the individual products within each size.

13. Comments: Provide any comments that will help us understand your product or how you have filled out the survey for this product.

LABELS: See “Submitting Product Labels” on page 53. Submit one representative product label (front and back, if any) for each FORM 3 (only one label for each product or product group). See Step III, Submitting Product Labels for further instructions on label submittal.

[illegible]

Product Tracking #:

FORM 4 – Ingredients<http://www.arb.ca.gov/consprod/regact/tscpwg/tscpwg.htm>Check (✓) if
Confidential ☐**A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT – To be completed by the responsible party.**

Full Product Name: _____ Company Name: _____

Contact Person/Title: _____ Phone: _____ Fax/Email: _____

B. FORMULATOR/INGREDIENT CONTACT – To be completed by the individual filling out Part C, below.

Company Name: _____ Phone: _____ Fax/Email: _____

Contact Person/Title: _____ Signature/Date: _____

C. INGREDIENTS – All questions (#1, 2, & 3) to be completed by the company that holds the ingredient information (either the responsible party or formulator).

1. Specific Ingredients: Indicate the weight percent (Wt.%) of the following compounds		2. Speciation Table: List all VOCs (Aerosol Coatings list all ROCs), LVP-VOCs listed in Attachment E, partial LVP-VOCs, HFCs, HCFCs, HFEs, CFCs, and Excluded compounds (per VOC definition) that comprise at least 0.1 Wt. % .				
Compounds	Weight %	Chemical Name	CAS Number	Weight %	Trade Name & Manufacturer* Bin #* <small>*(For hydrocarbon solvents only)</small>	
Water		1				
Camphor		2				
AMP		3				
Metallic Carbonates (sodium/potassium carbonate, etc.)		4				
		5				
Acetone		6				
Completely Methylated Siloxanes		7				
Methyl Acetate		8				
Parachlorobenzotrifluoride		9				
Ammonia		10				
Methylene Chloride		11				
Perchloroethylene		List additional ingredients on a separate page; enter the weight percent subtotal from that page on this line =			3. Report Density (units) -OR- Specific Gravity: For products filled by volume <u>only</u> (e.g. fl. oz., gal.) Check (✓) one: <input type="checkbox"/> Density -OR- <input type="checkbox"/> Specific Gravity _____	
HFC-152a						
HFC-134a		Group VOCs that are each less than 0.1 Wt. % =				
Polytetrafluoroethylene (PTFE)		Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left) =				
Compressed Air						
Carbon Dioxide		Group remaining inorganic compounds (Do not include those listed left) =				
Nitrogen						
Nitrous Oxide		Group all fragrance (Do not include limonenes or pine oils) =				
Section 1: % Subtotal =		Section 2: % Subtotal =		Total (Sections 1+2) =	Must = 100 %	

*Completion of these columns is required only if the ingredient is a hydrocarbon solvent, such as mineral spirits. See instructions for details and Attachment F for a list of trade names and bin numbers.

Instructions: FORM 4 – Ingredients

If the responsible party holds all ingredient information, then that company will complete Sections A, B and C of this form. If the responsible party does not hold the ingredient information, this form will be completed by two companies: the responsible party (Section A), and the formulator (Sections B and C). One completed FORM 4 must be submitted to ARB for each product or product group.

Confidential Information (in the upper right corner of All Forms):

Check box if the information is confidential. This information will be handled as described on the Confidential Information Form.

Check (✓) if
Confidential ☐

Product Tracking # (in the upper left corner of Forms 3 and 4): For a product or product group, this number is identical to that assigned on FORM 3. See page 49 for more information on assigning product tracking numbers.

Product Tracking #:

A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT

List the full product or product group name, as it appears on FORM 3. List the responsible party's company name, which was also listed in the first section of FORM 1.

B. FORMULATOR/INGREDIENT CONTACT

This information references the party that will complete Section C, the ingredients section. Enter the name, title, telephone number, fax number and email address and company of the person ARB should contact for clarification about ingredient information submitted. Finally sign and enter the date this form was completed.

C. INGREDIENTS: ROUND TO THE NEAREST 0.1 WEIGHT PERCENT.

This section is to be completed by the holder of the ingredient information, whether it is the responsible party or a formulator.

If multiple formulas were used during 10/01/07-09/30/08, the most recent formula should be reported. If ingredients varied because they were supplied by different vendors, report the ingredients from the most representative vendor.

1. Specific Ingredient Table: If the product contains any of the compounds listed, enter the weight percent to the nearest 0.1% for each compound (Water, Camphor, AMP, Metallic Carbonates, Acetone, Completely Methylated Siloxanes, Methyl Acetate, Parachlorobenzotrifluoride, Ammonia, Methylene Chloride, Perchloroethylene, HFC-152a,

Continued, next column...

HFC-134a, Polytetrafluoroethylene (PTFE), Compressed Air, Carbon Dioxide, Nitrogen (N₂), and Nitrous Oxide.

Subtotal: Solely to make the Total easier to calculate, subtotal the weight percent (Wt. %) as indicated (Section 1: % Subtotal).

2. Speciation Table: List all of the following ingredients that comprise at least 0.1 weight percent (Wt. %) of the product:

- Volatile Organic Compounds (VOCs) or Reactive Organic Compounds (ROCs) for Aerosol Coatings Products
- Low Vapor Pressure Volatile Organic Compounds (LVP-VOCs) listed in Attachment E, "LVP-VOCs to Report"
- Partial LVP-VOCs (hydrocarbon mixtures that contain LVPs)
- Hydrofluorocarbons (HFCs), hydrochlorofluorocarbons (HCFCs), halogenated ethers (HFEs), and chlorofluorocarbons (CFCs)
- Excluded compounds (per VOC definition)

Information required for each ingredient listed:

Chemical Name: Enter the generic or chemical name for the compound.

CAS Number: Enter the Chemical Abstract Service (CAS) number for the compound or mixture obtained from your supplier.

Weight Percent: Enter the weight percent of the ingredient, to the nearest 0.1%. If the ingredient is a mixture of known components, list the weight percentages of the individual components.

Note: If the product is sold as a concentrate, list the Wt. % as sold (undiluted).

Trade Name, Manufacturer, and Bin #: These columns are required only for hydrocarbon solvents. A list of hydrocarbon solvents, bin numbers and other information has been provided in Attachment F and Attachment G.

Trade Name: Manufacturer's ingredient name for the compound or mixture.

Manufacturer Name: Enter the name of the manufacturer for the compound or mixture.

Bin #: List the bin number for the compound or mixture. Please contact your ingredient supplier or manufacturer if you do not know the bin number.

Continued, next page...

Instructions: FORM 4 – Ingredients (Continued)

More Lines needed? If there are **more than 11** speciated ingredients for this product, photocopy this table and continue to specify the compounds as shown. Attach the photocopy to this FORM 4 and enter a weight percent (Wt. %) subtotal from that page in the space indicated.

Grouped Totals (line-item entries at bottom of Box 2, Speciation Table) Enter the aggregated weight percent, as indicated, for those ingredients not listed on the “Specific Ingredient Table” or the “Speciation Table”:

Group VOCs that are each less than 0.1 Wt. %: Aggregate all VOC compounds for which each individual compound comprises less than 0.1 weight percent of the product. Enter total in the space indicated.

Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left): Aggregate any remaining organic compounds, (those that individually comprise less than 0.1 Wt. % or any not included in the speciation table or specific ingredient table).

Group remaining inorganic compounds (not listed left): Aggregate other inorganic compounds (non-carbon containing) not included in the specific ingredient table.

For example, these compounds may include, but are not limited to, silica, clay, and hydrogen peroxide.

Group all fragrance: Aggregate all fragrance and enter the total in the space indicated.

Note: d-limonene, l-limonene, and pine oils must be speciated in the VOC speciation table above.

Section 2: % Subtotal: Sum the weight percentages for all ingredients listed in this table (including the line-items entries).

Total (Sections 1+2): Sum Subtotals 1 and 2, and enter the value in the Total box. **The Total must equal 100 percent.** If this value does not sum to 100, check the component percentages for errors.

- 3. Density (units) –OR– Specific Gravity:** For products filled by volume (e.g. fl. oz, gal.), provide either the density, indicating the units (pounds/gallon or grams/milliliter), or the specific gravity. *For density, use the abbreviations lb/gal or g/ml.*

Mailing

Return the completed survey to one of the addresses below.

Regular Mail:

California Air Resources Board
P.O. Box 2815
Sacramento, CA 95812
Attn: Trish Johnson, SSD

Overnight Mail:

California EPA Headquarters Building
Air Resources Board
1001 I Street (6th Floor)
Sacramento, CA 95814
Attn: Trish Johnson, SSD

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For questions about filling out these forms, please contact Trish Johnson @ (916) 445-3365 or tjohnson@arb.ca.gov