



# TSCA PreMANUFACTURE NOTICE (PMN) REQUEST FORM

ChemOne Compliance, LLC • P.O. Box 306 • Jaffrey, NH 03452  
 Phone: 603-532-2407 FAX: 603-532-2408

PRODUCT IDENTITY	
Product/Material Name:	
Product Code(s):	
Business Application:	

Note: All information is REQUIRED. Do not leave fields blank. Mark with N/A or UN, if data is not available or unknown.

COMPANY INFORMATION	
Company Name:	
Address:	
City, State, ZIP Code	
Phone:	
FAX:	

Requester:		Phone:	
Authorized Company Official:		Title / Position:	
Technical Content (in US):		Title / Position:	
Date:		Date Required:	

NEW CHEMICAL SUBSTANCE IDENTITY	
Chemical Name:	
Trade Name:	
Other Names or Acronyms:	
CAS Number:	
Molecular Formula:	
Chemical Structure: <i>(Structural Representation if a Polymer)</i>	
Generic Name: <i>(to be used on the inventory)</i>	
-- Complete the following section ONLY for Unknown, variable, complex or biological materials (UVCB) --	



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## NEW CHEMICAL SUBSTANCE IDENTITY

Describe UVCB Material:

*(include [1] the immediate precursor substances with their respective CAS Registry Numbers. [2] description of the nature of the reaction or process. [3] the range of composition and the typical composition (where appropriate). [4] a correct representative or partial chemical structure diagram, as complete as can be known, if one can be reasonably ascertained.)*

-- Complete the following section ONLY for Polymers --

Number Average Molecular Weight:		Percent Molecular Weight Under 1000 Daltons:		Percent Molecular Weight Under 500 Daltons:	
Polydispersity:		Is Polymer Designed to Degrade, Depolymerize, Decompose?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Can Polymer absorb its weight in water?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Method Used:	<input type="checkbox"/> GPC <input type="checkbox"/> Other (Please list): _____ (attach analytical trace, if possible)				
List Monomers / Initiators / Other Reactants:	CAS Number:	Composition or Range (%)	Maximum Residual (%)		

## IMPURITIES

*(list all known or anticipated impurities in the New Chemical Substance)*

Chemical Name:	CAS Number:	Maximum Residual (%)



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## BYPRODUCTS

*(list all known or anticipated byproducts resulting from the manufacture, use or disposal of the New Chemical Substance)*

Chemical Name:	CAS Number:

## MANUFACTURE / IMPORTATION INFORMATION

*(provide estimates for the manufactured or imported quantities of the New Chemical Substance)*

Maximum Production or Import for the first 12 months (kg/year):		Maximum Annual Production or Import over the Next 3 years (kg/year):	
Describe the category of use of the New Chemical Substance:			
Type of Use:	<input type="checkbox"/> Site-Limited _____%	<input type="checkbox"/> Industrial _____%	<input type="checkbox"/> Commercial _____%
Percent of New Chemical Substance in Formulation:			
Site Address of Manufacture or Importation:			
Maximum Batch Size (kg/batch): <i>(not applicable for importation)</i>		Duration of Batch (hours/batch): <i>(not applicable for importation)</i>	
Describe Chemical Synthesis:  (provide chemical structure diagram)  (attach if necessary)			



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**MANUFACTURE / IMPORTATION INFORMATION**  
*(provide estimates for the manufactured or imported quantities of the New Chemical Substance)*

Describe Manufacturing Process or Provide Blockflow Diagram:  <i>(not applicable for importation)</i>  <i>(attach if necessary)</i>	
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US Site for Manufacturing, Processing or Use: <i>(if additional sites are known, please attach list)</i>	Company Name: _____ Site Address: _____ City, State and Zip Code: _____
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Mark Steps in Manufacturing Process where there is likely Exposure to the New Chemical Substance (NCS) with Operation Number:	Operation	Personal Protective Equipment Recommended	Physical Form / Composition of NCS	Number of Workers for Operation	Maximum Time Spent (hours/day)
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				

Mark Waste Streams where there is a likely Release of the New Chemical Substance:	Waste Stream				
	A.				
	B.				
	C.				
	D.				
	E.				
	F.				



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## CUSTOMER USE INFORMATION

Describe Customer Use:  
*(provide information regarding the [1] formulation, if applicable, [2] worker activity, where exposure is likely, [3] personal protective equipment used, [4] number of workers exposed, [5] duration of exposure, [6] number of days exposed, [7] amount of material released and [8] control technologies used, if any, for release points)*

Number of customers who will be exposed to the NCS for the first three years:

## PHYSICAL PROPERTIES

*(complete where data is appropriate and available – data is optional)*

Physical State:	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		
Color:			
Odor:			
Specific Gravity:		Temperature:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
pH:		Concentration:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Boiling Point (°C):		Pressure:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Melting Point (°C):			<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Vapor Pressure:		Temperature:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Water Solubility:	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Insoluble		
	Value (if available):		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Solvent Solubility:		Solvent:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
		Solvent:	<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Flash Point (°C):			<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Dissociation Constant:			<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Particle Size Distribution:			<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Octanol/Water Partition			<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated



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<b>PHYSICAL PROPERTIES</b> <i>(complete where data is appropriate and available – data is optional)</i>		
Coefficient:		
Henry's Law Constant:		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Volatilization from Water:		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Volatilization from Soil:		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Explosibility:		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Adsorption Coefficient:		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Other: <i>(specify)</i>		<input type="checkbox"/> Measured / <input type="checkbox"/> Estimated
Spectra: <i>(at least 2 should be provided, but not required)</i>	<input type="checkbox"/> <sup>1</sup> H NMR <input type="checkbox"/> <sup>13</sup> C NMR <input type="checkbox"/> UV-VIS <input type="checkbox"/> IR <input type="checkbox"/> RI Other: _____	

<b>OTHER INFORMATION</b>	
Material Safety Data Sheet: <i>(required)</i>	<input type="checkbox"/> Check, if attached
Sample Label: <i>(not required)</i>	<input type="checkbox"/> Check, if attached
Physical Property Data:	<input type="checkbox"/> Check, if attached
Toxicity Data: <i>(data in company possession which is not public is required)</i>	<input type="checkbox"/> Check, if attached
Ecotoxicity Data: <i>(data in company possession which is not public is required)</i>	<input type="checkbox"/> Check, if attached

<b>Submit Completed Form to</b>
<b>ChemOne Compliance, LLC</b> <b>P.O. Box 306</b> <b>Jaffrey, NH 03452</b> <b>USA</b>  <b>or</b>  <b>FAX: 603-532-2408</b>

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