**Statement of VOC content in product determined by mass % raw materials in wet/base product.**

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| **Purpose:** | 1. This form, to be completed by an APAS signatory of the RMU, is to formally declare the VOC content of a product submitted for APAS certification against a nominated specification.
2. For products seeking certification against a specification listed in Table 1 and 2 of APAS document AP-D181, this form provides formal verification that a product conforms with the stated VOC limits.
3. Retain a copy as a record.
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| **Instructions:** | 1. Use one form per product, component, or combination thereof i.e., Part A or B, or Part A + Part B.
2. Fill in the form by completing the sections, as applicable.
3. Only products containing VOCs, as defined in APAS document AP-D181, are to be listed.
4. A raw material may be listed by its chemical name, its proprietary name, or the manufacturer’s raw material code. Full traceability shall apply; a listed raw material shall be traceable back to the product formulation.
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| SECTION A: Background information |
| Manufacturer: (including name, RMU No.(s) & location(s) where manufacture occurs)  | Click to enter manufacturer details |
| Product code: | Click to enter product code |
| Product name: | Click to enter product name |
| Parent product revision no.: (data describing this product derived from formulation revision no.) | Click to enter revision no. |
| APAS specification no.: (including sub-class, if applicable) | Click to enter APAS specification no.  |
| APAS ID: (for resubmissions and/or Parent Products only) | Click to enter APAS ID |
| Product Density: (theoretical) | Click to enter theoretical product density |

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| SECTION B: Calculation of the products VOC content  |
| Raw material | **Mass % raw material in wet/base product** | **Mass % VOC in raw material** | **Mass % VOC in wet/base product** |
| Click to enter raw material | Click to enter % | Click to enter % | Click to enter % |
| Click to enter raw material | Click to enter % | Click to enter % | Click to enter % |
| Click to enter raw material | Click to enter % | Click to enter % | Click to enter % |
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| Click to enter raw material | Click to enter % | Click to enter % | Click to enter % |
| Click to enter raw material | Click to enter % | Click to enter % | Click to enter % |
| Total VOC in wet/base product (Mass %): | Click to enter % |
| Total VOC in wet/base product (g/L): | Click to enter g/L |

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| SECTION C: Calculation of the average VOC for all colours/bases in this product range conforming to the APAS specification number seeking certificationNOTE: Section B information for primary formulation product must also be included in this section.  |
| Product name (Parent product name only) | **Manufacturers product code** | **APAS ID** | **VOC content (g/L)** |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Click to enter product name | Click to enter code | Click to enter ID | Click to enter g/L |
| Total VOC content (g/L): | Click to enter g/L |
| Average VOC content (g/L): | Click to enter g/L |

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| SECTION D: DeclarationNOTE: To be completed by an APAS signatory of the RMU |
| I hereby declare that (check box): |
| [ ]  The information provided is true and correct to the best of my knowledge. |
| APAS signatory name: | Click to enter APAS signatory name |
| Signature (not required if submitted electronically): |  |
| Date: | Click to enter a date |

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| FOR APAS USE ONLY: |
| VOC requirement: (APAS document AP-D181, g/L) |  | **Maximum** |  | **Average** |
| Determination:  |  |
| Approval Class:  |  |
| If not approved, state reason(s): |  |
| Name of APAS Officer: |  |
| Signature: (not required if submitted electronically) |  |
| Date: |  |
| APAS ID: (for new approvals) |  |