**Statement of product composition: Determined via mass % raw materials in wet / base product.**

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| **Purpose:** | 1. To ensure the integrity of waterproofing products are not compromised, and that products meet certification requirements.
2. This form, to be completed by an APAS signatory, is used when submitting a product for APAS certification against a nominated specification.
3. Retain a copy as a record.
 |
| **Instructions:** | 1. Use one application form per product or 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. Ensure that the product name appearing on this documentation (and the PDS/TDS, & SDS) is the same as that which appears on the product label as it is this name and/or number that will be listed on the [APAS List of Certified Products](https://vs.csiro.au/apas/list-of-certified-products/).
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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 |

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| SECTION B: Composition of the product by mass – Liquid membranesNOTE: Refer to the relevant [APAS specification](https://vs.csiro.au/apas/specifications/) for information pertaining to product composition, testing specifications etc;  |
| Pigment description (Chemistry type)e.g., Titanium dioxide or TiO2 | **Composition wet product (Mass %)** | **APAS USE ONLY**Comparison against PARENT AP-F006APAS ID: \_\_\_\_\_\_\_\_\_ formulation certified on \_\_ / \_\_ / \_\_\_\_  |
| Type(Y/N) | Composition(±%) | Conforms1(Y/N) |
| Click to enter pigment description | Click to enter % |  |  |  |
| Click to enter pigment description | Click to enter % |  |  |  |
| Click to enter pigment description | Click to enter % |  |  |  |
| Click to enter pigment description | Click to enter % |  |  |  |
| Click to enter pigment description | Click to enter % |  |  |  |
| Click to enter pigment description | Click to enter % |  |  |  |
| Binder description (Chemistry type) e.g., Epoxy resin |
| Click to enter binder description | Click to enter % |  |  |  |
| Click to enter binder description | Click to enter % |  |  |  |
| Volatiles description (Chemistry type) e.g., Aromatic hydrocarbons |
| Click to enter volatiles description | Click to enter % |  |
| Additives description (by function) e.g., defoamer, surfactant |
| Click to enter additives description | Click to enter % |  |
| TOTAL (%): | Click to enter % | 1 Conforms to AP-D183 |

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| SECTION C: Physical Attributes – Liquid membranes |
| Density (Kg/L): | Click to enter density Kg/L | Actual determination using AS/NZS 1580.202.1 or AS/NZS 1580.202.2 (or other method specific to material type):Click to state material type and standard used  |
| Non-Volatile Content by Mass (%): | Click to enter NVCM % | Actual determination using AS/NZS 1580.301.1 (or other method specific to material type: Click to state material type and standard used |
| Non-Volatile Content by Volume (%): | Click to enter NVCV % | Theoretical determination or actual determination using AS 1580.301.2 (or other method specific to material type: Click to state material type and standard used |
| VOC Content (g/L): | Click to VOC g/L | Theoretical determination or actual determination in line with methods stated in APAS document AP-D181:Click to state method used as defined in AP-D181  |

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| SECTION D: QC Parameters – Liquid membranesNOTE: Record minimum to maximum values. |
| Density: | Click to enter density | **Kg/L** |  |
| Viscosity: | Click to enter viscosity | Click to indicate Unit of measure |  |  |

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| SECTION E: DeclarationNOTE: To be completed by an APAS signatory of the RMU. |
| I hereby declare that (check each box): |
| [ ]  This formulation conforms with all the requirements of clause 5 of APAS document AP-D192, and  |
| [ ]  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: |
| Determination: (Approved/Not Approved) |  |
| Approval Class: (CLASS I or CLASS II) |  |
| If not approved, state reason(s): |  |
| Name of APAS Officer: |  |
| Signature: (not required if submitted electronically) |  |
| Date: |  |
| APAS ID: (for new approvals) |  |