APEC CD GHS Convergence Questionnaire

Respondent Details

1. Economy

2. Responding as:

- ◯ Regulator
- ◯ Industry
- ◯ Other (please specify)

3. Name of Organisation/Agency

4. Name of Respondent

5. Phone number of the Respondent (for any follow up questions or clarifications)

6. Email address of the Respondent (for any follow up questions or clarifications)

General Information

7. Has your Economy adopted the GHS?

- ◯ Yes
- ◯ No

General Information

8. Which revision of GHS is currently in force in your economy?

- ◯ Draft version
- ◯ 1st Edition (2003)
- ◯ 1st Revision (2005)
- ◯ 2nd Revision (2007)
- ◯ 3rd Revision (2009)
- ◯ 4th Revision (2011)
- ◯ 5th Revision (2013)
- ◯ 6th Revision (2015)
- ◯ 7th Revision (2017)

9. Does your Economy accept classification, Hazard and Precautionary statements based on a revision of GHS that is not currently in force in your economy (i.e. either earlier revisions or later revisions)?

- ◯ No
- ◯ Later revisions only
- ◯ Earlier revisions only
- ◯ Other (please specify)

Economies adopt later editions of GHS

10. Does your economy have a mechanism to facilitate adoption of newer revisions of GHS as they are published by the UN e.g. legislated review process, sunset clause, etc.?

- ◯ Yes
- ◯ No
- ◯ Unsure

11. Please provide details

Economies adopt later editions of GHS

12. Is there a plan to adopt one or more later revision of GHS within the next five years?

- ◯ Yes
- ◯ No
- ◯ Unsure

Economies adopt later editions of GHS

13. Select the planned year/s for adoption

- ◯ 2019
- ◯ 2020
- ◯ 2021
- ◯ 2022
- ◯ 2023

14. Select the revision number/s planned for adoption

- ◯ 4th Revision
- ◯ 5th Revision
- ◯ 6th Revision
- ◯ 7th Revision
- ◯ 8th Revision (publication expected 2019)
- ◯ 9th Revision (publication expected 2021)
- ◯ 10th Revision (publication expected 2023)

15. Please detail the process that will be used for the amendment e.g. amendment to existing regulations to refer to the later revision of the GHS, consultation with stakeholders, final approval/legislative process and projected timeline for the process.

Economies adopt later editions of GHS

16. What are the impediments to adopting later revisions of the GHS?

Economies adopt common building blocks to facilitate trade

At the 2017 SOM3 Chemical Dialogue meeting in Ho Chi Minh City, the Virtual Working Group on GHS shared a document comparing the implementation of GHS amongst APEC Economies titled Comparison of Implementing Globally Harmonised System of Classification and Labelling Regulations Amongst the APEC Economies (agenda item 2017/SOM3/CD/012) for review and discussion.

The comparison document highlighted the divergent implementation of GHS building blocks across the APEC region. While some of these divergences are likely to be due to the differences that exist on the legislative/regulatory structure of each economy and/or careful regulation impact consideration e.g. decision by Australia, Canada and the USA not to adopt environmental building blocks, some divergences may be due to the lack of availability of information on GHS implementation by close trading partners during the Economy's implementation phase.

As an initial study to explore potential convergence of regulatory approach for GHS implementation, two hazard classes, skin sensitisation and respiratory sensitisation were identified as divergent building blocks implemented with trade impact where a more convergent approach has the potential to reduce the trade impact with minimal impact on the protection of human health or the environment.

17. For Skin Sensitisation hazard class, some Economies chose to adopt one building block (Category 1), some Economies adopted two building blocks (Categories 1A and 1B) while the majority of the APEC economies allow flexibility of identifying skin sensitisation hazard as Category 1, or more specifically as Category 1A or 1B.

What are the identified regulatory benefits for ustilising one building block (Category 1) for skin sensitisation?	
What are the identified regulatory benefits for ustilising two building block (Category 1A and 1B) for skin sensitisation?	
What are the identified benefits for allowing flexibility (accepting the use of both single building block Category 1, and two building blocks Category 1A or 1B for skin sensitiser classification)?	

18. Where two building block (Category 1A and 1B) approach is implemented, the mixture calculation cut-off for skin sensitisers is consistently set at ≥0.1% for Category 1A and ≥1.0% for Category 1B. However, where a single building block (Category 1) approach is used or where flexibility exists to allow a single building block approach, some economies use ≥0.1%, some use ≥1.0% and the remainder use both cut-offs for mixture calculations.

What are the identified regulatory benefits, risks or costs associated with using 0.1% mixture calculation cut-off when ustilising one building block (Category 1) approach?	
What are the identified regulatory benefits, risks or costs associated with using 1.0% mixture calculation cut-off when ustilising one building block (Category 1) approach?	
What are the identified regulatory benefits, risks or costs associated with using both 0.1% and 1.0% mixture calculation cut-offs when ustilising one building block (Category 1) approach?	

19. For Respiratory Sensitisation hazard class, some Economies chose to adopt one building block (Category 1), some Economies adopted two building blocks (Categories 1A and 1B) while the majority of the APEC economies allow flexibility of identifying respiratory sensitisation hazard as Category 1, or more specifically as Category 1A or 1B.

What are the identified regulatory benefits, risks or costs associated with ustilising one building block (Category 1) for respiratory sensitisation?	
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	
What are the identified benefits, risks or costs associated with allowing flexibility (accepting the use of both single building block Category 1, and two building blocks Category 1A or 1B for respiratory sensitiser classification)?	

20. Where two building block (Category 1A and 1B) approach is implemented, the mixture calculation cut-off for respiratory sensitisers is consistently set at ≥0.1% for Category 1A and ≥0.2% for Category 1B. However, where a single building block (Category 1) approach is used or where flexibility exists to allow a single building block approach, some economies use ≥0.1%, some use ≥0.2% and the remainder use both cut-offs for mixture calculations.

What are the identified regulatory benefits, risks or costs associated with using 0.1% mixture calculation cut-off when ustilising one building block (Category 1) approach?	
What are the identified regulatory benefits, risks or costs associated with using 0.2% mixture calculation cut-off when ustilising one building block (Category 1) approach?	
What are the identified regulatory benefits, risks or costs associated with using both 0.1% and 2.0% mixture calculation cut-offs when ustilising one building block (Category 1) approach?	

Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

21. Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

- ◯ Yes
- ◯ No

Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

22. Are there any current fora dedicated to convergent implementation of GHS?

- ◯ Yes
- ◯ No

Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

23. Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

24. What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Thank you for completing the survey

25. Thank you for completing this survey. Do you have any other comments to add?