#14

COMPLETE

Collector:	Web Link 1 (Web Link)
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IP Address:	65.196.107.214

Page 1: Respondent Details

Q1 Economy

United States of America

Q2 Responding as:

Regulator

Q3 Name of Organisation/Agency

US Occupational Safety and Health Administration (OSHA)

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS?

Yes

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy?

3rd Revision (2009)

Q9 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)?

Other (please specify):
No, however, OSHA will accept precautionary statements from later revisions.

Page 4: Economies adopt later editions of GHS

Q10 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.?

No

Q11 Please provide details

OSHA does not have a mechanism to automatically adopt newer version of the GHS. To update OSHA's Hazard Communication Standard (29 CFR 1910.1200) to align with a more recent version of the GHS OSHA would need to follow the normal notice and comment rule making procedures and follow all statutory and executive requirements.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

Respondent skipped this question

Q14 Select the revision number/s planned for adoption

7th Revision

Q15 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.

OSHA's regulatory plan is to align its hazard communication standard with revision 7. Through this process, OSHA will initially publish its proposal (scheduled for 2019). This will then proceed to the public consultation stage where stakeholders are provided the opportunity to provide written comments and oral testimony on the proposal. The next step is for OSHA to finalize the proposal based on the record as a whole. The final rule will include a phase-in period before the new requirements are enforced.

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

OSHA is currently aligned with version 3 of the GHS. Since that time the GHS has been updated to include additional hazard classes and categories, revised precautionary statements for better clarity and has provided additional guidance for classification and communication and hazards on the label and the SDS. OSHA believes these updates will result in improved communication of the hazards for hazardous chemicals.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?	**The classification process for skin sensitization would be less rigorous and may lead to the reduce need for additional and/or animal testing.**
What are the identified regulatory benefits for ustilising two building block (Category 1A and 1B) for skin sensitisation?	**This option provides the most precise classification.**
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)?	**This option provides the most flexibility for classification purposes. The GHS is based on currently available data. The criteria were developed on the basis of existing data, and so compliance with the criteria will not require retesting of chemicals for which accepted test data already exists (GHS rev 7 1.1.2.5.(a) parameter 2 (ii)) . Additionally under chapter 3.4 Respiratory and skin sensitization paragraph 3.4.2.1.1 sub categorization is only permitted where there is sufficient data. Therefore using both a block category 1 and subcategories provide a mechanism for a classifier to classify the chemical and provide some hazard communication without having to perform the refined evaluation. However, there is still the mechanism for when the data is available to sub categorize. However, for substances, the downstream users will see the same hazard communication statements regardless of classification. There are larger implications for mixtures due to the differences in cut- values (see below)**

Q18 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?	**Category 1 is a broad category and would encompass both Category 1A and Category 1B classifications. Using the 0.1% mixture calculation cut-off would ensure that the most severe skin sensitizers (category 1A) would be classified in mixtures containing 0.1% or greater and the hazard would then be communicated. However, it might lead to over-warning for the less severe skin sensitizers (category 1B) for mixtures between 0.1% and 1.0%.**
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?	**Category 1 is a broad category and would encompass both Category 1A and Category 1B classifications. Using the 1.0% mixture calculation cut-off would mean that mixtures containing a sensitizing ingredient between 0.1 and 1.0% would not be classified. While the GHS gives the competent authority the option to require supplemental labeling for mixtures containing a sensitizing ingredient at concentrations between 0.1 and 1.0%, this would be done only on a case-by-case basis. This could potentially result in many mixtures containing category 1A skin sensitizers below 1.0% not being classified and lead to under-warning of the hazard.**
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?	**While this would allow an economy to accept classifications from other economies regardless of their requirements for cut-off limits, it builds in inconsistencies for chemical users and reduces harmonization.**

Q19 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?	**See Response to question 17 on Skin Sensitization**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**See Response to question 17 on Skin Sensitization**
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)?	**See Response to question 17 on Skin Sensitization**

Q20 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?	**See Response to question 18 on Skin Sensitization**
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?	**See Response to question 18 on Skin Sensitization**
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?	**See Response to question 18 on Skin Sensitization**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed? **Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS? **Yes**

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

The US OSHA/Health Canada under the Regulatory Cooperation Council

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

This requires a high-level commitment from all economies that are participating. Once the high-level commitment has been established the subject matter regulators should be free to have open discussions. The subject matter regulators should agree upon high level guiding principles that govern how you set about moving toward convergence. The next step is to understand each economy's requirements. This can be deeper than just hazard classes, categories and cut-offs. This can take considerable time and effort but it provides the foundation for future discussion. Then the regulators work together to decide how to align the respective GHS regulations – this could come in the form of modifying one's own requirements, accepting the other economy's requirements or acknowledging the differences between the two.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Respondent skipped this question

#2

INCOMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, March 13, 2019 2:46:24 PM
Last Modified:	Wednesday, March 13, 2019 3:58:18 PM
Time Spent:	01:11:53
IP Address:	165.225.116.209

Page 1: Respondent Details

Q1 Economy — **Singapore**

Q2 Responding as: — **Industry**

Q3 Name of Organisation/Agency

SCIC

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **4th Revision (2011)**

Q9 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)? — **Later revisions only**

Page 4: Economies adopt later editions of GHS

Q10 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

Q11 Please provide details

A National CMS and GHS Task Force (consists of representatives from Government, Chemical industry and other associations and IHL) has set up to review the requirement and implementation of GHS in Singapore. Apart from this, SDO will kick off the process to review the GHS standard . A detail impact assessment will be perform to find out the impact to the industry and determine timeline and resource require to adopt the newer revision.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

2021

Q14 Select the revision number/s planned for adoption

7th Revision

Q15 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.

review the SS586 standard based on Rev 7 and carry out Risk impact assessment that may cause to regulators and industry (in terms of resource, cost and if there is any change require to any regulations / guidelines; develop work plan ; provide draft for public consultation; Launch of new standard with stakedholders engagement

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Changes that may cause impact to regulators and industry in terms of process, change in regulations/ standards, cost and resource

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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.

Respondent skipped this question

Q18 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.

Respondent skipped this question

Q19 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.

Respondent skipped this question

Q20 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.

Respondent skipped this question

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

Respondent skipped this question

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

Respondent skipped this question

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Respondent skipped this question

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Respondent skipped this question

#3

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, March 15, 2019 7:57:36 AM
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Time Spent:	19:39:04
IP Address:	148.244.211.253

Page 1: Respondent Details

Q1 Economy — **Mexico**

Q2 Responding as: — **Industry**

Q3 Name of Organisation/Agency

Asociación Nacional de la Industria Química, A.C.

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **5th Revision (2013)**

Q9 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)? — **Later revisions only**

Page 4: Economies adopt later editions of GHS

Q10 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**

Q11 Please provide details

The standards in Mexico must be reviewed every 5 years

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?	**Unsure**

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption	**Respondent skipped this question**
Q14 Select the revision number/s planned for adoption	**Respondent skipped this question**
Q15 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.	**Respondent skipped this question**

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Scarcity of scientific information on substances and administrative processes with the authority.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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 two building block (Category 1A and 1B) for skin sensitisation?	**No advantage was identified. Only the respective GHS version was implemented directly.**

Q18 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?	**No identified**
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?	**No identified.**
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?	**No identified.**

Q19 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?	**No identified**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**No identified**
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)?	**No identified**

Q20 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?	**No identified**
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?	**No identified**
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?	**No identified**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

No

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

Respondent skipped this question

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Carry out regional forums and involve the respective authorities.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

It is necessary to consider the homologation with countries like USA and Canada and Europe.

#4

COMPLETE

Collector: Web Link 1 (Web Link)
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IP Address: 42.77.247.17

Page 1: Respondent Details

Q1 Economy — **Chinese Taipei**

Q2 Responding as: — Other (please specify): GHS Pocal Point

Q3 Name of Organisation/Agency

Safety and Health Technology Center (SAHTECH)

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **4th Revision (2011)**

Q9 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

Page 4: Economies adopt later editions of GHS

Q10 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.?

No

Q11 Please provide details

The 4th edition adopted in the National Standard is the minimum requirement. Later newer version is also acceptable.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

2020

Q14 Select the revision number/s planned for adoption

7th Revision

Q15 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.

the amendment will be initiated in the National Standard technical committee procedures.

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

the UN 2 year revision cycle is too frequent against the National Standard Committee procedures.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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 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)?	**subject to different competent authorities for their purposes of management**

Q18 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 both 0.1% and 1.0% mixture calculation cut-offs when ustilising one building block (Category 1) approach?	**subject to different competent authorities for their purposes of management**

Q19 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 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)?	**subject to different competent authorities for their purposes of management**

Q20 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 both 0.1% and 2.0% mixture calculation cut-offs when ustilising one building block (Category 1) approach?	**subject to different competent authorities for their purposes of management**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?	**Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

No

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

(1) discussion of mutual acceptance of cutoff limits.
(2) recognition of description of classification results
(3) accept industry self classification, non mandatory requirement

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Thanks for raising these relevant and concise issues against APEC region GHS convergence practices

#5

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, March 19, 2019 2:53:51 PM
Last Modified:	Tuesday, March 19, 2019 3:52:57 PM
Time Spent:	00:59:05
IP Address:	120.151.32.253

Page 1: Respondent Details

Q1 Economy — **Australia**

Q2 Responding as: — **Industry**

Q3 Name of Organisation/Agency

Accord Australasia

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **3rd Revision (2009)**

Q9 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**

Page 4: Economies adopt later editions of GHS

Q10 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.?

No

Q11 Please provide details

SafeWork Australia, the National policy body responsible for Nationally coordinated work health and safety policies would have to come up with a proposal to update GHS and go through the proper rule making processes. This includes consultations with relevant stakeholders including all the State and Territory governments (and the regulatory agencies that sit within the State/Territory governments) that have the final decision on whether to adopt the Nationally harmonised approach.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

Respondent skipped this question

Q14 Select the revision number/s planned for adoption

Respondent skipped this question

Q15 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.

Respondent skipped this question

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Inertia - there are no regular update mechanisms within the Australian rules to facilitate review and adoption of later revisions of GHS.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?	**None known**
What are the identified regulatory benefits for ustilising two building block (Category 1A and 1B) for skin sensitisation?	**None known**
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)?	**Allows regulatory acceptance of both approaches that may be used by different regulatory jurisdictions.**

Q18 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?	**Theoretically, lower cut-off for identification of the substance for highly sensitive individuals. It is unknown what proportion of the population this would affect.**
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?	**Lower regulatory burden for industry.**
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?	**Allows regulatory acceptance of both approaches that may be used by different regulatory jurisdictions.**

Q19 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?	**None known**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**None known**
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)?	**Allows regulatory acceptance of both approaches that may be used by different regulatory jurisdictions.**

Q20 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?	**Theoretically, lower cut-off for identification of the substance for highly sensitive individuals. It is unknown what proportion of the population this would affect.**
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?	**Lower regulatory burden for industry.**
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?	**Allows regulatory acceptance of both approaches that may be used by different regulatory jurisdictions.**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?	**No**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?	**Respondent skipped this question**

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.	**Respondent skipped this question**

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

1. access to underpinning risk assessment consideration for building block adoption and concentration cut-off decisions in each economy,
2. improved information sharing and mutual learning through open dialogue fora

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Respondent skipped this question

#6

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, March 19, 2019 8:10:50 PM
Last Modified:	Tuesday, March 19, 2019 8:17:01 PM
Time Spent:	00:06:10
IP Address:	121.121.43.121

Page 1: Respondent Details

Q1 Economy — **Malaysia**

Q2 Responding as: — **Industry**

Q3 Name of Organisation/Agency

Chemical Industries Council of Malaysia (CICM)

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

[redacted] Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **3rd Revision (2009)**

Q9 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**

Page 4: Economies adopt later editions of GHS

Q10 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.?

No

Q11 Please provide details

We do not have an automatic or legislated mechanism to adopt a newer version, but it is manually triggered and has to go through usual legislative process to amend a regulation

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

Respondent skipped this question

Q14 Select the revision number/s planned for adoption

Respondent skipped this question

Q15 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.

Government is expected to revise existing regulations / industry code of practice to refer to the later editions of GHS

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Awareness and understanding of the changes of the later GHS revisions, which may affect classification of a chemical. Industry will need to review their classifications to ensure it is aligned with the adopted later revisions of GHS.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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.

Respondent skipped this question

Q18 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.

Respondent skipped this question

Q19 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.

Respondent skipped this question

Q20 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.

Respondent skipped this question

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

Yes

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

Yes

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

1. ASEAN Chemical Industry Regulatory Co-operation Workshop platform
2. ASEAN OSHNet
3. APEC Chemical Dialogue

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

1. Strong support & commitment from the Government, i.e. Ministers of Trade and regulating authorities
2. Resources (time & budget) are available to participate discussions for convergence of GHS legislation / regulations
3. Support & expertise from industry and other stakeholders

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

None

#7

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, March 20, 2019 1:43:43 AM
Last Modified:	Wednesday, March 20, 2019 2:00:30 AM
Time Spent:	00:16:47
IP Address:	178.57.82.226

Page 1: Respondent Details

Q1 Economy

The Russian Federation

Q2 Responding as:

Regulator

Q3 Name of Organisation/Agency

CIS Center

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS?

Yes

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy?

4th Revision (2011)

Q9 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

Page 4: Economies adopt later editions of GHS

Q10 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.?

No

Q11 Please provide details

The provisions of the GHS are implemented in Russia through the interstate standards (GOST). Their revision can be initiated through inclusion into national standardization plan for nearest two years. The process of revision usually takes at least 1.5 years.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

2020

Q14 Select the revision number/s planned for adoption

7th Revision

Q15 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.

As a part of the implementation of the national standardization plan for 2018-2019 the following interstate standards are currently under revision:
GOST 32419-2013 Classification of chemicals. General requirements.
GOST 30333-2007 Chemical production safety passport. General requirements
GOST 31340-2013 Labelling of chemicals. General requirements
First drafts of revised standards were developed in July 2018. Public consultation had been taking place from July 10 to October 8, 2018. Second (final) drafts of standards were prepared by February 2019 taking into account the received comments. Next stage is the consideration among member countries, voting (till April 2019) and official approval (in August 2019). The revised standards will come into force in 2020.

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

An official procedure for the interstate standard revision is rather time-consuming process. When the revision of standards is initiated the latest version of the GHS is taken as a basis for such revision. However, as the procedure takes at least 1.5 years, at the moment when revised standards come into force, the version of the GHS which was taken as the basis becomes outdated.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?

There is no difference in label elements for category and sub-categories, thus the sub-categorization could be considered as additional burden on the industry.

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)?

The benefits of this flexibility is more reliable and accurate classification as a result. We know that the allocation of sub-category is possible only if the data are sufficient. The allocation of sub-category 1A in this case means that there is a reliable and good quality evidence for such result. On the other hand, based on the classification result we are able to understand which data were used as the basis for classification.

Q18 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?

The benefit of more strict approach is health protection of potential users

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Q19 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?

There is no difference in label elements for category and sub-categories, thus the sub-categorization could be considered as additional burden on the industry.

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)?

The benefits of this flexibility is more reliable and accurate classification as a result. We know that the allocation of sub-category is possible only if the data are sufficient. The allocation of sub-category 1A in this case means that there is a reliable and good quality evidence for such result. On the other hand, based on the classification result we are able to understand which data were used as the basis for classification

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Q20 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?

The benefit of more strict approach is health protection of potential users

---

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

Yes

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

No

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Analysis of reasons of the divergent implementation of GHS building blocks and the procedure of implementation and updating of GHS across the world (this questionnaire is a good instrument for such analysis and it is reasonable to expand it), experts in the GHS and standardization, common understanding of benefits

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

There is a difference between PDF version of questionnaire (25 questions) and online version (24 question).
Missed question is the following: Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated
Our reply: APEC CD, fora of trading partnerships or regional economic integration.
For members of the Eurasian Economic Union (the Republic Armenia, the Republic of Belarus, the Republic of Kazakhstan, the Kyrgyz Republic and the Russian Federation) such a forum is within the Eurasian Economic Commission.

#8

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, March 20, 2019 1:18:07 PM
Last Modified:	Wednesday, March 20, 2019 4:49:41 PM
Time Spent:	03:31:34
IP Address:	110.54.251.140

Page 1: Respondent Details

Q1 Economy

The Republic of the Philippines

Q2 Responding as:

Other (please specify):
Both regulator and industry

Q3 Name of Organisation/Agency

Environmental Management Bureau and the Philippine Chemicals Association

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS?

Yes

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy?

4th Revision (2011)

Q9 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)?

Later revisions only

Page 4: Economies adopt later editions of GHS

Q10 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

Q11 Please provide details

Adoption of a newer revision of GHS will undergo an inter-agency and multi-stakeholder consultation to agree on the adjustments and changes that needs to be considered. The Philippines is still on the discussion of the Building Blocks and there is no discussion yet in the adoption of higher version. On-going discussions on building blocks that will cover both the industrial chemicals and consumer products.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Unsure

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

Respondent skipped this question

Q14 Select the revision number/s planned for adoption

Respondent skipped this question

Q15 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.

Respondent skipped this question

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Depends on the outcome of the inter-agency discussions. Currently, the Philippines has no immediate plans of adopting a newer revision of GHS. The Phase implementation of GHS of the EMB is still on-going. Also, the Philippines has an on-going harmonization of Building Blocks to be adopted among the regulatory agencies implementing GHS (EMB for industrial chemicals/ environment; Department of Health and Department of Labor for workplace).

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?	**The government is always on the side of a balanced regulation in terms of its implementability, safety and environment. Harmonization of Building Blocks in the country is currently being undertaken. We are gathering the position of industry and other stakeholders and evaluate how this will affect safety and environment. On the part of the Industry - Easier to classify. There may not be enough information to categorize a certain chemical to Category 1A or 1B.**
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)?	**From Industry - Information to determine 1A or 1B may not be enough or available so allowing flexibility is a more practical approach.**

Q18 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?	**The government is always on the side of a balanced regulation in terms of its implementability, safety and environment. Harmonization of Building Blocks in the country is currently being undertaken. We are gathering the position of industry and other stakeholders and evaluate how this affect safety and environment. From Industry - 0.1% is very low which may not have any effect in actual testing.**
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?	**From Industry - Allowing 1.0% as a relevant mixture is more practical especially for industrial chemicals. Less pictogram or label elements to appear in the products.**

Q19 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?	**From Government - same answer as in previous questions. From Industry - Same answer as skin sensitization.**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**From Government - same answer as in previous questions. From Industry - Same answer as skin sensitization.**

Q20 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?	**Same stand from Government with the previous questions. From Industry - 0.1% is very low which may not have an effect when conducted in an actual testing.**
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?	**From Industry - Adopting higher cut-off concentration is more practical.**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed? **Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS? **Yes**

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

1. Public consultations with Industry and other stakeholders
2. Inter-agency Technical Working Group meetings

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

1. Specifically on Building Blocks harmonization efforts among the different agencies implementing GHS in the country, a matrix will be helpful on how this is implemented in other countries and locally the needs of the different sectors (e.g., transport, manufacturing), including reasons for adopting/ dropping a certain hazard category (e.g., some APEC Economies dropped Cat. 5 in Acute Toxicity so other APEC Economies will be guided especially for those who are bound to align).
2. There is also an ASEAN Regulatory Cooperation Project which regularly meet through its Virtual Working Group to align GHS on a regional level.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Provide information on the application of GHS for consumer products especially on the practicality of implementation like not adopting Cat. 5 of Acute Toxicity

#9

INCOMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, March 20, 2019 10:42:32 PM
Last Modified:	Wednesday, March 20, 2019 11:40:57 PM
Time Spent:	00:58:25
IP Address:	205.193.94.40

Page 1: Respondent Details

Q1 Economy

Canada

Q2 Responding as:

Regulator

Q3 Name of Organisation/Agency

Health Canada

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS?

Yes

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy?

5th Revision (2013)

Q9 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)?

Other (please specify):
We would accept anything that complies with or exceeds our regulations. We would not accept something that contravenes our legislation.

Page 4: Economies adopt later editions of GHS

Q10 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**

Q11 Please provide details

Review of Hazardous Products Regulations ~ every second edition of the GHS.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?	**Yes**

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption	**2021**
Q14 Select the revision number/s planned for adoption	**7th Revision**
Q15 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.	**Respondent skipped this question**

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?	**Respondent skipped this question**

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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.	**Respondent skipped this question**

Q18 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.

Respondent skipped this question

Q19 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.

Respondent skipped this question

Q20 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.

Respondent skipped this question

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

Respondent skipped this question

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

Respondent skipped this question

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Respondent skipped this question

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Respondent skipped this question

#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, March 22, 2019 4:15:31 PM
Last Modified:	Friday, March 22, 2019 4:24:42 PM
Time Spent:	00:09:10
IP Address:	219.74.177.75

Page 1: Respondent Details

Q1 Economy — **Singapore**

Q2 Responding as: — **Industry**

Q3 Name of Organisation/Agency

Singapore Chemical Industry Council

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **4th Revision (2011)**

Q9 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)? — **Later revisions only**

Page 4: Economies adopt later editions of GHS

Q10 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**

Q11 Please provide details

A National Chemical Management System and Globally Harmonized System Task Force which is participated by representatives from Government Agencies, Chemical Industry and Industry Associations and Institute of Higher Learnings) to

(a) Oversee the adoption of the revisions in GHS developed by the United Nations and propose to the relevant Competent Authorities (CAs) on the application and implication

(b) Review the effectiveness and the extent of GHS implementation by developing strategies and action plan(s) through capability building, engagement, promotional activities, and compliance assistance.

(c) Develop chemical management plan on the life cycle of chemicals through standards development, compliance assistance, capability building, engagement and promotional activities.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years? **Yes**

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption **2021**

Q14 Select the revision number/s planned for adoption **7th Revision**

Q15 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.

Process:
1) The need for review of Standard to be assessed (e.g. if there is any change in regulation, in technologies, revisions/requirements, industry best practices etc?). Regulatory Impact Assessment to be performed by regulators should it be a regulated Standard.
2) Impact of Standard to be evaluated (such as users of Standard, possible resulting impacts etc)
3) Notification period on new work item or commencement of review
4) Formation of Workgroup
5) Develop workplan (i.e. identification of scope (if it is a new Standard), timeline for development/review including milestones to achieve)
6) To allow 2-month public comments
7) Launch of Standards after completion
8) Conducting of workshop on the use of the Standards

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

The change in standards/specifications will impact the resources required and thus the resulting cost and resource

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?	**We take reference to the UN guidance document. The regulatory benefit is that it will provide better clarity in terms of the desired results.**
What are the identified regulatory benefits for ustilising two building block (Category 1A and 1B) for skin sensitisation?	**Refer to the above answer**
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)?	**The flexibility arrangement would be more conducive as long as it is mutual agreed by all parties**

Q18 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?	**We take reference to the UN guidance document. The regulatory benefit is that it will provide better clarity in terms of the desired results.**
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?	**Refer to the above answer**
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?	**The flexibility arrangement would be more conducive as long as it is mutual agreed by all parties**

Q19 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?	**We take reference to the UN guidance document. The regulatory benefit is that it will provide better clarity in terms of the desired results.**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**Refer to the above answer**
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)?	**The flexibility arrangement would be more conducive as long as it is mutual agreed by all parties**

Q20 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?	**We take reference to the UN guidance document. The regulatory benefit is that it will provide better clarity in terms of the desired results.**
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?	**Refer to the above answer**
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?	**The flexibility arrangement would be more conducive as long as it is mutual agreed by all parties**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?	**Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?	**Yes**

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Meeting on a periodic frequency by the National Chemical Management System and Globally Harmonized System Task Force which is participated by representatives from cross-Government Agencies.

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Possible resources/support:

1) To provide a platform/portal where a list of various regulations is mad available

2) Availability of a "Help Desk" to allow questions being raised and guidance advice being provided.

3) Availability of e-training/e-slides to build capability.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

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#11

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Saturday, March 30, 2019 3:41:20 AM
Last Modified:	Saturday, March 30, 2019 4:04:00 AM
Time Spent:	00:22:39
IP Address:	72.83.1.91

Page 1: Respondent Details

Q1 Economy

United States of America

Q2 Responding as:

Industry

Q3 Name of Organisation/Agency

API

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS?

Yes

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy?

3rd Revision (2009)

Q9 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)?

Other (please specify):
Classification, Hazard and Precautionary Statements based on other than OSHA HCS 2012/GHS Rev 3 cannot be used if they contradict or cast doubt on OSHA required information. Precautionary statements(s), hazard statement(s) that are incorporated from the GHS must be changed to mandatory language, e.g., “should” changed to “shall.” It is not compliant to have non-mandatory statements on the OSHA HCS 2012 label/SDS.

Page 4: Economies adopt later editions of GHS

Q10 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

Q11 Please provide details

There is an agency process (e.g. OSHA, DOT). The agency proposes the revision/update to the existing regulation, a proposal is published in the Federal Register, stakeholders comment and the agency publishes in the Federal Register a final revised regulation with the updated GHS provisions.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Yes

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

2020

Q14 Select the revision number/s planned for adoption

7th Revision

Q15 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.

In the Federal Register OSHA will propose amendments to the existing Hazard Communication Standard (29 CFR 1910.1200) to include updated provisions from GHS Rev 7. Stakeholders will comment. OSHA will publish a revised HCS based on GHS Rev 7. The NPRM/proposal is expected soon in 2019. It could take until 2020 or 2021 to get a final rule published. It is not certain how long OSHA will allow to comply with the update/revised HCS.

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

The 8th GHS Revision has not yet been published. (Publication expected 2019)

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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?	**It is a straightforward implementation of the GHS. Data for subcategorization/2 building blocks is not needed.**
What are the identified regulatory benefits for ustilising two building block (Category 1A and 1B) for skin sensitisation?	**Two building blocks allow competent authorities to have subcategories. Some systems might want/need 2 subcategories/2 building blocks. Some systems may have had 2 categories/ 2 building blocks previously or had a strong sensitizer category/building block.**
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)?	**Data for subcategorization/2 building blocks is not always available.**

Q18 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?	**The 0.1% mixture calculation cut-off allows strong sensitizers to be classified at a lower level. Some systems may have had a 0.1% cutoff value before the GHS. Usually lower exposure is necessary for elicitation than for induction. A lower cutoff value can alert sensitized individuals to the presence of a particular sensitizer in a mixture.**
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?	**Some systems may have had a 1% cutoff value before the GHS. Some systems may use other options to alert sensitized individuals to the presence of a particular sensitizer in a mixture.**
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?	**Flexibility and harmonization are regulatory benefits of using both mixture calculation cut-offs.**

Q19 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?	**It is a straightforward implementation of the GHS. Data for subcategorization/2 building blocks is not needed.**
What are the identified regulatory benefits, risks, costs associated with ustilising two building block (Category 1A and 1B) for respiratory sensitisation?	**Two building blocks allow competent authorities to have subcategories. Some systems might want/need 2 subcategories/2 building blocks. Some systems may have had 2 categories/ 2 building blocks previously or had a strong sensitizer category/building block.**
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)?	**Data for subcategorization/2 building blocks is not always available.**

Q20 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?	**The 0.1% mixture calculation cut-off allows strong sensitizers to be classified at a lower level. Some systems may have had a 0.1% cutoff value before the GHS. Usually lower exposure is necessary for elicitation than for induction. A lower cutoff value can alert sensitized individuals to the presence of a particular sensitizer in a mixture.**
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?	**Some systems may have had a 0.2% cutoff value before the GHS. Some systems may use other options to alert sensitized individuals to the presence of a particular sensitizer in a mixture.**
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?	**Flexibility and harmonization are regulatory benefits of using both mixture calculation cut-offs.**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?	**Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS? **Yes**

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

- APEC Chemical Dialogue
- UN GHS Sub-Committee (UNSCEGHS)
- UNITAR - United Nations Institute for Training and Research
- USA/Canada Regulatory Cooperation Council initiative on GHS (Workplace Hazards)

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Participation by all APEC member economies and the pertinent competent authorities who implement the GHS within each APEC economy is necessary to encourage GHS convergence.
Facilitators would need to understand the GHS convergence issue details.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Not at this time

#12

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, March 18, 2019 12:47:46 PM
Last Modified:	Monday, April 01, 2019 5:53:14 PM
Time Spent:	Over a week
IP Address:	61.19.101.194

Page 1: Respondent Details

Q1 Economy — **Thailand**

Q2 Responding as: — **Regulator**

Q3 Name of Organisation/Agency

Food and Drug Administration

Q4 Name of Respondent — **Respondent skipped this question**

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **3rd Revision (2009)**

Q9 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)? — **Later revisions only**

Page 4: Economies adopt later editions of GHS

Q10 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

Q11 Please provide details

According to section 5(1) of the royal decree on the review of the appropriateness of the laws 2558. The laws shall be reviewed every 5 years after the laws take an effect or when it is necessary to revise the laws.

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?

Unsure

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption

Respondent skipped this question

Q14 Select the revision number/s planned for adoption

Respondent skipped this question

Q15 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.

Respondent skipped this question

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

Respondent skipped this question

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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.

Respondent skipped this question

Q18 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.

Respondent skipped this question

Q19 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.

Respondent skipped this question

Q20 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.

Respondent skipped this question

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?

Yes

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

Yes

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Respondent skipped this question

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

Respondent skipped this question

#13

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, April 01, 2019 5:49:52 PM
Last Modified:	Monday, April 01, 2019 6:30:17 PM
Time Spent:	00:40:25
IP Address:	118.174.47.222

Page 1: Respondent Details

Q1 Economy — **Thailand**

Q2 Responding as: — **Regulator**

Q3 Name of Organisation/Agency

Food and Drug Administration

Q4 Name of Respondent

[redacted]

Q5 Phone number of the Respondent (for any follow up questions or clarifications)

[redacted]

Q6 Email address of the Respondent (for any follow up questions or clarifications)

[redacted]

Page 2: General Information

Q7 Has your Economy adopted the GHS? — **Yes**

Page 3: General Information

Q8 Which revision of GHS is currently in force in your economy? — **3rd Revision (2009)**

Q9 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)? — **Later revisions only**

Page 4: Economies adopt later editions of GHS

Q10 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.?	**Unsure**
Q11 Please provide details	**Respondent skipped this question**

Page 5: Economies adopt later editions of GHS

Q12 Is there a plan to adopt one or more later revision of GHS within the next five years?	**No**

Page 6: Economies adopt later editions of GHS

Q13 Select the planned year/s for adoption	**Respondent skipped this question**
Q14 Select the revision number/s planned for adoption	**Respondent skipped this question**
Q15 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.	**Respondent skipped this question**

Page 7: Economies adopt later editions of GHS

Q16 What are the impediments to adopting later revisions of the GHS?

GHS implementation (3rd revision) of mixtures of hazardous substances for household and public health use is still in the transition period, so we have to wait for the result. At present, it 's too early to plan for adopting later editions of GHS.

Page 8: Economies adopt common building blocks to facilitate trade

Q17 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 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)?	**Giving more options for business entities having sufficient information for classification of less hazard subcategory..**

Q18 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?	**Not Thailand case.**
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?	**Some risks of having no classification and labelling of mixture containing skin sensitizer category 1A >= 0.1 - less 1 percent..**
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?	**This may cause a lot of confusion, more divergence.**

Q19 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 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)?	**Giving more options for business entities may cause inconsistency in classification and labelling.**

Q20 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?	**Not Thailand case.**
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?	**Some risks of having no classification and labelling of mixture containing respiratory sensitizer Cat 1A >= 0.1 and < 0.2 percent.**
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?	**A lot of confusion and more divergence**

Page 9: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q21 Are you aware of any existing forum for regulators where regulatory convergence can be discussed?	**Yes**

Page 10: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q22 Are there any current fora dedicated to convergent implementation of GHS?

No

Page 11: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q23 Please list all existing fora where GHS implementation convergence is or could be discussed and facilitated.

Respondent skipped this question

Page 12: Regulators work with each other to find possible ways to deliver a convergent implementation of GHS

Q24 What resources/support is required to encourage convergence of GHS legislation/regulations within APEC?

Technical consultation and experience sharing among APEC economies' regulatory agencies.

Page 13: Thank you for completing the survey

Q25 Thank you for completing this survey. Do you have any other comments to add?

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