**To: Secretariat of the Society of Industrial Technology for Antimicrobial Articles**

Admission/Voluntary Registration Data Sheet Concerning Quality and Safety I (Antibacterial agents)

|  |  |
| --- | --- |
| Name of company |  |
| Address |  |
| Names of business site and division |  |
| Person in charge | Position |  | Name |  |
| Contact address | Phone number |  | Fax |  |

1. Trade Name etc. of the Antibacterial Agent

|  |  |
| --- | --- |
| Name and code number of the commodity |  |
| Applicant status (manufacturer/vendor etc.) | Bulk material manufacturer/vendor, formulator, dedicated vendor, importer/vendor, other ( ) |
| Type of the antibacterial agent [major classification] | Inorganic, synthetic organic, natural organic, organic-inorganic mixed, photocatalytic, antibacterial metalother ( ) |
| Type of the antimicrobial agent [middle classification] |  |

2. Minimum Inhibitory Concentration and Other Data on the Antibacterial Agent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of test organism and NBRC number | Antibacterial evaluation test method\* | MIC | Name of performing institution | Reporting dateReport number |
|
| *Staphylococcus aureus*NBRC 12732 |  | ⋅ μg/ml |  |  |
| *Escherichia coli*NBRC 3972  |  | ⋅ μg/ml |  |  |

\*Please fill in either Minimum inhibitory concentration determination method I (SIAA) or Minimum inhibitory concentration determination method (Japan Society for Chemotherapy).

3. Antibacterial Agent Safety Test Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Safety test concentration(% by weight) | Test animal etc. | Test results | Name of performing institution | Report number |
| Acute oral toxicity |  |  |  |  |  |
| Primary skin irritation |  |  |  |  |  |
| Mutagenicity |  |  |  |  |  |
| Skin sensitization potential |  |  |  |  |  |

4. Legal Situation of the Antibacterial Agent (Circle either Yes or No)

 If this antibacterial agent is sold in countries or regions other than Japan, conformance with the laws and regulations concerning chemical substances applied in such countries or regions shall be confirmed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Question | Yes | No |
| 1 | Is this antibacterial agent specified as a class I specified chemical substance, a class II specified chemical substance, or a monitoring chemical substance by the Act on the Evaluation of Chemical Substances and Regulation of Their Manufacture, etc.? |  |  |
| 2 | Is this antibacterial agent a radioactive substance as stipulated by the Regulation on Prevention of Ionizing Radiation Hazards? |  |  |
| 3 | Is this antibacterial agent a substance regulated by the RoHS (Restriction of Hazardous Substances) Directive? |  |  |
| 4 | Is this antibacterial agent a poisonous substance or deleterious substance specified by the Poisonous and Deleterious Substances Control Act or its Designation Order? |  |  |
| 5 | Is this antibacterial agent a chemical substance regulated by the Act for the Control of Household Products Containing Harmful Substances and its related laws and regulations? |  |  |

5. SIAA Brand Mark

|  |  |  |
| --- | --- | --- |
| Indication | Yes (indicated) | No (not indicated) |
|  | We carry out labeling following re-registration procedure(reapplication filed on Month/Day/Year)In cases where you do not use the SIAA brand mark initially but have now decided to indicate the brand mark, please use a copy of the application form, which you received along with the Notice of Acceptance. Write the reapplication filing date in this field and submit it again together with the appendices for labeling. |

Appendices to be submitted in the case of a product bearing the SIAA brand mark

All materials bearing the SIAA brand mark and/or a statement of antibacterial nature (manuscripts or galley proofs are desirable)

( ) SIAA brand mark on the product

( ) Packages

( ) Catalogues

( ) Handbills

( ) Instruction manual

( ) Technical data

( ) Websites

( ) POP and others ( )

This is to certify that the above description is correct.

Month /Day /Year

Control Manager: Seal

Reapplication

Month /Day /Year

Control Manager: Seal