# Health Canada Form for Importation of Cleaning Products for Use, Handling or Storage in Workplaces

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| **Part 1: Cleaning Product Regulated under the HPA Information** |
| **Product Details** |
| Name of Product regulated under the HPA/HPR and, if applicable, the HMIRA to be Imported or Sold |  |
| Quantity(if available) |  | Lot Number(s) (if available) |  |
| Country of Import |  |
| Product Supplier Name |  |
| Product Supplier Address |  |
| **Product Type (check one)** |
| [ ]   | Cleaning product with primary purpose to cleanse, bleach, or scour surfaces (regulated as a hazardous product in Canada under the HPA) |
| [ ]  | Laundry product with primary purpose to clean (regulated as a hazardous product in Canada under the HPA/HPR) |
| [ ]  | Dishwashing product with primary purpose to clean (regulated as a hazardous product in Canada under the HPA/HPR) |
| **Intended Use**  |
| [ ]   | The product above is intended for use, handling or storage in a workplace in Canada |
| **Availability of Product in Canada (check one)** |
| **Level 1** |
| [ ]  | Product formulation currently sold in Canada (regardless of package size or trade name) and in the U.S.; however, a U.S.-marketed product meeting U.S. SDS and label requirements will be imported or sold. |
|  | Please provide to Health Canada by including with this form, a copy of the:* Canadian bilingual SDS or SDS text containing all the information required under the HPA/HPR (this could be the Canadian SDS for the Canadian trade name, if applicable)
* Canadian bilingual label text, including pictograms as appropriate, required under the HPA/HPR
* Insert the assigned HMIRA registry number for the corresponding Canadian SDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if any confidential business information is withheld from the Canadian bilingual SDS and label (This will be the HMIRA registry number for the Canadian trade name, if applicable)
* U.S.-marketed SDS
* U.S.-marketed label or label text, including pictograms as appropriate
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| **Level 2** |
| [ ]  | Product formulation sold in the U.S. but **not** currently sold in Canada; a U.S.-marketed product meeting U.S. SDS and labelling requirements will be imported or sold. |
|  | Please provide to Health Canada by including with this form, a copy of: * U.S.-marketed SDS
* U.S.-marketed label or label text, including pictograms as appropriate

Please provide to Health Canada within 20 days of submitting the form or prior to distribution of products or use in Canada, whichever is earliest, a copy of:* Canadian bilingual SDS or SDS text and label or label text, including pictograms as appropriate, containing all the information required under the HPA/HPR, including any confidential business information, if applicable. Please contact us at hc.whmis-simdut.sc@canada.ca for instructions on submitting the confidential business information in a secure manner.
* Canadian bilingual label text, including pictograms as appropriate, required under the HPA/HPR
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| **Part 2: Importer or Seller** |
| Company Name |  |
| Address |  |
| City |  | Province |  | Postal Code |  |
| **Part 3: Contact Information** |
| Name |  |
| Phone Number |  |
| Email Address |  |
| **Part 4: Importation or Sale Details (if available at time of application)** |
| Proposed Date of Importation or Sale |  | Port of Entry, if applicable |  |
| Tracking Number, if applicable |  | Destination |  |
| **Part 5: Commitment** |
|[ ]  I confirm the non-compliant product listed above is being imported as there is an identified or potential product shortage in Canada. |
| [ ]  | I confirm that the non-compliant product listed above contains an SDS and label that are compliant with United States requirements (HCS 2012). |
|[ ]  I confirm that I will make the SDS or SDS text and label text, including pictograms as appropriate, that displays all information required under the HPA/HPR, save for any confidential business information, in both official languages available to employers and workers upon request and post it on my website. The information will be published at the following URL\* within 20 days of submitting the form or prior to distribution of products or use in Canada, whichever is earliest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*if unavailable at the time of form submission, industry may submit the URL within 15 days of submitting the form or at least 5 days before distribution of products or use in Canada, whichever is first. |
|[ ]  I confirm that I am aware that this interim policy will end three months after the final province/territory ends their state of emergency or upon earlier notice from Health Canada. |
| Name |  | Title |  |
| Date |  |

All information collected on this form will be protected according to Government of Canada security standards. All government departments are required to comply with the Access to Information and Privacy (ATIP) Act.