

Usage Guide

PROCESS CHEMICALS DATA TEMPLATE

Version: 0.3.1

CLEAN ELECTRONICS PRODUCTION NETWORK (CEPN)

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Getting Started

BACKGROUND

The chemical management template is a free, standardized reporting template developed by the Process Chemicals Initiative Group of the Clean Electronics Production Network (CEPN)--a collaboration between brands, manufacturers, chemicals suppliers, academics, non-profits, and others, working to reduce worker exposure to toxic chemicals in electronics manufacturing. This specific working group aims to improve the process of collecting and managing data related to chemical usage in electronics manufacturing processes.

The intent of this template is to aid the collection of data necessary for prioritizing the development of tools and resources to help suppliers and buyers reduce worker exposures, develop guides on how to make safer substitutions for high-hazard chemicals in manual production processes, training programs on Environment, Health and Safety (EHS), and guidelines for assessing exposure risks.

CONFIDENTIALITY

Terms for the use and confidentiality of the collected data are agreed upon between the requester and supplier.

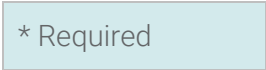
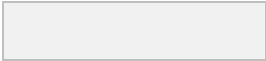


FEEDBACK WELCOMED

The data collection template and its supporting materials are updated regularly as we work to make improvements and refinements based on feedback from people's experiences using them. As you work to complete this template, please let us know if you have any questions, technical troubles, or see anything that could be improved.

Once you've finished completing your template, [please take this quick \(5 minute\) survey](#) to tell us about your experience.

HOW TO COMPLETE THE TEMPLATE

This template is currently available as a Microsoft Excel spreadsheet.

-  = *If the cell in row 1 of this column states, “* Requested”, then the requestor (who sent you this template) requires a response to this information.
-  = If the cell in row 1 of this column is blank, then giving a response can be considered optional. You may still enter information, but it is not required by the requestor (who sent the template)
-  = Invalid Entry. The response provided within this cell does not meet the criteria specified for that field.
-  = This field still requires a response.

NOTE: Some fields have these built in checks to help prevent any errors, but not all of them. Please be as accurate and thorough as possible when you are completing the template, as this will impact the quality, timeliness, and usefulness of the tools that we are able to provide.

NOTE: Do NOT include more than one item per cell. For items with multiple components (e.g. Chemical Products that are composed of more than one Ingredient), list each component in a separate row.



Facility Information

FIELDS

Company Name	Factory State/Province	Respondent Name
Factory Name	Factory Country	Respondent Title and Function
Factory Street Address	DUNS Number	Respondent Contact E-mail
Factory City	Tax ID	Respondent Contact Phone
		Reporting Date

1. FACILITY INFORMATION

DETAILED INSTRUCTIONS

Company Name

Enter the name of the company affiliated with the factory for whom this template is being completed.

Factory Name

Enter the name of the factory for whom this template is being completed. **If this template is being completed for more than one factory, please fill out a new row for each factory. Factories that do not share the same business license are considered separate from each other.**

Factory Street Address

Enter the address of the factory for whom this template is being completed.

Factory City

Enter the city of the factory for whom this template is being completed.

Factory State/Province

Enter the state or province of the factory for whom this template is being completed.

Factory Country

Enter the country of the factory for whom this template is being completed.

DUNS Number

Provide the Data Universal Numbering System (DUNS) number. If the factory does not have a DUNS number, write "unknown".

Tax ID

Enter the Tax ID of the factory for whom this template is being completed.

Respondent Name

Name of person completing this template and first point of contact for follow up.

Respondent Title and Function

Name of person completing this template's job title and job function within the Company or Factory.

Respondent Contact E-mail

Work email for the respondent within the Company or Factory.

1. FACILITY INFORMATION

Respondent Contact Phone

For each Respondent Name, enter that person's work phone.

Reporting Date

Date that chemical data was collected and submitted to the requester (YYYY-MM-DD).



Chemical Inventory

FIELDS

Chemical Product Name

Annual Volume / Weight Used

Chemical Product Manufacturer

Unit of Use

SDS

2. CHEMICAL INVENTORY

DETAILS

Chemical Product Name

Give the name of the chemical product, as listed in the "Product Identifier" section of the SDS. Only the commercial/trade name of the chemical product should be stated. **Each chemical product name should be unique; do not use the same name for two chemical products if their ingredient compositions differ.**

Chemical Product Manufacturer

Provide the name of the manufacturer of the chemical product, listed in the SDS as "Supplier Name".

SDS

Please provide a URL link to the SDS for this chemical product or enter the name of the SDS file and attach it to your email when submitting this form.

Annual Volume / Weight Used

What is the approximate amount of the chemical product used in one year? If you are using wipes, calculate the weight of all wipes used in one year.

Unit of Use

Include a unit of measurement that indicates the amount of the chemical product that is used. If you are using a wipe, input the weight of each wipe.

Unit of Use
Milliliters (mL)
Liters (L)
Grams (g)
Milligrams (mg)
Gallons (gal)

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Ingredients

FIELDS

Chemical Product Name

Ingredient Name

CAS RN

Ingredient % (min)

Ingredient % (max)

GreenScreen®- List Translator

3. INGREDIENTS

Chemical Product Name (as 2. Chemical inventory)

Include the name of a Chemical Product that was entered in 2. Chemical Inventory tab as a chemical used in the facility.

Ingredient Name

The common name for each ingredient (substance) of the product mixture must be given. If a chemical product has more than one ingredient, place each ingredient in a separate row.

CAS RN

Chemical Abstracts Service Registry Number (CAS RN), this is the unique number used to identify substances. Please enter a valid CAS RN for this substance. Include all hyphens (-) and no spaces. If the CAS number is unknown, write "Unknown", if the substance is proprietary, write "Proprietary".

Ingredient % (min)

If ingredient composition is a range, enter the low end of the range. If the % composition is a specific number, then enter the same number as % min and % max. If an SDS does not provide the composition details, enter "ND". (see example below)

Ingredient % (max)

If ingredient composition is a range, enter the high end of the range. If the % composition is a specific number, then enter the same number as % min and % max. If an SDS does not provide the composition details, enter "ND". (see example below)

Example: How to complete ingredient % columns

Example SDS data		Ingredient % (min)	Ingredient % (max)
Isopropyl alcohol	5% - 25%	5%	25%
Isopropyl alcohol	< 10%	0%	10%
Isopropyl alcohol	> = 98%	98%	100%
Isopropyl alcohol	23%	23%	23%
Isopropyl alcohol	-	ND	ND
Isopropyl alcohol	proprietary	ND	ND



Use & Controls

FIELDS

Process ID	Persons	Enclosure
Chemical Product Name	Shift Duration (hours)	Ventilation
How the Chemical Product is Used	Daily Shifts	PPE – Respiratory
Manual or Automated	Training - Chemical Handling	PPE - Eyes & Face
Chemical Application Method	Training - Hazard Communication	PPE – Body
Amount used per application	Training - Chemical Exposure Risks	PPE - Hands & Feet
Unit of Measure		PPE – Other
# Applications per Hour	Training - Correct & Consistent PPE Use	# Customers on Production Line

4. USE AND CONTROLS

DETAILS

Process ID

List the ID for each manufacturing process that requires the use of a Chemical Product. Each Process ID should be unique to that process (i.e. do not use the same process ID for more than one type of process).

Process Category

In the dropdown menu, select which category best describes this process. If you select "Other (see description)", please add a category description to your process description (column D).

Process Category
Product / part cleaning
Inspection cleaning
Machine maintenance
Facilities cleaning
SMT Stencil cleaning
Glue cleaning
Supersonic cleaning
Other (see process name)

Chemical Product Name

Chemical Product Name must match a name provided in tab 2 (check spelling, punctuation, and spaces). Limit one chemical per row. If a process contains more than 1 chemical, create a new row for each chemical.

How the Chemical Product is Used

Please provide a description of how the chemical product is used e.g. Spray glass and use towel to clean epoxy off tablet screen.

Manual or Automated

Is this chemical applied using a machine automated process or a manual process performed by workers? Select from the dropdown menu

Manual or Automated
Manual
Automated

4. USE AND CONTROLS

Chemical Application Method

Please choose the method that best describes how the chemical is applied. Refer to dropdown menu choices:

Chemical Application Method
Brush / swab
Dip / bath
Hand wipe
Spray
Use a syringe

Amount used per application

Approximate how much chemical is used on the product each use (e.g. if 1 mL of chemical is sprayed on the product per application, enter "1").

Unit of Measure

Include a unit of measurement for the amount of the chemical product used each time the process takes place on 1 unit of product.

Unit of Use
Milliliters (mL)
Liters (L)
Grams (g)
Milligrams (mg)
Gallons (gal)

Applications per Hour

Input the planned or expected approximate throughput or number of units of product per hour during this specific production process. If it is less frequent than 1 time per hour, then partial units are ok (e.g. 0.5 for 1 product per 2 hours).

Persons

How many people typically work one shift doing this process? Please include all workstations applicable.

4. USE AND CONTROLS

Shift Duration (hours)

Please enter the typical length of a shift in hours (e.g. if a shift is 8 hours, write "8").

Daily Shifts

How many shifts are cycled through at the facility in one day that undergo this process?

Enclosure

Is the working space open or closed?

Enclosure
Closed
Open
Semi

Ventilation

Is the working space ventilated? Choose from dropdown menu:

Ventilation
No Ventilation
Local Ventilation / Exhaust
Ventilated into room

Training - Chemical Handling

Have the workers performing this task received any training on chemical handling? Enter "Yes" or "No".

Training - Hazard Communication

Have the workers performing this task received any training on hazard communication? Select option from the dropdown.

Training - Chemical Exposure Risks

Have the workers performing this task received any training on chemical exposure risks? Enter "Yes" or "No".

Training - Correct & Consistent PPE Use

Have the workers completing these processes completed training on correct & consistent PPE use? Enter "Yes" or "No".

4. USE AND CONTROLS

PPE – Respiratory

Select any PPE used by workers performing this process from the dropdown menu.

PPE - Respiratory
VOC and particulate filters
Only particulate filters (e.g. face mask)
Other
None / Not applicable

PPE - Eyes & Face

Select any PPE used by workers performing this process from the dropdown menu.

PPE - Eyes & Face
Face shield
Splash-proof goggles
Safety glasses
Other
None / Not applicable

PPE – Body

Select any PPE used by workers performing this process from the dropdown menu.

PPE - Body
Chemical Apron
Hazmat Suit
Other
None / Not applicable

4. USE AND CONTROLS

PPE - Hands & Feet

Select any PPE used by workers performing this process from the dropdown menu.

PPE - Hands & Feet
Gloves Only
Chemical Resistant Boots Only
Both Gloves and Chemical Resistant Boots
Other
None / Not applicable

PPE – Other

Please describe any additional PPEs used.

Customers on Production Line

How many customers does this line service? Select from menu: 1, 2, 3, 4, 5 or more.



GHS

FIELDS

Chemical Product Name

Hazard Class

Hazard Category

Hazard Code

Hazard Statement

5. GHS

Chemical Product Name

Include the name of a Chemical Product that was entered in 2. Chemical Inventory tab as a chemical used in the facility for each Hazard Classification.

Hazard Class

Select the appropriate Hazard Class from the dropdown.

Hazard Category

Please select the hazard category in the dropdown (options will appear once a Hazard Class in column B has been selected).

Hazard Code

This field will auto-complete based on the data entered for Class and Category. If a different hazard code appears in the SDS, please enter it in the "Comments" column.

Hazard Statement

This field will auto-complete based on the data entered for Class and Category. If a different hazard statement appears in the SDS, please enter it in the "Comments" column.