DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
COLLEGE PARK, MD 20740-3835

COSMETIC PRODUCT INGREDIENT STATEMENT

(In accordance with 21 CFR 720)

Read Instruction Booklet Before Completing. Type entries in CAPITAL LETTERS.

Form Approved: OMB N0. 0910-0027. Expiration Date: August 31, 2017.
See Burden Statement on Reverse of Part I.

TYPE OF SUBMISSION: ☐ ORIGINAL ☐ AMENDED

FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS

FDA CPIS NO. **F** __ __ __ __ __ __ __ __

FILING DATE __ __ – __ __ __ – __ __

NOTE: This report is authorized by Public Law 21 U.S.C. 371(a); 21 CFR 720. While you are not required to respond, your cooperation is needed to make the results of this voluntary program comprehensive, accurate, and timely.

INGRED NO.		1. COMMON, USUAL, OR CHEMICAL NAME				
01		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
		6. BASE CPIS NO. **F** **B**	7. BASE NAME OR TRADE NAME MATERIAL	8. COMPANY NAME		
02		1. COMMON, USUAL, OR CHEMICAL NAME				
		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
		6. BASE CPIS NO. **F** **B**	7. BASE NAME OR TRADE NAME MATERIAL	8. COMPANY NAME		
03		1. COMMON, USUAL, OR CHEMICAL NAME				
		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
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04		1. COMMON, USUAL, OR CHEMICAL NAME				
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06		1. COMMON, USUAL, OR CHEMICAL NAME				
		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
		6. BASE CPIS NO. **F** **B**	7. BASE NAME OR TRADE NAME MATERIAL	8. COMPANY NAME		
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		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
		6. BASE CPIS NO. **F** **B**	7. BASE NAME OR TRADE NAME MATERIAL	8. COMPANY NAME		
08		1. COMMON, USUAL, OR CHEMICAL NAME				
		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
		6. BASE CPIS NO. **F** **B**	7. BASE NAME OR TRADE NAME MATERIAL	8. COMPANY NAME		
09		1. COMMON, USUAL, OR CHEMICAL NAME				
		2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION __ __ – __ __ __ – __ __	5. CONF	
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This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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