CERTIFICATION OF OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION'S GLOBAL HARMONIZED SYSTEM (GHS) COMPLIANCE TEMPLATE

Product Brand Name:

California Registration Number (if assigned):

Firm Name:

I certify the submitted label for the product listed above is in compliance with the final rule of the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard established in accordance with the Global Harmonized System of Classification and Labeling of Chemicals (Code of Federal Regulations, Title 29, §1910.1200).

To assist the California Department of Pesticide Regulation's evaluation process, I identified the correct Hazard Category for each of the following study types for the product for which this label is submitted and supplied the scientific limits or toxicity level (e.g., LD_{50}, LC_{50}), if known, for each study type.

Study Type	GHS Category (circle or otherwise identify)						Scientific Limits or Toxicity Level (if known)
Acute Toxicity (Oral)	1	2	3	4	NR	Other:	LD_{50}:
Acute Toxicity (Dermal)	1	2	3	4	NR	Other:	LD_{50}:
Acute Toxicity (Inhalation)	1	2	3	4	NR	Other:	LC_{50}:
Skin Corrosion/Irritation	1A	1B	1C	2	NR	Other:	
Eye Damage/Irritation	1	2A	2B		NR	Other:	
Sensitization (Respiratory)	1	1A	1B		NR	Other:	
Sensitization (Skin)	1	1A	1B		NR	Other:	

NR (Not Required): Use when 1) the particular study type(s) is not required for the product; or, 2) the scientific limits results of the study do not require an OSHA GHS statement.
Other: For use when additional statements are included on the label beyond the requirements of OSHA GHS, such as statements required by United Nations GHS categories not adopted by OSHA. Please describe (e.g. United Nations GHS Category 5).

I certify that the statements made above are true, accurate, and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine, imprisonment, or both under applicable law.

For more information regarding the OSHA's GHS, please visit: <https://www.osha.gov/dsg/hazcom/>

Signature   Date

Registrant/Agent Name (please print)

Title