

Conformity of production and routine tests

NRCS use only

Technical file No.:

Date registered:

For an application for the registration of a chemical disinfectant formulation in accordance with the Compulsory Specification for chemical disinfectants (herein referred to as VC8054:2017) as published by Government Notice No. 1119 (Government Gazette No. 41186) of 20 October 2017.

NOTE 1 This form shall be completed in full for each chemical disinfectant formulation

NOTE 2 The minimum requirements for satisfactory arrangements for conformity of production and routine tests for chemical disinfectants are set out in Annexure B of VC8054:2017.

Part A: Formulation-identifying information					
Applicant:					
Full name of manufacturer, producer, proprietor, controlling company or trade mark holder as marked on product label:					
Formulation-identifying name or brand name as marked on product label:					
Spectrum of activity: <input type="checkbox"/> Bactericidal <input type="checkbox"/> Fungicidal <input type="checkbox"/> Yeasticidal <input type="checkbox"/> Sporicidal <input type="checkbox"/> Virucidal					

Part B: Body that will undertake control of conformity (See paragraph B.1.1 of Annexure B of VC8054:2017.)		
Name of the body that has been nominated by the applicant to undertake control of conformity:		
Contact person:	Position in company:	
Tel. No.:	Mobile No.:	E-mail:
Postal address:		
Physical address:		

Part C: Schedule for control of conformity (See paragraph B.3.3 of Annexure B of VC8054:2017.)			
Activity test(s) to be conducted in accordance with the latest edition of the relevant product specification standard(s) as set out in tables 1 and 2 of VC8054:2017	Sample size ¹	Lot size ²	Full details of body nominated by applicant to carry out test

¹ Number of units in the sample for testing.

² Number of units in a lot.