

M Did you answer yes to any of the chemicals or chemical groups listed inside the form?

- No (Go to Question P) 1
Yes 2

N Did you need any extra sheets for Sections I, J, K or L?

- No (Go to Question P) 1
Yes 2

O How many extra sheets did you need?

Number

P What is the name of the organization (company, facility, laboratory, etc.) covered by this questionnaire?

Name
Mailing Address
.....
.....
.....

Q If we have any queries about this form, who should we contact?

Name and title
Address
.....
.....
.....
Telephone Number

R Do you have any comments about this collection?

.....
.....
.....

S Please return this form by 3 December to:

The Executive Officer
Chemical Industry Survey - CBS
D-3-N/DND
Department of Foreign Affairs and Trade
Parkes A.C.T. 2600

THANK YOU FOR YOUR CO-OPERATION