

## INSTRUCTIONS FOR USING OREGON'S HPCCCH BIENNIAL NOTICE REPORTING SYSTEM

- There are **3 STEPS** in the reporting process.
- Please read through all instructions before you start.
- Website: [healthoregon.org/hpccch](http://healthoregon.org/hpccch)
- Questions? [toxicfreekids.program@state.or.us](mailto:toxicfreekids.program@state.or.us)

### BACKGROUND

Per ORS 431A.258, manufacturers must provide Biennial Notice to OHA of children's products sold in Oregon that are covered by the Oregon Toxic-Free Kids Act and contain High Priority Chemicals of Concern for Children's Health (HPCCCH) at or above de minimis levels. A fee of US \$250.00 per unique HPCCCH in a manufacturer's biennial notice must be paid as well.

### DEFINITIONS

According to Toxic-Free Kids Act definitions (see [ORS 431A.253](http://ORS.431A.253)):

**Manufacturer** means any person that produces a children's product or an importer or domestic distributor of a children's product. For the purposes of this subsection, "importer" means the owner of the children's product.

### STEP 1

#### DOWNLOAD AND COMPLETE THE HPCCCH BIENNIAL NOTICE TEMPLATE

#### IMPORTANT NOTE

**Reporters must use a separate template for *each* manufacturer.**

#### ABOUT THE NOTICE TEMPLATE

The *Notice Template* is used to enter the data needed to fulfill the Notice requirements in Oregon's Toxic-Free Kids Act. Go to the HPCCCH Reporting System page at [healthoregon.org/hpccch](http://healthoregon.org/hpccch) to download the *Notice Template*.

The *Notice Template* can be filled out by the manufacturer of the children's product *or* by an organization reporting for them, such as a Trade Association or Supplier.

The *Notice Template* has nine columns, based on the **components** in the product being reported. The columns have **drop-down fields** to help you complete the template. (Choices in many of the drop-downs are identical to those in Washington’s [CSPA](#) reporting system.)

HPCCCH Biennial Notice Template for Reporting Children’s Products under Oregon’s Toxic-Free Kids Act (ORS 431A.250)									
1	Manufacturer’s US Tax Identification Number (TIN)	Brick for product (GS1 Brick level)	Component Name	Chemical Name with CAS	Concentration Range Category	Chemical Function	Target Age Category	Number of Bricks sold in OR in 2017	Number of Bricks OFFERED for sale in OR in 2017
2									
3		<div style="border: 1px solid black; padding: 2px;">                     Acorn Petcare Accessories-10006337                      Acorn Petcare (Non-Petcare)-10006336                      Acorn Figures (Petcare)-10006336                      Acorn-10007602                      Acorn Petcare Accessories-10000020                      Acorn Petcare Cushions-10000772                      Acorn Petcare Other-10000775                      Acorn Petcare Vests/Tracks-10000774                 </div>	<div style="border: 1px solid orange; padding: 5px; display: inline-block;">                     Drop down fields in each column help you fill out the Template.                 </div>						
4									
5									
6									
7									
8									
9									

## DE MINIMIS LEVELS

For each row, you will report each component that contains HPCCCH **at or above de minimis levels**.

- For HPCCCH **intentionally added** at any time in the manufacturing process, de minimis is the Practical Quantification Limit (PQL) for the HPCCCH as defined in [OAR 333-016-2035 Exhibit A](#).
- For HPCCCH **found as a contaminant**, de minimis is a concentration of 100 parts per million or above. See definition of “contaminant” under [ORS 431A.253](#).

## PRODUCTS WITH MORE THAN ONE HPCCCH

Some product bricks will have more than one component with HPCCCH. **Each component must have its own row**. When there is more than one HPCCCH in a product, put additional HPCCCH on the row(s) directly below the first. You can copy and paste fields from one row into additional rows as needed (i.e. Manufacturer’s TIN).

## GUIDANCE FOR COMPLETING THE NOTICE TEMPLATE

### Column A: Manufacturer’s TIN

Enter the United States [Tax Identification Number](#) (TIN) for the product’s manufacturer as defined in the Toxic-Free Kids Act [definitions](#) (see ORS 431A.253). If you are reporting on behalf of a manufacturer, they should provide you with their TIN for this purpose. If the manufacturer is located outside the United States and does not have a TIN, type *123456789* in Column A.

### Column B: Brick for Product

Select the *Brick Category* for the product you are reporting on. (This is also called the Global Trade Item Number (GTIN) for the product.) For more information, see the [Global Product Classification](#) website. Hereafter, “brick” refers to a specific category of children’s products at the GS1 Brick Level on the Global Product Classification.

### Column C: Component Name

Select the name of the component containing a HPCCCH for the brick you selected in the Column B.

**Column D: Chemical Name with CAS**

Select the *Chemical Name with CAS* for the HPCCCH in the component you selected in Column C. More information on HPCCCH is found at the [Toxic-Free Kids Program](#) website.

**Column E: Concentration Range Category**

Select *Concentration Range Category* for the HPCCCH in the component you selected in Column C.

**Column F: Chemical Function**

Select the chemical’s primary function in the component you selected in Column C.

**Column G: Target Age Category**

Select the *Target Age Category* for the brick you are reporting on in Column B.

**Columns H and I: Number of Bricks Sold OR Offered for Sale in Oregon**

Provide numbers for either column H or I.

If information for either column is not known at this time, provide an estimate for either column H *or* column I based on the best information available at this time.

- **To complete column H:** Provide the number of products in the brick category (selected in the second column) *sold* by the manufacturer (as defined by [ORS 431A.253](#)) in Oregon in 2017.
- **To complete column I:** Provide the number of products in the brick category (selected in the second column) *offered for sale* by the manufacturer (as defined by [ORS 431A.253](#)) in Oregon in 2017.

If you have more than one product ‘brick’ to report, go back to Column A and repeat the process for additional ‘bricks,’ as needed.

**AFTER YOU COMPLETE THE TEMPLATE**

- Review your entries to ensure that information is accurate
- Save the *Notice Template*
- Note: you must save the Template for the fee calculation to be completed
- Go to Step 2

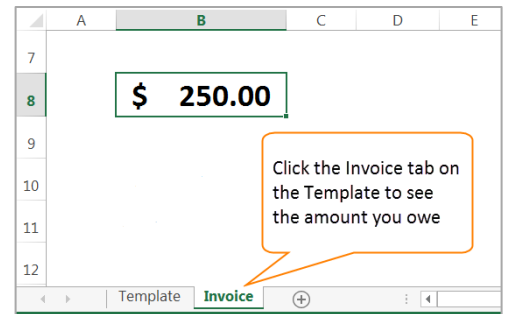
**STEP 2****PAY FEES FOR EACH HPCCCH REPORTED****IMPORTANT NOTE**

**Reporters must pay fees owed by each manufacturer *separately*.**

**FEE AMOUNT**

Per [OAR 333-016-2080](#), a nonrefundable fee of **U.S. \$250.00** is due to Oregon Health Authority (OHA), for notification of each HPCCCCH reported. Fees are per chemical, not product. For example, if a manufacturer sells 50 unique products that contain the same HPCCCCH, the fee would still be \$250.00. This fee is due when the biennial notice is submitted to the OHA.

To help you determine the total amount of fees that are due, check the *Invoice* tab on the HPCCCCH Biennial Notice Template (completed in Step 1). This will indicate the total fees owed. Total fees are determined by the number of HPCCCCH entered in the Template’s *Chemical Name with CAS* column. That number is multiplied by U.S. \$250.00 to determine the total fees due.



**TO PAY BY CHECK**

1. Make check payable to **Oregon Health Authority**.

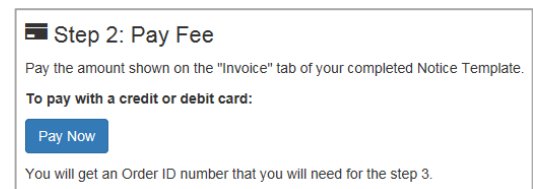
Write “**Toxic-Free Kids**” and the manufacturer’s U.S. **Taxpayer Identification Number (TIN)** on the check. Without this information, OHA may not connect fee payment to submission of your HPCCCCH Biennial Notice.

2. Record the *Check Number*.  
You will need to enter the *Check Number* in the *Reporter Entry Form* in Step 3.

3. Mail check to:  
**Toxic-Free Kids Program**  
**PO Box 14260**  
**Portland, OR 97293-0405**  
**USA**

**TO PAY BY CREDIT OR DEBIT CARD**

1. Go to the HPCCCP Reporting System page at [healthoregon.org/hpccch](http://healthoregon.org/hpccch).
2. In the “How to Report” section under Step 2, click **Pay Now**. This takes you to a secure online payment system approved by the state of Oregon.
3. You will see the *Reporting Organization* screen (example below). Complete the four fields. Click on a blue question mark if you are not sure what to enter. Click **Continue** when you are done.



### Center for Health Protection

800 NE Oregon St, Ste 640, Portland, OR, 97232

#### OHA Toxic-Free Kids HPCCH Biennial Notice Fee

Reporting Organization

DBA

TIN

Payment Amount

4. Next you will see the *Confirmation Screen* (example below). If the information entered is correct, click **Submit**. If not, click **Previous** and correct.

### Center for Health Protection

800 NE Oregon St, Ste 640, Portland, OR, 97232

#### OHA Toxic-Free Kids HPCCH Biennial Notice Fee

Reporting Organization:	Tommy Toys
DBA:	Tommy's Stuff
TIN:	666666666
Payment Amount:	\$250.00

5. Enter payment details. You can use a major credit card (Visa, MasterCard or Discover) or a debit card.
- Complete the *Customer Information* fields and click **Next**.
  - Complete the *Payment Information* fields with the cardholder’s information and click **Next**.
  - If you click **Cancel**, you will start the payment process over.

6. Review the information you entered. If correct, click **Submit Payment**. If incorrect, click **Cancel** and start over.
7. If the payment is accepted, you will see the *Payment Receipt Confirmation* screen (example below). Payment confirmation will also be emailed to the address provided.

**Center for Health Protection**

### Payment Receipt Confirmation

*Your payment was successfully processed.*

#### Transaction Summary

Description	Total Amount Paid	Amount
OHA Toxic-Free Kids HPCCCH Biennial Notice Fee - 123456789		\$250.00

#### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
21	OHA Toxic-Free Kids HPCCCH Biennial Notice Fee - 123456789	\$250.00	1	\$250.00
Total				\$250.00

#### Customer Information

Customer Name	Tommy Tucan	Receipt Date	10/11/2017
Local Reference ID / TIN	123456789	Receipt Time	05:15:00 PM PDT

#### Payment Information

Payment Type	Credit Card	Credit Card Number	**** * 1111
Credit Card Type	VISA	Order ID	25906380
		Name On Card	Tommy Tucan

#### Billing Information

Billing Address	4413 NE 27TH AVE	Phone Number	971-673-0977
Address 2			
Billing City, State	PORTLAND, OR		
ZIP/Postal Code	97211		
Country	US		

The receipt has been emailed to the address below.  
Email Address: toxicfreekids.program@state.or.us

[Print](#) [Continue](#)

The Order ID number will be used as proof of payment in Step 3.

## AFTER YOU PAY FEES

- Note your *Order ID Number* or *Check Number*
- Go to Step 3

## STEP 3

### COMPLETE THE REPORTER ENTRY FORM

#### CHOOSE THE CORRECT FORM

- Go to the HPCCH Reporting System page at [healthoregon.org/hpccch](http://healthoregon.org/hpccch).
- In the “How to Report” section under Step 3, select the link for the appropriate *Reporter Entry Form*. There are three choices. Choose the one that best fits your situation:

**Are you a Manufacturer or Distributor reporting for your own company?**

→ Use the button: *For Manufacturers*

**Are you a Trade Association or Supplier reporting for ONE manufacturer?**

→ Use the button: *For Trade Association/Supplier Reporting for ONE Manufacturer*

**Are you a Trade Association or Supplier Reporting for MULTIPLE Manufacturers?**

→ Use the button: *For Trade Association/Supplier Reporting for MULTIPLE Manufacturers*  
(See note below if using this form)

Note: You must fill out a separate form for **each** manufacturer to ensure payment can be matched to a specific manufacturer. The form for MULTIPLE manufacturers reloads after you complete each submission so you can enter information for additional manufacturers. When you have finished reporting for all manufacturers, ignore the reloaded form and close the browser.

#### COMPLETE THE FORM

- Fill in the fields on the *Reporter Entry Form* as instructed.
  - If you are a Trade Association or Supplier reporting on behalf of a manufacturer, you must complete both the *Manufacturer* and the *Trade Association/Supplier* sections.
- Upload the *Notice Template* (completed in Step 1) using the **Upload** feature at the bottom of the form.
- Review the form before you submit. Verify all contact information. IMPORTANT: If you paid online, be sure to correctly fill in the *Order ID* field by inserting the 8-digit *Order ID* number found on the Payment Receipt Confirmation (under Payment Information). If you paid with a check, enter the *Check Number* in the Order ID field. This ensures that OHA is able to match the payment to the correct *Notice Template* to satisfy manufacturer obligations under the Toxic-Free Kids Act.
- Check “Send me a copy of my responses” and a copy will be sent to the email address provided.
- Click **Submit**.

#### AFTER YOU SUBMIT THE FORM

OHA staff will review submitted documents. If there are any questions, we will use the contact information provided in the form.

## QUESTIONS OR DIFFICULTIES?

If you have questions or difficulty with the reporting process, please contact us at [toxicfreekids.program@state.or.us](mailto:toxicfreekids.program@state.or.us). Be sure to provide a contact name and phone number. Staff will respond as soon as they are able.