ANNEX A of Section A

Forms for General Reference Data
and
Primary Declaration Identification

**opcw**

**Revised version 3: 1 January 2022**

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Forms for General Reference Data and Primary Declaration Identification

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|  | Form A-1 General Reference Data of the National Authority Regarding this Declaration | Country Code:Section: APage n of n pages:Date (yyyy-mm-dd): |

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| Confid. mark |  |  |  |
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|  |  |  |  |  |  |
|  |  | Name of Country: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of National Authority / organisation: |  |  |  |
|  |  |  |  |  |  |
|  |  | Mailing address: |  |  |  |
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|  |  | Phone number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Fax number: |  |  |  |
|  |  |  |  |  |  |
|  |  | e-mail address (if applicable): |  |  |  |
|  |  |  |  |  |  |
|  |  | Telex (if applicable): |  |  |  |
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|  |  |  |  |  |  |
|  |  | *(The following may be provided on a voluntary basis: list all contact persons in the National Authority / organisation)* |  |  |  |
|  |  |  |  |  |  |
|  |  | Contact person: Family name: |  |  |  |
|  |  |  |  |  |  |
|  |  |  First name: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Position: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Phone number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Contact person: Family name: |  |  |  |
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|  |  |  First name: |  |  |  |
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|  |  |  Position: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Phone number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Contact person: Family name: |  |  |  |
|  |  |  |  |  |  |
|  |  |  First name: |  |  |  |
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|  |  |  Position: |  |  |  |
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|  |  |  Phone number: |  |  |  |
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|  | Form A-2 Primary Declaration Identification for the Submission of Initial Declarations | Country Code:Section: APage n of n pages:Date (yyyy-mm-dd): |

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| Confid. mark | *Does your State* ***submit*** *any of the following initial* ***declarations*** *in relation to:* |  |  |
|  |  |  |  |  |  |
|  |  | Name of Country |  |  |  |
|  |  |  |  |  |  |
|  |  | Chemical Weapons? |  | Yes q No q |  |
|  |  | (Article III, 1(a); Verification Annex, Part IV (A)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Old Chemical Weapons Produced Before 1925? |  | Yes q No q |  |
|  |  | (Article III, 1(b) (i); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Old Chemical Weapons Produced Between 1925-1946?  |  | Yes q No q |  |
|  |  | (Article III, 1(b) (i); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Abandoned Chemical Weapons? |  | Yes q No q |  |
|  |  | (Article III, 1(b) (ii), (iii); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Chemical Weapons Production Facilities?  |  | Yes q No q |  |
|  |  | (Article III, 1(c); Verification Annex, Part V) |  |  |  |
|  |  |  |  |  |  |
|  |  | Other Chemical Weapons Related Facilities?  |  | Yes q No q |  |
|  |  | (Article III, 1(d)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Riot Control Agents?  |  | Yes q No q |  |
|  |  | (Article III, 1(e)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 1 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VI, Section D) |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 2 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VII, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 3 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VIII, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  | Other Chemical Production Facilities (DOC/PSF)?  |  | Yes q No q |  |
|  |  | (Verification Annex, Part IX, Section A) |  |  |  |
|  |  |  |  |  |  |
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|  | Supplement to Form A-2 OPCW Declaration Checklist | Country Code:Section: APage n of n pages:Date (yyyy-mm-dd): |

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| Confid. mark | *Ensure to answer* ***all*** *questions.*  |  |   |
|  | ***Does your State own, possess or have any of the following in any place under its jurisdiction or control?*** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Chemical Weapons? |  | Yes q No q |  |
|  |  | (Article III, 1(a); Verification Annex, Part IV (A)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Old Chemical Weapons Produced Before 1925? |  | Yes q No q |  |
|  |  | (Article III, 1(b) (i); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Old Chemical Weapons Produced Between 1925-1946?  |  | Yes q No q |  |
|  |  | (Article III, 1(b) (i); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  | Abandoned Chemical Weapons? |  | Yes q No q |  |
|  |  | (Article III, 1(b) (ii), (iii); Verification Annex, Part IV (B)) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Riot Control Agents?  |  | Yes q No q |  |
|  |  | (Article III, 1(e)) |  |  |  |
|  |  |  If **YES**, do these agents include any of the following? |  |  |  |
|  |  |  |  |  |  |
|  |  |  CS - Propanedinitrile, [(2-chlorophenyl) methylene] |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  CN - Ethanone, 2-chloro-1-phenyl- |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  CR - Dibenz[b,f] [1,4] oxazepine |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Schedule 1 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VI, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Continued on the next page* |  |  |  |

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|  | Supplement to Form A-2 OPCW Declaration Checklist (continued) | Country Code:Section: APage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |  |   |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 2 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VII, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 3 Chemicals and Facilities related to such  |  |  |  |
|  |  | Chemicals? |  | Yes q No q |  |
|  |  | (Verification Annex, Part VIII, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  | Other Chemical Production Facilities (DOC/PSF)?  |  | Yes q No q |  |
|  |  | (Verification Annex, Part IX, Section A) |  |  |  |
|  |  |  |  |  |  |
|  |  | **Has your State:**  |  |  |  |
|  |  |  |  |  |  |
|  |  | Abandoned chemical weapons on the  |  |  |  |
|  |  | territory of another State? |  | Yes q No q |  |
|  |  | (Article III, 1(b) (iii), Verification Annex, Part IV (B) |  |  |  |
|  |  |  |  |  |  |
|  |  | **Did your State own, possess, have or had at any time after 1 January 1946:**  |  |  |  |
|  |  |  |  |  |  |
|  |  | a chemical weapons production facility?  |  | Yes q No q |  |
|  |  | (Article III, 1(c) , Verification Annex, Part V) |  |  |  |
|  |  |  |  |  |  |
|  |  | a facility or establishment designed, constructed or used primarily for development, testing or evaluation of chemical weapons?  |  | Yes q No q |  |
|  |  | (Article III, 1(d) , Verification Annex, Part V) |  |  |  |
|  |  |  |  |  |  |
|  |  | Participate in a transfer of chemical weapons?  |  | Yes q No q |  |
|  |  | (Article III, 1(a) (iv) , Verification Annex, Part V) |  |  |  |
|  |  |  |  |  |  |
|  |  | Participate in a transfer of chemical weapons production equipment?  |  | Yes q No q |  |
|  |  | (Article III, 1(c) (iv) , Verification Annex, Part V) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| States Parties that have replied **NO** to all of the above questions may use this checklist as their official initial declaration.  |
| States Parties that have replied **NO** to all of the above questions except those relating to riot control agents may also use this checklist as their initial declaration, provided that the chemicals possessed as riot control agents are limited to those listed. In case chemicals possessed as riot control agents are not limited to those listed, additional information on the chemical name, structural formula and CAS registry number, if assigned, should be provided. |
| States Parties that have replied YES to any of the above questions in addition to those relating to riot control agents can use this checklist as an ATTACHMENT to their initial declaration. |

ANNEX B of Section B

Industrial Declaration Forms

**OPCW**

**Revised version 3: 1 January 2022**

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Primary Declaration Identification Forms

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|  | Form BPrimary Declaration Identification for Section B: Initial Declaration | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

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| Confid. mark |  |  |   |
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|  |  | Indicate the **year** to which the data relates |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate which of the following items are being declared.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Schedule 2 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Aggregate national data |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Declarations of plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Declarations on past production of Schedule 2 chemicals |  |  |  |
|  |  | for CW purposes |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Schedule 3 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  | Aggregate national data |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Declarations of plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Declarations on past production of Schedule 3 chemicals |  |  |  |
|  |  | for CW purposes |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Other chemical production facilities (DOC/PSF):** |  |  |  |
|  |  | Declarations of plant sites |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Concentration limits:** |  |  |  |
|  |  | Are concentration limits applied to **plant site** declarations?  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  If the answer to the above is **YES,** complete *the* *Table below* |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Are concentration limits applied to declarations of **aggregate national data**? |  | Yes q No q |  |
|  |  |  If the answer to the above is **YES,** complete *the* *Table below* |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

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|  | Form B-1Primary Declaration Identification for Section B: Annual Declaration on Past Activities | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
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| Confid. mark |  |  |  |
|  |  |  |  |  |  |
|  |  | Indicate the **year** to which the data relates |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate which of the following items are being declared.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Schedule 2 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Aggregate national data |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Schedule 3 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  | Aggregate national data |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Other chemical production facilities (DOC/PSF):** |  |  |  |
|  |  | Updated list of plant sites |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Concentration limits:** |  |  |  |
|  |  | Are concentration limits applied to **plant site** declarations? If **YES,** complete *the* *Table below.* |  | Yes q No q |  |

|  |  |  |  |  |  |
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|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

|  |  |  |  |  |  |
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|  |  | Are concentration limits applied to declarations of **aggregate national data**? If **YES,** complete *the* *Table below.* |  | Yes q No q |  |

|  |  |  |  |  |  |
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|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

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|  | Form B-2Primary Declaration Identification for Section B: Annual Declaration on Anticipated Activities | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
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| Confid. mark |  |  |  |
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|  |  | Indicate the **year** to which the data relates |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate which of the following items are being declared.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Schedule 2 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Schedule 3 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Concentration limits:** |  |  |  |
|  |  | Are concentration limits applied to **plant site** declarations? If **YES,** complete *the* *Table below.* |  | Yes q No q |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

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|  | Form B-3Primary Declaration Identification for Section B: Declaration of Additionally Planned Activities | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
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| --- | --- | --- | --- |
| Confid. mark |  |  |  |
|  |  |  |  |  |  |
|  |  | Indicate the **year** to which the data relates |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate which of the following items are being declared.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Schedule 2 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Schedule 3 chemicals and facilities related to such chemicals:** |  |  |  |
|  |  | Plant sites  |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Date at which the additionally planned activities |  |  |  |
|  |  | are due to start (yyyy-mm-dd).  |  |  |  |
|  |  | *(If several additionally planned activities are to be declared enter the earliest date of the first activity to start at the plant site.)* |  |  |  |
|  |  | **Concentration limits:** |  |  |  |
|  |  | Are concentration limits applied to **plant site** declarations? If **YES,** complete *the* *Table below.* |  | Yes q No q |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Production % | Processing % | Consumption % | Export % | Import % |
| **Schedule 2A\*** |  |  |  |  |  |
| **Schedule 2A** |  |  |  |  |  |
| **Schedule 2B** |  |  |  |  |  |
| **Schedule 3** |  |  |  |  |  |

SCHEDULE 2 CHEMICALS AND FACILITIES RELATED TO SUCH CHEMICALS

|  |  |  |
| --- | --- | --- |
|  | Form 2.1Aggregate National Data: Declaration of Schedule 2 Chemicals | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each Schedule 2 chemical.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **IUPAC chemical name:** |  |  |  |
|  |  |  |  |  |  |
|  |  | If chemical is not contained in handbook for chemicals, identify attachment for structural formula: |  |  |  |
|  |  |  |  |  |  |
|  |  | **CAS registry number:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | Aggregate quantity for the previous calendar year: |  |  |  |
|  |  |  |  |  |  |
|  |  | Produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Processed: |  |  |  |
|  |  |  |  |  |  |
|  |  | Consumed: |  |  |  |
|  |  |  |  |  |  |
|  |  | Imported: |  |  |  |
|  |  |  |  |  |  |
|  |  | Exported: |  |  |  |
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| --- | --- | --- |
|  | Form 2.1.1Aggregate National Data: Specification of Imports or Exports of the Schedule 2 Chemical by Country | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete this form for each Schedule 2 chemical.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **IUPAC chemical name:**  |  |  |  |
|  |  |  |  |  |  |
|  |  | **CAS registry number:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block(s) of information as many times as necessary to declare all* ***import*** *and* ***export*** *quantities of this chemical for all countries involved in the previous calendar year.* |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring States Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 2.2Declaration of Schedule 2 Plant Sites | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site.* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for additional information on this |  |  |  |
|  |  | plant site (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of declared Schedule 3 Plants |  |  |  |
|  |  | at the plant site: |  |  |  |
|  |  |  |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

|  |  |  |
| --- | --- | --- |
|  | Form 2.3Declaration of Schedule 2 Plant(s) | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The precise location of the plant within the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific building number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on a  |  |  |  |
|  |  | voluntary basis on this plant (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | **Main activities of Schedule 2 plants:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Use product group codes (see Appendix 4) to describe  |  |  |  |
|  |  | main activities of the plant in terms of product group(s): |  |  |  |
|  |  |  |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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| --- | --- | --- |
|  | Form 2.3.1Plant Activities in Relation to Declared Schedule 2 Chemicals | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete as many forms as necessary in order to declare the activities of each Schedule 2 plant at the plant site* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate below whether the plant produces,* |  |  |  |
|  |  | *processes, or consumes the declared Schedule 2 chemical(s):* |  |  |  |
|  |  |  |  |  |  |
|  |  |  Production : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Processing : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Consumption : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Is this plant dedicated to such activities or is it  |  | Dedicated q |  |
|  |  | multipurpose? |  | Multipurpose q |  |
|  |  |  |  |  |  |
|  |  | Specify other activities at the plant in relation to the  |  |  |  |
|  |  | declared Schedule 2 chemical(s), if any: (use appropriateAppendix 3 codes B04-B06 or specify) |  |  |  |
|  |  |  |  |  |  |
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|  |  | *Ensure to declare in the following* ***Form 2.3.2.*** *the production capacity of this plant for each declared Schedule 2 chemical produced or anticipated to be produced at the plant*  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

|  |  |  |
| --- | --- | --- |
|  | Form 2.3.2Production Capacity of the Plant for Each Declared Schedule 2 Chemical | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to repeat the following block of information as many times as necessary in order to declare the production capacity of the plant for each declared Schedule 2 chemical produced or anticipated to be produced at the plant.*  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 2.4Information on Each Schedule 2 Chemical above the Declaration Threshold at the Plant Site | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *For initial declarations ensure to provide this information for* ***each of the previous three calendar years*** |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Ensure to complete as many forms as necessary in order to declare all Schedule 2 chemicals at the plant site.* |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **The year** to which the data relates: |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Common or trade name of the chemical used by the facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | If chemical is not contained in handbook for chemicals, identify attachment for structural formula: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | **Total amounts of Schedule 2 chemical produced, processed, consumed, imported or exported by the plant site.** Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity processed: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity consumed: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported: |  |  |  |
|  |  |  |  |  |  |
|  |  | **Purposes for which the chemical was produced, processed or consumed** |  |  |  |
|  |  |  |  |  |  |
|  |  | (i) Processing and consumption of Schedule 2 chemical  |  |  |  |
|  |  |  on site; specify product type (use product group codes in Appendix 4): |  |  |  |
|  |  |  |  |  |  |
|  |  | (ii) Direct export of the Schedule 2 chemical off the plant site? |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  If **YES**, specify States involved (use country codes |  |  |  |
|  |  |  in Appendix 1): |  |  |  |
|  |  | (iii) Sale or transfer of the Schedule 2 chemical within the territory or to any other place under the jurisdiction or control of the State Party (indicate destination below): |  |  |  |
|  |  |  |  |  |  |
|  |  |  Other industry: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Trader: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Other destination: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Final product types derived from sold/transferred  |  |  |  |
|  |  | Schedule 2 chemical, if possible, (Use product group codes in Appendix 4) |  |  |  |
|  |  |  |  |  |  |
|  |  | (iv) Other purpose (specify) for which the Schedule 2  |  |  |  |
|  |  |  chemical was produced, processed or consumed: |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

|  |  |  |
| --- | --- | --- |
|  | Form 2.5Anticipated Activities Related to Schedule 2 Chemicals above the Declaration threshold at the Plant Site | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to repeat the following block of information as many times as necessary in order to declare* ***all activities*** *at the plant site.* |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | *For* ***each Schedule 2 chemical****, complete this form to declare all activities related to that chemical at the plant site.* |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  |  tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | **Production:** |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Total amount anticipated to be produced during the  |  |  |  |
|  |  |  next calendar year: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Time Period(s) |  |  |  |
|  |  |  |  |  |  |
|  |  | **Processing:** |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Total amount anticipated to be processed during the  |  |  |  |
|  |  |  next calendar year: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Time Period(s) |  |  |  |
|  |  |  |  |  |  |
|  |  | **Consumption:** |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Total amount anticipated to be consumed during the  |  |  |  |
|  |  |  next calendar year: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Time Period(s) |  |  |  |
|  |  |  |  |  |  |
|  |  | **Purposes for which the chemical will be produced, processed or consumed** |  |  |  |
|  |  |  |  |  |  |
|  |  | (i) Processing and consumption of Schedule 2 chemical  |  |  |  |
|  |  |  on site; specify product type (use product group codes in Appendix 4): |  |  |  |
|  |  |  |  |  |  |
|  |  | (ii) Direct export of the Schedule 2 chemical off the plant site? |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  If **YES**, specify States involved (use country codes |  |  |  |
|  |  |  in Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | (iii) Sale or transfer of the Schedule 2 chemical within the territory or to any other place under the jurisdiction or control of the State Party (indicate destination below): |  |  |  |
|  |  |  |  |  |  |
|  |  |  Other industry: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Trader: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Other destination: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Final product types derived from sold/transferred  |  |  |  |
|  |  | Schedule 2 chemical, if possible, (Use product group codes in Appendix 4) |  |  |  |
|  |  |  |  |  |  |
|  |  | (iv) Other purpose (specify) for which the Schedule 2  |  |  |  |
|  |  |  chemical will be produced, processed or consumed: |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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| --- | --- | --- |
|  | Form 2.6Declaration of Plant Sites that had Past Production of Schedule 2 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site comprising plants that, at any time since 1 January 1946 produced a Schedule 2 chemical for CW purposes. (For each plant, complete* ***Form 2.7****).* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for additional information on  |  |  |  |
|  |  | this plant site (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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| --- | --- | --- |
|  | Form 2.7Declaration of Plants that Produced Schedule 2 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *For each plant that produced at any time since 1 January 1946 a Schedule 2 chemical for CW purposes, complete this form, as well as* ***Forms 2.7.1*** *and* ***2.7.2****.* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The precise location of the plant within the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific building number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on |  |  |  |
|  |  | this plant (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | **Main activities of Schedule 2 plants (present activities)** |  |  |  |
|  |  |  |  |  |  |
|  |  | Use main activity codes (see Appendix 3) to describe  |  |  |  |
|  |  | main activities of the plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | Use product group codes (see Appendix 4) to describe  |  |  |  |
|  |  | main activities of the plant in terms of product group(s): |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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|  | Form 2.7.1Present Schedule 2 Plant Activities at a Facility Used for the Past Production of Schedule 2 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete as many forms as necessary in order to declare the present activities of each Schedule 2 plant at the plant site.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | *Indicate whether the plant produces, processes,* |  |  |  |
|  |  | *or consumes the declared Schedule 2 chemical(s):* |  |  |  |
|  |  |  |  |  |  |
|  |  |  Production : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Processing : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  Consumption : |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Is this plant dedicated to such activities or is it  |  | Dedicated q |  |
|  |  | multipurpose? |  | Multipurpose q |  |
|  |  |  |  |  |  |
|  |  | Specify other activities in relation to the declared  |  |  |  |
|  |  | Schedule 2 chemical(s), if any: (use appropriateAppendix 3 codes B04-B06 or specify) |  |  |  |
|  |  |  |  |  |  |
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|  |  | *Ensure to declare the production capacity of this plant for each declared Schedule 2 chemical in the following* ***Form 2.7.2.***  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

|  |  |  |
| --- | --- | --- |
|  | Form 2.7.2Present Production Capacity of the Plant Used for Past Production of Schedule 2 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to repeat the following block of information as many times as necessary in order to declare the production capacity of the plant for each declared Schedule 2 chemical presently produced, processed, or consumed at the plant.* |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production capacity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Calculation method: |  | Name plate q Design q |  |
|  |  |  |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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|  | Form 2.8Declaration on Past Production of Schedule 2 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each Schedule 2 chemical produced at the plant site.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | The year to which the data relates: |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Common or trade name of the chemical used by the |  |  |  |
|  |  | facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | If chemical is not contained in handbook for chemicals, identify attachment for structural formula: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information as many times as necessary in order to declare all dates when the Schedule 2 chemical was produced at the plant site.* |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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| --- | --- | --- |
|  | Form 2.8.1Locations to which Schedule 2 Chemicals Produced at the Plant Site for Chemical Weapons Purposes were Delivered | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *For each Schedule 2 chemical produced for CW purposes, repeat the following block of information per plant site as many times as necessary in order to declare all locations, if known, to which the chemical was delivered.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VII of the VA

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|  | Form 2.9Notification of Cessation of Declarable Activities at Schedule 2 Plant Site | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site that ceased to undertake activities in regard to Schedule 2 chemicals* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Has the plant site permanently ceased all declarable  |  | Yes q No q |  |
|  |  | activities with regard to Schedule 2 chemicals? |  |  |  |
|  |  |  |  |  |  |
|  |  | Year in which the declarable activities ceased |  |  |  |
|  |  |  |  |  |  |
|  |  | Reason for cessation of activities (*Check all that apply*) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Plant site has been closed  |  | q |  |
|  |  |  |  |  |  |
|  |  | Plant site has been dismantled  |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared Schedule 2 plant(s) have been closed |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared Schedule 2 plant(s) have been dismantled |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared plant(s) still operating but no longer  |  | q |  |
|  |  | producing, processing or consuming Schedule 2  |  |  |  |
|  |  | chemicals |  |  |  |
|  |  |  |  |  |  |
|  |  | **Activities prior to cessation** |  |  |  |
|  |  |  |  |  |  |
|  |  | Was a Schedule 2 chemical produced, processed or  |  | Yes q No q |  |
|  |  | consumed above the applicable declaration threshold in the calendar year in which the plant site ceased declarable activities with regard to Schedule 2 chemicals?  |  |  |  |
|  |  |  |  |  |  |
|  |  | *If “****No” is checked****, this form will be considered to be a nil declaration. Nil declarations are required for another two consecutive years before the plant site is no longer declarable (as per Convention part VII, para.3).* |  |
|  |  |  |  |  |  |
|  |  | *If “****Yes” is checked,*** *then an annual declaration on past activities is required for the calendar year in which the plant site ceased declarable activities. This declaration can either be provided with this notification or 90 days after the end of that calendar year.* |  |
|  |  |  |  |  |  |

SCHEDULE 3 CHEMICALS AND FACILITIES RELATED TO SUCH CHEMICALS

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Form 3.1Aggregate National Data: Declaration of Schedule 3 Chemicals | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each Schedule 3 chemical.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **IUPAC chemical name:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **CAS registry number:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kT q tonne q kgq |  |
|  |  |  |  |  |  |
|  |  | Aggregate quantity for the previous calendar year: |  |  |  |
|  |  |  |  |  |  |
|  |  | Produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Imported: |  |  |  |
|  |  |  |  |  |  |
|  |  | Exported: |  |  |  |
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|  | Form 3.1.1Aggregate National Data: Specification of Imports or Exports of the Schedule 3 Chemical by Country | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete this form for each Schedule 3 chemical.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **IUPAC chemical name:**  |  |  |  |
|  |  |  |  |  |  |
|  |  | **CAS registry number:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kT qtonne q kgq |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block(s) of information as many times as necessary to declare all* ***import*** *and* ***export*** *quantities of this chemical for all countries involved in the previous calendar year.* |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
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|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity imported (**by Declaring State Party**): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity exported (**by Declaring State Party**): |  |  |  |
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|  | Form 3.2Declaration of Schedule 3 Plant Sites | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

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| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site.* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for additional information on this plant site (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of declared Schedule 2 Plants |  |  |  |
|  |  | at the plant site: |  |  |  |
|  |  |  |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VIII of the VA

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|  | Form 3.3Declaration of Schedule 3 Plant(s) | Country Code:Section: BPage of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The precise location of the plant within the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific building number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on a  |  |  |  |
|  |  | voluntary basis on this plant (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | **Main activities of Schedule 3 plants.** |  |  |  |
|  |  |  |  |  |  |
|  |  | Use product group codes (see Appendix 4) to describe  |  |  |  |
|  |  | main activities of the plant in terms of product group(s): |  |  |  |
|  |  |  |  |  |  |
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 - indicates information that will be provided to other States Parties in accordance with paragraph 11 of Part VIII of the VA

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|  | Form 3.4Information on Each Schedule 3 Chemical above the Declaration Threshold at the Plant Site | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
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| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one or more forms for each plant site, depending on the number of declarable chemicals.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block(s) of information as often as necessary to declare all Schedule 3 chemicals at the plant site.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Common or trade name used by the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production range for the Schedule 3 chemical (use code  |  |  |  |
|  |  | of production range, see Appendix 6): |  |  |  |
|  |  |  |  |  |  |
|  |  | Purpose of production (use production purpose codes B11  |  |  |  |
|  |  | to B13 in Appendix 5, or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Common or trade name used by the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production range for the Schedule 3 chemical (use code  |  |  |  |
|  |  | of production range, see Appendix 6): |  |  |  |
|  |  |  |  |  |  |
|  |  | Purpose of production (use production purpose codes B11  |  |  |  |
|  |  | to B13 in Appendix 5, or specify): |  |  |  |
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|  | Form 3.5Declaration of Plant Sites that had Past Production of Schedule 3 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site comprising plants that, at any time since 1 January 1946 produced a Schedule 3 chemical for CW purposes. (For each plant site, complete* ***Form 3.6****).* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for additional information on |  |  |  |
|  |  | this plant site (if available): |  |  |  |
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|  | Form 3.6Declaration of Plants that Produced Schedule 3 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

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| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant that produced at any time since 1 January 1946 a Schedule 3 chemical for CW purposes.* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | The precise location of the plant within the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  |  Specific building number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on a  |  |  |  |
|  |  | voluntary basis on this plant (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | **Main activities of Schedule 3 plants (present activities)** |  |  |  |
|  |  |  |  |  |  |
|  |  | Use main activity codes (see Appendix 3) to describe  |  |  |  |
|  |  | main activities of the plant: |  |  |  |
|  |  |  |  |  |  |
|  |  | Use product group codes (see Appendix 4) to describe  |  |  |  |
|  |  | main activities of the plant in terms of product group(s): |  |  |  |
|  |  |  |  |  |  |
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|  | Form 3.7Declaration on Past Production of Schedule 3 Chemicals for Chemical Weapons Purposes | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each Schedule 3 chemical produced at the plant site.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Common or trade name of the chemical used by the |  |  |  |
|  |  | facility: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | tonne q kg q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information as many times as necessary in order to declare all dates when the Schedule 3 chemical was produced at the plant site.* |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate periods: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity produced: |  |  |  |
|  |  |  |  |  |  |

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|  | Form 3.7.1Locations to which Schedule 3 Chemicals Produced at the Plant Site for Chemical Weapons Purposes were Delivered | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *For each Schedule 3 chemical produced for CW purposes, repeat the following block of information per plant site as many times as necessary in order to declare all locations, if known, to which the chemical was delivered.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |
|  |  | Location: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Country code (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Final product (if known): |  |  |  |
|  |  |  |  |  |  |

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|  | Form 3.8Notification of Cessation of Declarable Activities at Schedule 3 Plant Sites | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each plant site that ceased to undertake activities in regard to Schedule 3 chemicals* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise |  |  |  |
|  |  | operating the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Has the plant site permanently ceased all declarable  |  | Yes q No q |  |
|  |  | activities with regard to Schedule 3 chemicals? |  |  |  |
|  |  |  |  |  |  |
|  |  | Year in which the declarable activities ceased |  |  |  |
|  |  |  |  |  |  |
|  |  | Reason for cessation of activities (*check all that apply*) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Plant site has been closed  |  | q |  |
|  |  |  |  |  |  |
|  |  | Plant site has been dismantled  |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared Schedule 3 plant(s) have been closed |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared Schedule 3 plant(s) have been dismantled |  | q |  |
|  |  |  |  |  |  |
|  |  | Declared plant(s) still operating but no longer  |  | q |  |
|  |  | producing Schedule 3 chemicals |  |  |  |
|  |  |  |  |  |  |
|  |  | **Activities prior to cessation** |  |  |  |
|  |  |  |  |  |  |
|  |  | Was a Schedule 3 chemical produced above |  | Yes q No q |  |
|  |  | the applicable declaration threshold in the calendar year in which the plant site ceased declarable activities with regard to Schedule 3 chemicals?  |  |  |  |
|  |  |  |  |  |  |
|  |  | *If “****No” is checked****, this form will be considered to be a nil declaration and no further declarations will be required for this Schedule 3 plant site.* |  |
|  |  |  |  |  |  |
|  |  | *If “****Yes” is checked,*** *then an annual declaration on past activities is required for the calendar year in which the plant site ceased declarable activities. This declaration can either be provided with this notification or 90 days after the end of that calendar year.* |  |
|  |  |  |  |  |  |

OTHER CHEMICAL PRODUCTION FACILITIES (OCPF)

|  |  |  |
| --- | --- | --- |
|  | Form 4.1Declaration of “Other Chemical Production Facilities” | Country Code:Section: BPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each “other chemical production facility”.* |  |   |
|  |  |  |  |  |  |
|  |  | **Plant Site Code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | The name of the owner, company, or enterprise operating |  |  |  |
|  |  | the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | City/district: |  |  |  |
|  |  |  |  |  |  |
|  |  | Province/state/other: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for additional information on  |  |  |  |
|  |  | this plant site (if available): |  |  |  |
|  |  |  |  |  |  |
|  |  | Use product group codes (see Appendix 4) to describe  |  |  |  |
|  |  | main activities of the plant site that make the plant site declarable, in terms of product group(s): |  |  |  |
|  |  |  |  |  |  |
|  |  | Aggregate amount of production of the unscheduled  |  |  |  |
|  |  | discrete organic chemicals, including any amount of PSF-chemicals (use Codes of Production Range, see Appendix 7): |  |  |  |
|  |  |  |  |  |  |
|  |  | Approximate number of plants (including PSF-plants) producing  |  |  |  |
|  |  | unscheduled discrete organic chemicals at the plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | **For plant sites comprising one or more plants producing more than 30 tonnes of an individual PSF-chemical** |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of PSF-plants at plant site: |  |  |  |
|  |  |  |  |  |  |
|  |  | Has this plant site during the previous calendar year  |  |  |  |
|  |  | produced more than 200 tonnes of an individual PSF-chemical? |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Aggregate amount of production of PSF-chemicals produced by each PSF-plant** |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of plants producing 30 to 200 tonnes of PSF: |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of plants producing 200 to 1,000 tonnes of PSF:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of plants producing 1,000 to 10,000 tonnes of PSF:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Number of plants producing more than 10,000 tonnes of PSF:  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 - indicates information that will be provided to other States Parties in accordance with paragraph 8 of Part IX of the VA

End-Use Certificate

Form T30

(For transfers of Schedule 3 chemicals to States not party to the Convention)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Exporter’s Transfer**  | **Country Code** |  |  | **Year** |  | **Transfer Number** |
| **Identification:** |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **A. CHEMICAL TO BE TRANSFERRED:** |
| Type: | IUPAC chemical name  |  |
|  | CAS registry number |  |
| Total Quantity (Kilograms):  |  |
| **B. END-USE(S) OF THE CHEMICAL:** |
| 1. |  |
| 2. |  |
| 3. |  |
| **C. END-USER(S)**I (we) certify that I (we) am (are) the end-user(s) of the chemical referred to under A above. I (we) will not export, resell or otherwise dispose of any amount thereof (1) outside the recipient State on whose territory the end-user(s) listed below is (are) located, or (2) to any other person, natural or legal. I (we) further certify that, to the best of my (our) knowledge and belief, all of the facts contained in this certificate are true, and that I (we) do not know of any additional facts that are inconsistent with this certificate. |
| Name: | Quantity (kg): |
| Position: |  |
| Organisation: |  |
| Address: |
| Signature: | Date: |
| Name: | Quantity (kg): |
| Position: |  |
| Organisation: |  |
| Address: |
| Signature: | Date: |
| Name: | Quantity (kg): |
| Position: |  |
| Organisation: |  |
| Address: |
| Signature: | Date: |
| **D. CERTIFICATION ON BEHALF OF THE RECIPIENT STATE**It is hereby certified that the transferred chemical referred to above will be used only for purposes not prohibited under the Convention on the Prohibition of the Development, Stockpiling and Use of Chemical Weapons and on Their Destruction, and that it will not be re-transferred.  |
| Name: |
| Position: |  |
| Organisation: |  |
| Address: |
| Signature: | Date: |

ANNEX B OF SECTION C

Schedule 1 Declaration Forms

**opcw**

**Revised version 3: 1 January 2022**

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Primary Declaration Identification for Schedule 1 Chemicals and Facilities (Part VI)

|  |  |  |
| --- | --- | --- |
| - |  |  |
|  | Form C-1Initial Declaration of existing Schedule 1 facilities | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to indicate to which Schedule 1 facility this declaration relates:* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Single small-scale facility (SSSF): |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | *Complete* ***Attachment I to the C forms*** *to declare the SSSF and* ***Attachment II to the C*** *forms to declare other Schedule 1 Facilities.* |  |  |  |
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| --- | --- | --- |
|  | Form C-2 Initial Declaration of new Schedule 1 facilities | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to indicate to which Schedule 1 facility this declaration relates:* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Single small-scale facility (SSSF): |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | *Complete* ***Attachment I to the C forms*** *to declare the SSSF and* ***Attachment II to the C*** *forms to declare other Schedule 1 Facilities.* |  |  |  |
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|  | Form C-3 Annual declaration of Schedule 1 chemicals and activities at Schedule 1 facilities during the previous year | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to indicate to which Schedule 1 activity or facilities this declaration relates:* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Schedule 1 chemical that has been transferred |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Single small-scale facility (SSSF): |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | *Complete* ***Attachment I to the C forms*** *to declare any changes at the SSSF and* ***Attachment II to the C*** *forms to declare any changes at other Schedule 1 Facilities.* |  |  |  |
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| --- | --- | --- |
|  | Form C-4 Annual Declaration of projected activities and anticipated production  | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to indicate to which Schedule 1 facilities this declaration relates:* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Single small-scale facility (SSSF): |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | *Complete* ***Attachment I to the C forms*** *to declare any anticipated changes at the SSSF and* ***Attachment II to the C*** *forms to declare any anticipated changes at other Schedule 1 Facilities.* |  |  |  |
|  |  |  |  |  |  |
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| --- | --- | --- |
|  | Attachment I to C FormsDeclaration of the Single Small-Scale Facility | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Single small-scale facility (SSSF) code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of the facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of the operator of the facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Building or structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address of facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on this  |  |  |  |
|  |  | facility: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Provide the following, as attachments, for the detailed technical description of the facility and identify the information attached* |  |  |  |
|  |  |  |  |  |  |
|  |  | (i) Narrative |  |  |  |
|  |  |  |  |  |  |
|  |  | (ii) Detailed diagrams |  |  |  |
|  |  |  |  |  |  |
|  |  | (iii) Inventory of the equipment |  |  |  |
|  |  |  |  |  |  |
|  |  | (iv) Volume in litres of largest reactor vessel |  |  |  |
|  |  |  |  |  |  |
|  |  | (v) Total volume in litres of all reactor vessels exceeding  |  |  |  |
|  |  |  a volume of 5 litres |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Attachment II to C Forms Declaration of other Schedule 1 facilities | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each facility to be declared.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of the facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of the operator of the facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Building or structure number, if any: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address of facility: |  |  |  |
|  |  |  |  |  |  |
|  |  | Latitude, longitude/Precise location: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachments for additional information on this  |  |  |  |
|  |  | facility: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Provide the following, as attachments, for the detailed technical description of the facility or its relevant parts and identify the information attached* |  |  |  |
|  |  |  |  |  |  |
|  |  |  (i) Narrative |  |  |  |
|  |  |  |  |  |  |
|  |  |  (ii) Detailed diagrams |  |  |  |
|  |  |  |  |  |  |
|  |  | (iii) Inventory of the equipment |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Notification of Planned Changes to Schedule 1 Facilities

|  |  |  |
| --- | --- | --- |
|  | Form CN-1 Primary Notification of Schedule 1 Chemicals and Facilities: Advance Notification of Planned Changes to the Initial Declaration of Declared Facilities  | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to indicate to which Schedule 1 facilities this declaration relates:* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Single small-scale facility (SSSF): |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facility for protective purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Other facilities for research, medical or pharmaceutical  |  |  |  |
|  |  | purposes: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Date at which the planned changes are due to take |  |  |  |
|  |  | place (yyyy-mm-dd).  |  |  |  |
|  |  | *(If several changes are to be declared enter the date* *the first change is to take place.)* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Complete* ***Attachment I or II to C*** *forms to indicate the planned changes to the initial declaration.* |  |  |  |
|  |  |  |  |  |  |
|  |  | Are the planned changes expected to affect the facility |  |  |  |
|  |  | agreement in place for the declared facility? |  | Yes q No q |  |
|  |  | If yes, provide details of the expected impact on the facility agreement below.  |  |  |  |
|  |  |  |  |  |  |
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Schedule 1 Facilities Annual Declaration Forms

|  |  |  |
| --- | --- | --- |
|  | Form 1.1 Annual Declaration of Schedule 1 Chemicals at the SSSF as well as at Other Schedule 1 Facilities during the Previous Year | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each Schedule 1 chemical that was produced, consumed or stored at the SSSF as well as other Schedule 1 facilities.* |  |  |
|  |  |  |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the handbook for chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | **Total amounts of the Schedule 1 chemical produced, consumed or stored at the facility**  |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | Quantity Produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Production methods employed: |  |  |  |
|  |  | (required only for the SSSF and the “other facility for protective purposes”) |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity consumed: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of consumption (use C01 to C06 of Appendix 8 |  |  |  |
|  |  | codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Total quantity received from other facilities in the State |  |  |  |
|  |  | Party (required only for the SSSF): |  |  |  |
|  |  |  |  |  |  |
|  |  | Total quantity of the Schedule 1 chemical supplied to  |  |  |  |
|  |  | other facilities in the State Party: |  |  |  |
|  |  |  |  |  |  |
|  |  | Maximum quantity of the Schedule 1 chemical stored at  |  |  |  |
|  |  | any time during the previous year: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity of the Schedule 1 chemical stored at the end of  |  |  |  |
|  |  | the previous year: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|   | Form 1.1.1 Annual Declaration of Schedule 1 Chemicals at the SSSF and Other Schedule 1 Facilities: Name and Quantity of Precursors Listed in Schedule 1, 2 or 3 Used for the Production of Schedule 1 Chemicals | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to use this form to declare all precursor scheduled chemicals used for each Schedule 1 chemical produced at the facility.* |  |  |
|  |  |  |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name of the Schedule 1 chemical |  |  |  |
|  |  | produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number of the Schedule 1 chemical  |  |  |  |
|  |  | produced: |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information as many times as necessary to declare all scheduled precursor chemicals used for the production of each Schedule 1 chemical at the facility.* |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity of precursor scheduled chemical used: |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity of precursor scheduled chemical used: |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity of precursor scheduled chemical used: |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number for a precursor scheduled material: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity of precursor scheduled chemical used: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.1.2 Annual Declaration of Schedule 1 Chemicals at the SSSF: Transfer of Schedule 1 Chemical to or from Other Facilities within the State Party | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information as many times as necessary to declare all transfers for this Schedule 1 chemical from or to the SSSF within a State Party.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify whether the Schedule 1 chemical was  |  |  |  |
|  |  | received or supplied by the SSSF: |  | Received q Supplied q |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of other facility involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of transfer (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify whether the Schedule 1 chemical was  |  |  |  |
|  |  | received or supplied by the SSSF: |  | Received q Supplied q |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of other facility involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of transfer (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.1.3 Annual Declaration of Other Schedule 1 Facilities: Supply of Schedule 1 Chemical to Other Facilities within the State Party | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information as many times as necessary to declare all transfers of this Schedule 1 chemical to other facilities.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of other facility involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of supply (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of other facility involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of supply (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of other facility involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of supply (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.3 Declaration of Projected Activities and Anticipated Production of Schedule 1 Chemicals at the SSSF | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to repeat the following information as many times as necessary to declare all Schedule 1 chemicals anticipated to be produced, consumed or stored at the SSSF.* |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | It is anticipated that this Schedule 1 chemical will be: |  |  |  |
|  |  |  |  |  |  |
|  |  | Produced: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Consumed: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Stored: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Anticipated production quantity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of the anticipated production (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | It is anticipated that this Schedule 1 chemical will be: |  |  |  |
|  |  |  |  |  |  |
|  |  | Produced: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Consumed: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Stored: |  | Yes q No q |  |
|  |  |  |  |  |  |
|  |  | Anticipated production quantity: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of the anticipated production (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.4 Declaration of Projected Activities and Anticipated Production of Schedule 1 Chemicals at Other Schedule 1 Facilities | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to repeat the following information as many times as necessary to declare all Schedule 1 chemicals anticipated to be produced at other Schedule 1 facilities.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Facility code:** |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of Weight |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated quantity to be produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated periods of production: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of the anticipated production (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated quantity to be produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated periods of production: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of the anticipated production (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated quantity to be produced: |  |  |  |
|  |  |  |  |  |  |
|  |  | Anticipated periods of production: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purposes of the anticipated production (use C01 to C06 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |

Notification and Declaration of Transfers of Schedule 1 Chemicals to or from the State Party

|  |  |  |
| --- | --- | --- |
|  | Form CN-2 Detailed Notification of a Planned Transfer of a Schedule 1 Chemical to or from the Notifying State Party | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Provide the following information for each individual planned transfer.* |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Indicate whether this is a notification of  |  |  |  |
|  |  | the supply or receipt of a Schedule 1 chemical (indicate one only): |  | Supply q Receipt q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the handbook for chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity involved: |  |  |  |
|  |  |  |  |  |  |
|  |  | Planned date of transfer: |  |  |  |
|  |  |  |  |  |  |
|  |  | Purpose of transfer (use C01 to C04 of Appendix 8 codes  |  |  |  |
|  |  | or specify) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Identify the source of the Schedule 1 chemical** |  |  |  |
|  |  |  |  |  |  |
|  |  | Source country:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address:  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Identify the recipient of the Schedule 1 chemical** |  |  |  |
|  |  |  |  |  |  |
|  |  | Recipient country:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Name:  |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address:  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.2 Detailed Annual Declaration of Transfers to or from the Declaring State Party During the Previous Year | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark |  |  |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | Identify the attachment for structural formula, if not |  |  |  |
|  |  | contained in the Handbook for Chemicals: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Unit of weight: |  | kg q g q |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *Repeat the following block of information to declare all transfers of Schedule 1 chemicals.* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country Codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity received: |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity supplied: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country Codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity received: |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity supplied: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country Codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity received: |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity supplied: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Country Codes (see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity received: |  |  |  |
|  |  |  |  |  |  |
|  |  | Total Quantity supplied: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Form 1.2.1 Detailed Annual Declaration of Each Transfer of Schedule 1 Chemicals | Country Code:Section: CPage n of n pages:Date (yyyy-mm-dd): |

|  |  |  |  |
| --- | --- | --- | --- |
| Confid. mark | *Ensure to complete one form for each individual transfer of Schedule 1 chemicals supplied or received.* |  |  |
|  |  |  |  |  |  |
|  |  | Was the Schedule 1 chemical received or supplied by the declaring State Party? (Indicate one) |  | Received q Supplied q |  |
|  |  |  |  |  |  |
|  |  | IUPAC chemical name: |  |  |  |
|  |  |  |  |  |  |
|  |  | CAS registry number: |  |  |  |
|  |  |  |  |  |  |
|  |  | Source country[[1]](#footnote-2) (use country codes, see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of source: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Recipient country (use country codes, see Appendix 1): |  |  |  |
|  |  |  |  |  |  |
|  |  | Name of recipient: |  |  |  |
|  |  |  |  |  |  |
|  |  | Street address: |  |  |  |
|  |  |  |  |  |  |
|  |  | Specify purposes of transfer (use C01 to C04 of  |  |  |  |
|  |  | Appendix 8 codes or specify): |  |  |  |
|  |  |  |  |  |  |
|  |  | Quantity transferred and unit of weight: |  |  |  |
|  |  |  |  |  |  |
|  |  | Date of transfer: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

ANNEX B OF SECTION K

Declaration Forms for Riot Control Agents

**OPCW**

**Revised version 3: 1 January 2022**

Form RCA 1.0: Identification of RCA declaration

Is this Initial Declaration? (Yes / No): \_\_\_\_\_\_\_\_\_\_\_\_

Is this update to Initial Declaration or previous declaration? (Yes / No): \_\_\_\_\_\_\_\_\_\_\_\_

If yes, ensure to provide a short description of changes to previous declaration.

Description of changes:

Is the information as a whole to be treated as Confidential? (Yes / No): \_\_\_\_\_\_\_\_\_\_\_\_

If yes, indicate its classification level (**R**, **P** or **HP**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(R = Restricted; P = Protected; H = Highly Protected)

Are only parts of this declaration to be considered Confidential? (Yes / No): \_\_\_\_\_\_\_

(Skip this question if the whole declaration is treated as Confidential)

|  |  |
| --- | --- |
|  | State Party Submitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is your State a holder of RCA (Yes/No)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes, complete **Form RCA 2.0** |

If continuing with Form RCA 2.0 and only parts of this declaration are considered as Confidential, indicate for those lines and/or columns, prefixed with a “**C**” in Form RCA 2.0 the classification level (**R**, **P** or **HP**). The non-marked field(s) will be considered as Unclassified.

|  |  |
| --- | --- |
|  |  |
|  |   |

Form RCA 2.0: Specification of RCA holdings

**Effective date: \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHEMICAL NAME****(preferably use** **IUPAC nomenclature)** | **C** | **CAS REGISTRY NUMBER (If assigned)** | **C** | **STRUCTURAL FORMULA** | **C** | **COMMON MILITARY DESIGNATOR (if applicable)** | **C** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Paragraph 6 of Part VI of the Verification Annex requires the recipient to be declared but does not require the source. However, many States Parties provide information on the source on a voluntary basis. [↑](#footnote-ref-2)