**Single-Phase Cosmetic Product Safety Report - CPSR Request Form**

**Up to 10 Ingredients**

**Mandatory information**

|  |  |
| --- | --- |
| Responsible Person: |  |
| Address: |  |
| Contact email: |  |
| Product Name: |  |
| Product Type: |  |

**Product Specifications**

|  |  |
| --- | --- |
| Appearance: |  |
| Scent: |  |
| pH: | N/A |
| Viscosity |  |
| Specific Gravity |  |

**Packaging Information:**

|  |  |
| --- | --- |
| Final container: |  |
| Materials: |  |
| Airless Packaging: |  |

**Directions of use as they appear on the label (if any)**

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

**Formula:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Common name OR INCI Name** | **Weight in****%** | **Weight in****Grams / ml** | **Supplier** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

|  |  |
| --- | --- |
| Have you performed Stability Test? |  |
| Does the formula need Preservation Test (PET or Challenge Test)? | NO PET NEEDED |

Name:

Signature: