

Recommended Format Smokeless Ingredient Reporting - CSTHEA
Please attach additional pages if necessary

Date _____

Office on Smoking and Health
Attn. FCLAA Program Manager
4770 Buford Hwy., NE, MS S107-7
Atlanta, GA 30341

This ingredient report is being submitted pursuant to the Comprehensive Smokeless Tobacco Health Education Act (CSTHEA), 15 U.S.C. §4403(a).

Company Name(s)* _____

Brand(s)† _____

Product category(ies)† (check all that apply)

- Dry snuff
 Moist (wet) snuff
 Snuff portion pouch
 Snus
 Snus portion pouch
 Plug
 Twist
 Loose leaf
 Compressed (pellet, tablet)
 Other (*specify*)

*If this Ingredient Report is submitted by a designated individual or entity on behalf of a smokeless tobacco manufacturer, packager, or importer, the form must specify on whose behalf the submission is being made.

†Inclusion of the brand name and product type for ingredients is not required under CSTHEA.

Public reporting burden of this collection of information is estimated to average 6.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS-74, Atlanta, GA 30333, ATTN: PRA (0920-0338).

Ingredient Name

CAS Registry Number

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