DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Form Approved: OMB No. 0910-0732 Expiration Date: 8/31/2025 (See PRA Statement on page 8)

Reporting of Harmful and Potentially Harmful Constituents *in Accordance with Section 904(a)(3) and (c)(1) of the*

Federal Food, Drug, and Cosmetic Act

SMOKELESS TOBACCO PRODUCT REPORT

Section 904(a)(3) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) as amended on June 22, 2009, requires each tobacco product manufacturer or importer, or an agent, to report to FDA, beginning 3 years after the date of enactment of the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), all harmful and potentially harmful constituents (HPHCs), including those in smoke where applicable, by brand and by quantity in each brand and subbrand. Section 904(c)(1) of the FD&C Act requires manufacturers of tobacco products not on the market on the date of enactment of the Tobacco Control Act to provide this same information to FDA at least 90 days prior to introducing the products into interstate commerce.

On April 3, 2012, FDA issued a draft guidance document titled, "Reporting Harmful and Potentially Harmful Constituents in Tobacco Products and Tobacco Smoke Under Section 904(a)(3) of the Federal Food, Drug, and Cosmetic Act." The draft guidance document may assist persons with reporting to FDA the quantities of HPHCs in tobacco products and tobacco smoke under section 904(a)(3) and (c)(1) of the FD&C Act.

This document contains a paper form that can be completed and submitted to FDA in reporting HPHC quantities. It requests information required by the statute as well as information that would assist FDA in assessing HPHC data and in tracking submissions. For further discussion, please see the draft guidance document. The form is found immediately after the instructions that begin on the next page of this document. The instructions explain the information requested in each field on the form. In addition, the instructions specify the format that should be followed when entering information in some fields on the form. The instructions should not be submitted to FDA; only the completed form should be submitted to FDA. If a manufacturer or importer would like to submit HPHC quantities for multiple products in a single submission, the manufacturer or importer needs to submit only "Section I. Manufacturer or Importer Identification" for the first product in the submission (assuming the company information is identical for all products in the submission.

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. The OMB control number for this collection of information is 0910-0732.

INSTRUCTIONS FOR SMOKELESS TOBACCO PRODUCT REPORT (FORM FDA 3787b)

Section I. Manufacturer or Importer Identification

Section Header: Select the role of the company (Manufacturer or Importer). FDA requests that you indicate whether the company meets the definition of a small tobacco product manufacturer (STPM) (fewer than 350 employees) as stated in section 900(16) of the FD&C Act. Check the YES box if the manufacturer is an STPM and NO if it is not. Finally, FDA requests that you indicate whether the person completing this form is acting as an agent for the company (check YES or NO).

Use the information in the tables below to complete Section I of this submission.

Term	Instruction		
Name	Enter the name of the manufacturer or importer for which this report is being submitted.		
Country	Enter the country.		
Address 1	Enter line 1 of the address.		
Address 2	Enter line 2 of the address if needed.		
City	Enter the city.		
State	Enter the state (2-letter abbreviation), province, or territory.		
ZIP	Enter the ZIP or postal code.		
Telephone	For U.S. numbers, enter the telephone number in the format (area code) ###-#####. For non-U.S. numbers, enter the country code followed by the telephone number.		
Fax	Enter the information as requested for the telephone number above.		
FEI	Enter the FDA Establishment Identifier (if known).		
D-U-N-S	Enter the Dun & Bradstreet (D&B) D-U-N-S number for the establishment listed above (see the guidance document).		

Manufacturer or Importer Name and Address

(Section I. Manufacturer or Importer Identification continued on next page)

Section I. Manufacturer or Importer Identification (Continued)

Point of Contact

Term	Instruction		
Prefix	Enter the prefix (e.g., Dr., Mr., Ms., Mrs.).		
First name	Enter the first or given name of the person who can be contacted if questions arise about this submission.		
Middle name	Enter the middle name or initial.		
Last name	Enter the last name.		
Degree(s)	Enter the degree or degrees (e.g., PhD, JD).		
Title	Enter the title of the point of contact (e.g., Agent, CEO).		
Email	Enter the e-mail address of the point of contact.		
Company name	Enter the name of the company for which the point of contact works.		
Country	Enter the country.		
Address 1	Enter line 1 of the address.		
Address 2	Enter line 2 of the address if needed.		
City	Enter the city.		
State	Enter the state (2-letter abbreviation), province, or territory.		
ZIP	Enter the ZIP or postal code.		
Telephone	For U.S. numbers, enter the telephone number in the format (area code) ###-####. For non-U.S. numbers, enter the country code followed by the telephone number.		
Fax	Enter the information as requested for the telephone number above.		

Section II. Tobacco Product Identification

Page Headers: Enter the smokeless tobacco product brand and subbrand in the blank space at the top of each page of the form. If the form is filled out in Adobe Acrobat/Adobe Reader, the information will automatically be entered on pages 2-7 of this form based on the information provided for Brand/Subbrand in Section II.

Subbrand nameEUnique IDEID TypeEcc	Enter the brand name of the smokeless tobacco product (e.g., Acme). Enter the subbrand name of the smokeless tobacco product (e.g., Original). Enter the unique identifying name or number used by the manufacturer/importer. Enter the type of identification (e.g., internal manufacturer number, catalog number, UPC).		
Unique ID E r ID Type E c	Original). Enter the unique identifying name or number used by the manufacturer/importer. Enter the type of identification (e.g., internal manufacturer number,		
ID Type	manufacturer/importer. Enter the type of identification (e.g., internal manufacturer number,		
a	If this product is portioned, list the number of portions or units per package(s). If this product is unportioned, list the mass of product content (not including the container) for each package.		
Category	NA		
	Enter one of the following subcategories of smokeless tobacco product: Chew – loose leaf Chew – plug Chimo Dissolvable Dry Snuff loose Dry Snuff loose (nasal) Dry Snuff pouched Gul Gutkha Iq'mik Khaini Liquid/Gel Mawa Mishri Moist Snuff Loose Moist Snuff pouched Nass (Naswar, Niswar) Qiwam Snus pouches (pasteurized) Toomback Zarda Other		
Other subcategory	Specify subcategory if not listed above.		

Use the information in the table below to complete Section II of this submission.

(Section II. Tobacco Product Identification continued on next page)

Section II. Tobacco Product Identification (Continued)

Term	Instruction			
Testing Laboratory #1				
Name	Enter the name of the testing laboratory.			
Country	Enter the country.			
Address 1	Enter line 1 of the address.			
Address 2	Enter line 2 of the address if needed.			
City	Enter the city.			
State	Enter the state (2-letter abbreviation), province, or territory.			
ZIP	Enter the ZIP or postal code.			
Telephone	For U.S. numbers, enter the telephone number in the format (area code) ###-####. For non-U.S. numbers, enter the country code followed by the telephone number.			
Fax	Enter the information as requested for the telephone number above.			
Testing Laboratory #2 [*]				
Name	Enter the name of the testing laboratory.			
Country	Enter the country.			
Address 1	Enter line 1 of the address.			
Address 2	Enter line 2 of the address if needed.			
City	Enter the city.			
State	Enter the state (2-letter abbreviation), province, or territory.			
ZIP	Enter the ZIP or postal code.			
Telephone	For U.S. numbers, enter the telephone number in the format (area code) ###-####. For non-U.S. numbers, enter the country code followed by the telephone number.			
Fax	Enter the information as requested for the telephone number above.			

*Complete only if more than one laboratory was used.

Section III. HPHC Quantities and Testing Information

In the first part of this section, enter information about the quantity of tobacco in the smokeless tobacco product according to the table below.

Term	Instruction
Portioned?	Is the product composed of individual units of use (e.g., tablets, sticks, strips, pouches)? Check YES or NO.
Mean mass of tobacco	If the product is portioned, enter the mean mass of tobacco in an individual unit of the smokeless tobacco product. The mean mass should include 3 significant figures or more if appropriate. In no case should more than 6 digits be reported. If the product is not portioned, do not enter anything in this field.
Variance of mean mass	Enter the variance of the mean mass of tobacco in the same units as used for mass (e.g., grams). The variance should include 3 significant figures or more if appropriate. In no case should more than 6 digits be reported. If the product is not portioned, do not enter anything in this field.
Type of variance	Enter the type of variance of the mean, such as standard deviation. If the product is not portioned, do not enter anything in this field.
Unit of measurement for mean and variance	Enter the unit of measurement for the mean and variance of the mean, such as grams.

HPHC Tables: There are separate tables for each HPHC that must be reported for smokeless tobacco products. HPHCs are listed alphabetically by name and include CAS numbers and FDA UNII codes.

Information should be entered in all cells of a given HPHC table. The table below includes details about how information should be entered into each cell.

Term	Instruction
Replicates	Enter the number of replicate measurements made in determining the quantity of the HPHC.
Test date range	Enter the date or range of dates when samples of the smokeless tobacco product were tested for the specific HPHC. If all tests of the samples for the specific HPHC were performed in a single day, enter the date before the hyphen in the format "mm/dd/yyyy." If samples of the smokeless tobacco product were tested on more than one date, enter the earliest and latest dates before and after the hyphen, respectively (mm/dd/yyyy - mm/dd/yyyy).

(Section III. HPHC Quantities and Testing Information, HPHC Tables Information, continued on next page)

Section III. HPHC Quantities and Testing Information, HPHC Tables Information (Continued)

Term	Instruction	
Manufacture date range	Enter the date or range of dates when the tested samples of smokeless tobacco product were manufactured (i.e., packaged in finished form for distribution to retailers/consumers). If all samples of the smokeless tobacco product were manufactured on the same date, enter the date before the hyphen in the format "mm/dd/yyyy." If samples of the smokeless tobacco product were manufactured on more than one date, enter the earliest and latest dates before and after the hyphen, respectively (mm/dd/yyyy - mm/dd/yyyy).	
Extraction	Enter the method used to extract the HPHC from the smokeless tobacco product (no more than 80 characters). If one is available, provide a reference citation. Alternatively, we would like to know: • Solvent • Agitation time This is not applicable to free nicotine.	
Separation	 Enter the method used to separate the HPHC from other constituents using one of the following abbreviations: GC: Gas Chromatography HPLC: High Pressure Liquid Chromatography IC: Ion Chromatography LC: Liquid Chromatography UPLC: Ultra Pressure Liquid Chromatography This is not applicable to free nicotine. 	
Other separation method	If the separation method is not listed above, specify the method used without abbreviation (no more than 60 characters).	
Detection	Enter the detection method used to determine the quantity of the specific HPHC using one of the following abbreviations: • AED: Atomic Emission Detector • ECD: Electron Capture Detector • ELSD: Evaporative Light-Scattering Detector • FID: Flame Ionization Detector • FPD: Flame Photometric Detector • FD: Fluorescence Detector • MSD: Mass Spectrometry Detector • NCD: Nitrogen Chemiluminescence Detector • NPD: Nitrogen-Phosphorous Detector • PID: Photoionization Detector • SCD: Sulfur Chemiluminescence Detector • MSMS: Tandem Mass Spectrometry • TCD: Thermal Conductivity Detector • UVD: Ultraviolet Detector This is not applicable to free nicotine.	
Other detection method	If the detection method is not listed above, enter the method used without abbreviation (no more than 60 characters).	

(Section III. HPHC Quantities and Testing Information, HPHC Tables Information, continued on next page)

Section III. HPHC Quantities and Testing Information, HPHC Tables Information (Continued)

Term	Instruction	
Calculation method	Only applicable to free nicotine. State the method used to determine the quantity of free (unprotonated) nicotine (e.g., CDC). Response is limited to 60 characters.	
Mean quantity of HPHC	Enter the mean quantity of the specified HPHC in the smokeless tobacco product. The mean quantity should include 3 significant figures or more if appropriate. In no case should more than 6 digits be reported. The mean quantity is expressed per portioned unit (e.g., pouch, tablet, stick, strip) or, if unportioned, per mass of tobacco (e.g., per gram). If unportioned, enter the unit of mass in the blank provided. For example, "123.456 per gram." If the quantity is below the limit of detection or limit of quantitation, enter 0.000 in this field.	
Variance of mean HPHC quantity	Enter the variance in mean HPHC quantity. The variance is to be expressed in the same unit of measurement as the mean HPHC quantity. The variance should include 3 significant figures or more if appropriate. In no case should more than 6 digits be reported. If the quantity is below the limit of detection or limit of quantitation, leave this field blank.	
Type of variance	Enter the type of variance of the mean, such as standard deviation. If the quantity is below the limit of detection or limit of quantitation, enter NA (not applicable) in this field.	
Unit of measurement for mean and variance per portion or per mass of tobacco	Select the unit of measurement, such as nanograms, for the mean and variance of the mean HPHC quantity per portion or per mass of tobacco. For example, if "nanograms" is selected and the mean quantity of tobacco is reported per pouch (in the "Mean quantity of HPHC per portion or mass of tobacco" field), then the mean quantity of HPHC and variance of the mean are reported as nanograms <i>per</i> <i>pouch</i> . If the quantity is below the limit of detection or limit of quantitation, do not select a unit of measurement.	

NOTE: If you would like to submit information for HPHCs other than those listed on this form, please make copies of Sections II and III, complete the new pages, and attach them to the form.

Reporting of Harmful and P in Accordance with Sec Federal Food, D SMOKELE PRODU	Drug Administration Potentially Har etion 904(a)(3) and rug, and Cosmeti ESS TOBACC CT REPORT	mful Constituen d (c)(1) of the c Act C	ts (Approved: OMB No. 0910-0732 Expiration Date: 8/31/2025 See PRA Statement on page 8)
Role of the company for which this report is b	eing submitted	Manufacturer	Importe	r
Is the company a small tobacco product man	ufacturer?	Are you an agent subm	ittina on beh	alf of the company?
Yes No				No
Manı	Ifacturer or Impo	rter Name and Add	ress	
Company name				
Country				
Address – line 1		Address – line 2		
City	State, Province	, or Territory		Post office or ZIP code
Telephone number		Fax number		
FDA Establishment Identifier (FEI)		D&B D-U-N-S Number		
	Point of	Contact		
Prefix First/given name	Middle name		Last name	
Degree(s) Title				
Email address				
Company name				
Country				
Address – line 1		Address – line 2		
City	State, Province,	or Territory Post office or ZIP code		Post office or ZIP code
Telephone number	1	Fax number	I	

Brand/Subbrand:

II. TOBACCO PRODUCT IDENTIFICATION

Brand name

Subbrand name

Unique product identification number	Type of product identification number	
Package size(s)	Product category Smokeless Tobacco Product	
Product subcategory (Select from drop-down list)	If other subcategory, specify	

Testing Laboratory #1

Laboratory name

Address – line 2	
State, Province, or Territory	Post office or ZIP code
Fax number	
Testing Laboratory #2	
	State, Province, or Territory Fax number

Address – line 1	Addres	ess – line 2
City	State, Province, or Territ	tory Post office or ZIP code
Telephone number	Fax nu	umber

Brand/Subbrand:

Smokeless

Quantity of Tobacco					
Is the product portioned into individual units of use?		If portioned, mean mass of tobacco in individual unit of use			
Yes No		·			
If portioned, variance of mean mass		Type of variance			
	·				
Unit of measurement for mean		<u> </u>			
and variance (Select one) gra	ms 🗌 milligrams	micrograms	nanograms picograms		
	Acetal	dehyde			
CAS number					
75-07-0		GO1N1ZPR3B			
Number of replicate measurements	Test date range (mm/dd	//yyyy) Manufacture date range (mm/dd/yyyy)			
	-	-			
Extraction method (80 character limit)					
Separation method (Select from If Separation method is "Other," specify here (No abbreviation; 60 character limit) drop-down list)					
Detection method (Select from If Detection list)	If Detection method is "Other," specify here (No abbreviation; 60 character limit)				
Mean quantity of HPHC per portion or p	Mean quantity of HPHC per portion or per mass of tobacco Variance of mean Type of variance				
per <i>(po</i>	(portion or unit of mass such HPHC quantity				
as gram)					
Unit of measurement for mean and varia					
grams	milligrams incrog	grams 🔄 nano	ograms		
Other (Specify ur	III OF MASS):				
	Ars	enic			
CAS number		FDA UNII code			
7440-38-2		N712M78A8G			
Number of replicate measurements	Test date range (mm/dd	/vvvv)	Manufacture date range (mm/dd/yyyy)		
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
Extraction method (80 character limit)					
Separation method (Select from If Select from If Se	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)				
Detection method (Select from drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)				
Mean quantity of HPHC per portion or per mass of tobacco Variance of mean Type of variance					
per (po	HPHC quantity				
Unit of measurement for mean and variance per portion or per mass of tobacco (Select one)					
🗌 grams 📄 milligrams 📄 micrograms 📄 nanograms 📄 picograms					
Other (Specify ur	nit of mass):				

Brand/Subbrand:				Smokeless	
		Benzol	a]pyrene		
CAS number 50-32-8		FDA UNII code 3417WMA06D			
Number of replicate measurements	Number of replicate measurements Test date range (mm/dd/		1/уууу)	Manufacture date range (<i>mm/dd/yyyy</i>) -	
Extraction method <i>(80 character limit)</i>					
Separation method (Select from drop-down list)	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)				
Detection method (Select from drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)				
Mean quantity of HPHC per portion					
grams milligrams micrograms nanograms picograms Other (Specify unit of mass):					
		Cad	mium		
CAS number 7440-43-9		FDA UNII code 00BH33GNGH			
Number of replicate measurements	of replicate measurements Test date range (mm/dd		1/yyyy)	Manufacture date range <i>(mm/dd/yyyy)</i> -	
Extraction method (80 character limit)					
Separation method (Select from drop-down list)	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)				
Detection method (Select from drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)				
		Variance of mean HPHC quantity 	Type of variance		
Unit of measurement for mean and grams Other (Spec	🗌 n	nilligrams 🗌 micro		ne) ograms 🗌 picograms	

Brand/Subbrand:				Smokeless	
		Croton	aldehyde		
CAS number		FDA UNII code			
4170-30-3		9G72074TUW			
Number of replicate measurements	ts Test date range (mm/dd -		d/yyyy)	Manufacture date range <i>(mm/dd/yyyy)</i> -	
Extraction method (80 character lim	nit)				
Separation method (Select from drop-down list)	lf Sep	aration Method is "Other	," specify here <i>(No abb</i>	reviation; 60 character limit)	
Detection method (Select from drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)				
Mean quantity of HPHC per portion				Type of variance	
Unit of measurement for mean and grams Other (Spec	🗌 r	nilligrams	ograms 🗌 nano	ograms 🗌 picograms	
		Forma	Idehyde		
CAS number 50-00-0			FDA UNII code 1HG84L3525		
Number of replicate measurements	s Test date range (<i>mm/dd/</i>		d/yyyy)	Manufacture date range <i>(mm/dd/yyyy)</i> -	
Extraction method (80 character lim	nit)				
Separation method (Select from drop-down list)	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)				
Detection method (Select from drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)				
Mean quantity of HPHC per portion or per mass of tobacco		Variance of mean HPHC quantity 	Type of variance		
Unit of measurement for mean and grams Other (Spec	🗌 r	nilligrams 🗌 micro		ograms 🗌 picograms	

Brand/Subbrand:				Smokeless			
Nicotine (Free)							
CAS number	Nicotii	FDA UNII code					
54-11-5			76R				
Method of calculation (60 character limit)				Number of replicate measure- ments used in calculation			
Mean quantity of HPHC per portion or per r	nass of tobacco	Variance of mean		Type of variance			
per (portio as gra	n or unit of mass such m)	HPHC quantity	·				
Unit of measurement for mean and variance	e per portion or per mas	s of tobacco (Select o	ne)				
🗌 grams 📃 mi	illigrams 🗌 micro	ograms 🗌 nano	ograms	picograms			
Other (Specify unit c	of mass):						
	Nicotir	ne (Total)					
CAS number		FDA UNII code					
54-11-5	54-11-5			6M3C89ZY6R			
Number of replicate measurements Test date range (mm/d		J/yyyy) Manufactu		cture date range <i>(mm/dd/yyyy)</i>			
				•			
Extraction method (80 character limit)							
Separation method (Select from If Separation	aration Method is "Othe	r " specify here (No abl	breviation:	60 character limit)			
drop-down list)	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)						
Detection method (Select from If Detection drop-down list)	ection Method is "Other,	" specify here (No abbr	eviation; 6	0 character limit)			
Mean quantity of HPHC per portion or per	mass of tobacco	Variance of mean HPHC quantity		Type of variance			
per (portion	per (portion or unit of mass such						
as gram)							
Unit of measurement for mean and variance	· · · ·	ss of tobacco (Select of	ne)				
🗌 grams 📃 mi	illigrams 🗌 micro	ograms 🗌 nand	ograms	picograms			
Other (Specify unit o	of mass):						

Brand/Subbrand:			Smokeless
	1	NNK	
CAS number		FDA UNII code	
64091-91-4		7	S395EDO61
Number of replicate measurements Test date range (mm/dd		dd/yyyy)	Manufacture date range <i>(mm/dd/yyyy)</i> -
Extraction method (80 character limit)			
Separation method (Select from If drop-down list)	If Separation Method is "Other," specify here (No abbreviation; 60 character limit)		
Detection method (Select from If drop-down list)	If Detection Method is "Other," specify here (No abbreviation; 60 character limit)		
Mean quantity of HPHC per portion or		Variance of mean HPHC quantity 	Type of variance
Unit of measurement for mean and va	riance per portion or per ma		one) nograms
	1	NNN	
CAS number		FDA UNII code	
16543-55-8		Х	X656TZ86DX
Number of replicate measurements Test date range (mm/de -		dd/yyyy)	Manufacture date range (mm/dd/yyyy)
Extraction method (80 character limit)			
Separation method (Select from If drop-down list)	Separation Method is "Othe	r," specify here <i>(No ab</i>	breviation; 60 character limit)
Detection method (Select from If drop-down list)	Detection Method is "Other,	" specify here (No abb	reviation; 60 character limit)
	oortion or unit of mass such s gram)	Variance of mean HPHC quantity 	Type of variance
Unit of measurement for mean and va	milligrams micr		one) nograms 🗌 picograms
FDA Contact Telephone Numbers: FD1-877-CTP-1373; 1-877-287-1373 (9am EST - 4pm EST) Tobacco Information: For General Inquiries: AskCTP@fda.hhs.gov		Center for To Document Co Building 71, F 10903 New F	ug Administration bacco Products ontrol Center

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 13 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following address:

Department of Health and Human Services Food and Drug Administration Office of Operations Paperwork Reduction Act (PRA) Staff <u>PRAStaff@fda.hhs.gov</u>

"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 number."