

Additive Review Worksheet

This worksheet summarizes the information to be submitted to the WDNR for review of additives. This information is required because additives are approved on a case-by-case basis.

The fields highlighted in orange are required for all additive reviews and are NOT typically found on a safety data sheet (SDS).

The fields highlighted in blue are required for all additive reviews and are typically found on a SDS.

Parts D and E need to be completed **for each species** (e.g. Daphnia -water flea); Pimephales (fathead minnow), etc) for which a toxicity test is conducted.

The fields highlighted in green are NOT typically found on a SDS and are required for toxicity tests conducted when “Other” is selected for Test Method in Part D-1.

If all of the needed information is not provided on the SDS, It is recommended that you contact the chemical distributor and/or manufacturer to obtain the required information. You do not need to conduct the toxicity test if the toxicity information is available on SDS or from the supplier/manufacturer. If the required toxicity data is not provided to the Department, the additive product may not be approved for use.

Note: Toxicity test results must address the **commercial product formulation**. The commercial product formulation is all active ingredients and any and all carriers, buffering agents, binding agents, and additional materials – the entire product as used. Information related to active ingredient alone is not sufficient.

For more information on the additive review process, see the [“Water Quality Review Procedures for Additives”](#) guidance document.

A. General Production Information

Date of Request:

Permittee Facility Name:

Product Trade Name:

Product Manufacturer:

Active Ingredients:

Ingredient Name*	CAS Number**	%wt or % vol
* Must be provided unless noted to be proprietary information ** If available		

Is this product replacing another additive (if yes, include product name)? Yes No

Current Product Name:

B. Dosage or Application Information

Purpose of additive:

Proposed dosage rate: lbs/day

Estimated maximum discharge concentration: mg/L

C. Toxicity Test Results

Test Species	Toxicity Value Type (e.g., LC50, EC50, NOAEL)	Toxicity Value	Toxicity Value Units (e.g., mg/L, µg/L, ppm)

Print one copy of this page for each species that has been tested.**D. Toxicity Test Parameters**1. Parameters needed for **ALL** reviews

Test species:	<input type="checkbox"/> Ceriodaphnia species (specify: _____) <input type="checkbox"/> Daphnia species (specify: _____) <input type="checkbox"/> Pimephales promelas (fathead minnow) <input type="checkbox"/> Lepomis macrochirus (bluegill) <input type="checkbox"/> Oncorhynchus mykiss (rainbow trout) <input type="checkbox"/> Salvelinus fontinalis (brook trout)								
Test method:	<input type="checkbox"/> WI certified WET testing lab/method <input type="checkbox"/> EPA method (select from those listed below) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Acute-2002.0</td> <td><input type="checkbox"/> Chronic-1000.0</td> </tr> <tr> <td><input type="checkbox"/> Acute-2021.0</td> <td><input type="checkbox"/> Chronic-1001.0</td> </tr> <tr> <td><input type="checkbox"/> Acute-2000.0</td> <td><input type="checkbox"/> Chronic-1002.0</td> </tr> <tr> <td><input type="checkbox"/> Acute-2019.0</td> <td><input type="checkbox"/> Chronic-1003.0</td> </tr> </table> <input type="checkbox"/> Other (additional information needed; see part D2)	<input type="checkbox"/> Acute-2002.0	<input type="checkbox"/> Chronic-1000.0	<input type="checkbox"/> Acute-2021.0	<input type="checkbox"/> Chronic-1001.0	<input type="checkbox"/> Acute-2000.0	<input type="checkbox"/> Chronic-1002.0	<input type="checkbox"/> Acute-2019.0	<input type="checkbox"/> Chronic-1003.0
<input type="checkbox"/> Acute-2002.0	<input type="checkbox"/> Chronic-1000.0								
<input type="checkbox"/> Acute-2021.0	<input type="checkbox"/> Chronic-1001.0								
<input type="checkbox"/> Acute-2000.0	<input type="checkbox"/> Chronic-1002.0								
<input type="checkbox"/> Acute-2019.0	<input type="checkbox"/> Chronic-1003.0								
Test type:	<input type="checkbox"/> Static non-renewal <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through								
Control response:	<input type="checkbox"/> ≥ 90% survival <input type="checkbox"/> Other (Note: if this is selected, this data cannot be used)								

2. Parameters needed when using “**other**” test methods

Dilution water:	<input type="checkbox"/> Moderately hard synthetic water <input type="checkbox"/> Synthetic water <input type="checkbox"/> Receiving water <input type="checkbox"/> Ground water <input type="checkbox"/> Other (Specify: _____)
Number of test concentrations:	
Dilution series:	
Water chemistry analyses (check all that apply):	<input type="checkbox"/> pH <input type="checkbox"/> Conductivity <input type="checkbox"/> Hardness <input type="checkbox"/> Alkalinity
Temperature:	<input type="checkbox"/> 12±1 °C <input type="checkbox"/> 20±1 °C <input type="checkbox"/> 25±1 °C <input type="checkbox"/> Other (Specify: _____)
Number of organisms per test chamber:	
Number of replicate chambers per concentration:	
Number of organisms per concentration:	
Method for calculating the response endpoint:	