## Inquiry Form for Consultation

## <u>To: Food Additive Designation Consultation Center (FADCC)</u> <u>National Institute of Health Sciences, Japan</u>

E-mail:fadcc@nihs.go.jp

1. Please fill in the following items.

Inquiry date (yy/mm/dd)		
Company(/Association) name		
Address		
Person in charge	Department	
Phone number		
E-mail		

2. Please fill in the following items for consultation detail. Click on  $\Box$ , and it will be  $\blacksquare$ .

Classification	$\Box$ Designation $\Box$ Revision of standards for use				
(Select all applicable items)	□Revision of specification(s) □Others ( )				
Consultation issue (Select all applicable items)	□Overview on the food additive (Name and use, use status in other countries, etc.)   □Effectiveness □Safety   □Standards for use □Preparing documents for application   □Others ( )				
Name of the food additive	(In case of Designation, Name of the substance and its English name that you wish to use as the name of the food additive such as substance name)				
Component composition	Please provide as much information as possible regarding the item you wish to request for designation as a food additive (hereinafter referred to as "your item"). e.g., main component $\bigcirc\bigcirc\bigcirc: \triangle\%$ , impurity: $\diamondsuit\diamondsuit\diamondsuit$ etc.				
Subject foods of your item	e.g., breads				
Effectiveness and intended use for foods	e.g., improvement of the preserving property of foods				
Brief explanation of usage					

				2020
				d remove by filtration.
Classification related to the	<u>Please check the</u>	<u>e box if any</u>	<u>v of the following</u>	s apply to your item.
FSCJ's <sup>*1</sup> Guideline for Risk Assessment of the Food	□Flavoring sub	stances	□Enzymes	$\Box$ Fortification
Assessment of the Food Additives	$\Box$ None of the :	ahove		
Summary of your proposal			t	
Please provide a brief des consumer with your item in be newly designated, as w revised.	n 200-300 words.	Please also	o explain why yo	u think your item needs to
Details of consultation				
Please also submit materia of the components, usage in	-	-	-	
			*1 FSCJ: Food S	Safety Commission of Japan
Pre-checklist of this inquiry ease also check the following r designation/amendment" s		pect to the	items listed in th	ne "Summary of your proposa
armaceuticals and Medical l ave you verified with the o	Devices (PMD Ac officer in the pub	t)" olic health	center or prefe	d Safety of Products Including
				category of pharmaceuticals ne procedures under the PMI
∃Yes, I did (PMD Act not ap	plicable)	□No		
]Other (reason:	-			)
Verification of applicability we you verified with the he od Sanitation Act (FSA)?			and its use is an	additive $*^2$ as defined in the
*2 The term "additives" as	by other method	ds in the p		re used by being added, mixed ing food or for the purpose o
∃Yes, I did (FSA applicable)		□No		
☐ Other (reason:				
e.g. Because	of revision of standa	ards for use o	of a food additive w	hich have already been specified )
Verification regarding impo	orted food or food	additivos		
	portation of your	item or foo	-	g your item, have you verified on is allowed or not?
$\Box$ Yes, I did (compliant with	the FSA)	∃Yes, I did	(not compliant v	with the FSA) $\Box$ No
□Other (reason:				)

Does your item fall under the category of the one produced using Genetically Modified Organisms?

 $\Box Yes \qquad \Box No \qquad \Box Not sure$ 

## Note

The consultation is provided in Japanese at the FADCC. You bring interpreter(s) with you at the consultation if you need.