

Communication Route
for Management System of Chemical substances in products
(Customer <=>your company <=>Manufacturer)

Updated date: _____

Company name: _____

Made by: _____ Dept: _____ Tel no.: _____

Changed Points : _____

Reason of Change: _____

Customer name:

Supplier Environment Eavaluation

Dept.: _____

Division.: _____

Telephone : _____

No	Cotact Person	Position	Email

Chemical Substances Survey

Dept.: _____

Division.: _____

Telephone : _____

No	Cotact Person	Position	Email

Supplier Code:

Supplier Name :

Telephone no.: _____

No	Cotact Person	Position	Email	Dept

No	Cotact Person	Position	Email	Dept

***REMARK : When supplier is Trader , please fill detail of Manufacturer BELOW.

Manufacturer name :

Telephone no.: _____

No	Cotact Person	Position	Email	Dept

No	Cotact Person	Position	Email	Dept