



**Australian Government**  
 Department of Health and Ageing  
 Therapeutic Goods Administration



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 Department of Health and Ageing  
 NICNAS

**BUSINESS IMPACT SURVEY**

**REGULATORY PROPOSAL: REVISED REGULATORY REQUIREMENTS FOR HOSPITAL, HOUSEHOLD AND COMMERCIAL GRADE DISINFECTANTS**

**ORGANISATION:**

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**ABN:**

.....

**Contact details:**

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**1. How many of your disinfectant products would currently fall into the following categories?**

|                | Number |
|----------------|--------|
| TGA Registered |        |
| TGA Listed     |        |
| TGA Exempt     |        |
| NICNAS         |        |

2. **Considering the outcome on your business of each option, how many of your disinfectant products do you expect to fall into the following categories?**

|                | Option 1 | Option 2 | Option 3 | Option 4 |
|----------------|----------|----------|----------|----------|
| TGA Registered |          |          |          |          |
| TGA Listed     |          |          |          |          |
| TGA Exempt     |          |          |          |          |
| NICNAS         |          |          |          |          |

3. **Including ingredients in colouring agents & fragrances, what is the number of individual ingredients in your disinfectant products that are currently not listed on the AICS?**

|                | Number |
|----------------|--------|
| TGA Registered |        |
| TGA Listed     |        |
| TGA Exempt     |        |
| NICNAS         |        |

4. **Is your business registered with NICNAS?**

Yes       No

5. **Are you? (tick one or more)**

- An importer/manufacturer of disinfectant ingredients
- An importer of disinfectant products
- A formulator of disinfectant products

**6. Please indicate whether you expect there to be any net change in compliance costs for businesses from each option. (please tick)**

|           | Option 1 | Option 2 | Option 3 | Option 4 |
|-----------|----------|----------|----------|----------|
| Increase  |          |          |          |          |
| Decrease  |          |          |          |          |
| No change |          |          |          |          |

**7. If you expect compliance costs will increase, would the increase in your total operating costs be: (please tick)**

|       | Option 1 | Option 2 | Option 3 | Option 4 |
|-------|----------|----------|----------|----------|
| <1.0% |          |          |          |          |
| 1-5%  |          |          |          |          |
| 5-10% |          |          |          |          |
| >10%  |          |          |          |          |

**8. If you expect compliance costs will decrease, would the decrease in your total operating costs be: (please tick)**

|       | Option 1 | Option 2 | Option 3 | Option 4 |
|-------|----------|----------|----------|----------|
| <1.0% |          |          |          |          |
| 1-5%  |          |          |          |          |
| 5-10% |          |          |          |          |
| >10%  |          |          |          |          |

**9. If you expect compliance costs will change, describe what activities the change in costs would be attributable to:**

**Option 1**

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**Option 2**

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**Option 3**

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**Option 4**

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**10. Considering the following possible outcomes, do you think that any proposal would affect competition? (please tick)**

|     | Option 1 | Option 2 | Option 3 | Option 4 | Status Quo |
|-----|----------|----------|----------|----------|------------|
| Yes |          |          |          |          |            |
| No  |          |          |          |          |            |

If YES, what affects on competition would follow under each of the regulatory proposals? (please tick)

|          | Option 1 | Option 2 | Option 3 | Option 4 |
|----------|----------|----------|----------|----------|
| Increase |          |          |          |          |
| Decrease |          |          |          |          |

If yes, how would each of the regulatory proposals affect the number and range of suppliers? (please tick)

|          | Option 1 | Option 2 | Option 3 | Option 4 |
|----------|----------|----------|----------|----------|
| Increase |          |          |          |          |
| Decrease |          |          |          |          |

If yes, how would each of the regulatory proposals affect the ability of suppliers to compete? (please tick)

|          | Option 1 | Option 2 | Option 3 | Option 4 |
|----------|----------|----------|----------|----------|
| Increase |          |          |          |          |
| Decrease |          |          |          |          |

**11. Do you consider that the proposals would make introduction of new disinfectant products easier? (please tick)**

|     | Option 1 | Option 2 | Option 3 | Option 4 |
|-----|----------|----------|----------|----------|
| Yes |          |          |          |          |
| No  |          |          |          |          |

Are there any other comments you wish to make regarding impacts of proposed reforms on your business or on competition?

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| <p>Please provide an estimate of the time taken to complete this survey</p> <p style="margin-left: 100px;">hrs                  mins</p> |
|------------------------------------------------------------------------------------------------------------------------------------------|

**For further information please contact:**

NICNAS  
 Mr Stephen Zaluzny on phone (02) 8577 8883 or e-mail:  
[stephen.zaluzny@nicnas.gov.au](mailto:stephen.zaluzny@nicnas.gov.au)

TGA  
 Ms Siepie Larkin on phone: (02) 6232 8721 or email: [siepie.larkin@health.gov.au](mailto:siepie.larkin@health.gov.au).

**Please return the completed survey to Stephen Zaluzny by fax to (02) 8577 8888 or post (no stamp required) to:**  
**Stephen Zaluzny**  
**NICNAS**  
**Reply Paid 58**  
**SYDNEY NSW 2001**

Thank you for your assistance in completing this survey