

# Naturewatch Foundation

For the advancement of animal welfare

## Company Animal Testing Policy Questionnaire

The Fixed Cut-Off Date Animal Testing Policy is recognised as the benchmark for cruelty-free personal care and household cleaning products worldwide.

Virtually all ingredients have been animal tested in the past and testing of new ingredients is an ongoing activity. Companies with a Fixed Cut-Off Date (FCOD) policy will not use any ingredient tested on animals after a specific date, and insist that their suppliers comply with this. This is why adopting a FCOD is so important - these companies are discouraging current or future animal testing. The older the FCOD, the more ethical the company.

To obtain a FCOD, you must work with your suppliers to ascertain the date of the most recent test conducted on an animal from your range of ingredients. That date will become your FCOD.

You must then formalise this date with your suppliers in the form of a contract and regularly check that they are committed to only supplying ingredients before your FCOD.

For more help on how to adopt a FCOD, visit our webpage - [Become a Cruelty Free Company](#)

1. Company Name and Contact Details	
Company Name:	
Address: <i>(including postcode)</i>	..... ..... .....
Telephone Number:	
Company Email:	
Website:	

2. Further Company Information	
Is your company owned by a Parent Company?	<i>(please circle)</i>  YES / NO
Name of Parent Company:	
Address of Parent Company Head Office:	..... ..... ..... Postcode .....
Does the development, manufacture and sale of your products, <u>and those of your Parent Company</u> , take place solely within the European Union?	<i>(please circle)</i>  YES / NO

## 2. Further Company Information Continued...

<p><b>Do you, or your Parent Company, market and sell products outside the European Union?</b></p> <p><b>If the answer is YES, please list the countries where products are sold.</b></p>	<p><i>(please circle)</i></p> <p><b>YES / NO</b></p> <p>.....</p> <p>.....</p>
<p><b>Contact details of the person within your Company, or your Parent Company (if applicable), who is responsible for the company's Animal Testing Policy:</b></p> <p><i>If you have a Parent Company, this section must include contact details of the person responsible within your Parent Company.</i></p>	<p><b>Name:</b> .....</p> <p><b>Title:</b> .....</p> <p><b>Email:</b> .....</p> <p><b>Phone:</b> .....</p>

## 3. Animal Testing Policy – Personal Care Products

Do you conduct or fund any animal tests on your finished cosmetic and toiletry products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct or fund any animal tests on your ingredients or formulae for use in your cosmetic and toiletry products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Bearing in mind that all new ingredients require safety testing which, if your company or parent company markets and sells products outside the EU may involve animal testing, do you have a policy to restrict the use of new ingredients in personal care products?  <i>(Please tick which of the following four statements applies)</i></p>		
(i) No restrictions on the use of animal-tested ingredients	<input type="checkbox"/>	
(ii) Yes – ingredients are restricted to a Fixed Cut-Off Date of DD/MM/YY ..... <i>(It's essential that you specify the date and year)</i>	<input type="checkbox"/>	
(iii) Yes – ingredients are restricted to a five year rolling rule	<input type="checkbox"/>	
(iv) Yes – other, please specify (use separate sheet if necessary)	<input type="checkbox"/>	
If you do not have a Fixed Cut-Off Date, do you feel that this would be a possibility in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 4. Animal Testing Policy – Household Cleaning Products

Do you conduct or fund any animal tests on your finished household cleaning products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct or fund any animal tests on your ingredients or formulae for use in your household cleaning products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Bearing in mind that all new ingredients require safety testing, which may involve animal testing, do you have a policy to restrict the use of new ingredients in your household cleaning products?  <i>(Please tick which of the following four statements applies)</i></p>		
(i) No restrictions on the use of animal-tested ingredients	<input type="checkbox"/>	
(ii) Yes – ingredients are restricted to a Fixed Cut-Off Date of DD/MM/YY ..... <i>(It's essential that you specify the date and year)</i>	<input type="checkbox"/>	
(iii) Yes – ingredients are restricted to a five year rolling rule	<input type="checkbox"/>	
(iv) Yes – other, please specify (use separate sheet if necessary)	<input type="checkbox"/>	
If you do not have a Fixed Cut-Off Date, do you feel that this would be a possibility in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 5. Suppliers

Do you purchase any of the ingredients or formulae in your products from suppliers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, (i) Do your suppliers conduct or fund animal experiments for ingredients that will be used in your cosmetic or household products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Do your suppliers purchase from other companies that conduct or fund animal experiments for ingredients that will be used in your cosmetic or household products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) How do you regulate suppliers' policy to ensure that they conform to your animal testing policy? (written, verbal, affidavits) .....		
(iv) How frequently do you regulate suppliers' to ensure they conform to your animal policy? .....		

### 6. Communication of Animal Testing Policy

Are customer service representatives ( <i>any member of staff in contact with the public</i> ) fully briefed on your company's animal testing policy as part of a staff training/induction programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### 7. Brands

<b>Please list all your brands</b> (not individual products). <i>Many smaller companies sell products under their company name only so please leave blank if this is the case.</i>	
<b>Have you sold any brands in the last 5 years? If so, which ones and to whom?</b>	

### 8. Product Availability

<b>Are your products:</b>		
100% suitable for vegetarians?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
100% suitable for vegans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not all totally vegan or vegetarian, is a list available on request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Available in High Street Shops?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Available in Supermarkets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Available to purchase online?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Available via mail order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 9. Product Information

Please tick which products are manufactured by your company and add additional product types if necessary.

If you have more than one brand, please **COMPLETE THIS SECTION FOR EACH BRAND** by printing as many copies of this page as necessary.

### PERSONAL CARE PRODUCTS

BRAND .....

Aromatherapy	<input type="checkbox"/>	Hand Care	<input type="checkbox"/>
Baby Care Products	<input type="checkbox"/>	Hand Sanitiser	<input type="checkbox"/>
Bath Products	<input type="checkbox"/>	Lip Care	<input type="checkbox"/>
Body Skincare	<input type="checkbox"/>	Men's Fragrances	<input type="checkbox"/>
Children's Products	<input type="checkbox"/>	Men's Personal	<input type="checkbox"/>
Cosmetics / Make Up	<input type="checkbox"/>	Nail Care	<input type="checkbox"/>
Deodorant / Antiperspirant	<input type="checkbox"/>	Oral Hygiene	<input type="checkbox"/>
Depilatory (hair removal)	<input type="checkbox"/>	Perfume	<input type="checkbox"/>
Facial Skincare	<input type="checkbox"/>	Self Tanning Products	<input type="checkbox"/>
Feminine Hygiene	<input type="checkbox"/>	Shower Gel	<input type="checkbox"/>
Foot Care	<input type="checkbox"/>	Soap / Handwash	<input type="checkbox"/>
Hair Colour	<input type="checkbox"/>	Sun Care	<input type="checkbox"/>
Hair Conditioner	<input type="checkbox"/>	Vitamins / Supplements	<input type="checkbox"/>
Hair Shampoo	<input type="checkbox"/>	Wipes	<input type="checkbox"/>
Hair Styling	<input type="checkbox"/>		

### HOUSEHOLD CLEANING PRODUCTS

BRAND .....

Air Freshener	<input type="checkbox"/>	Limescale Remover/Descaler	<input type="checkbox"/>
Bathroom Cleaner	<input type="checkbox"/>	Metal Polish	<input type="checkbox"/>
Bleach	<input type="checkbox"/>	Mould Remover	<input type="checkbox"/>
Carpet Cleaner	<input type="checkbox"/>	Multisurface Cleaner	<input type="checkbox"/>
Dishwasher Products	<input type="checkbox"/>	Oven / Hob Cleaner	<input type="checkbox"/>
Disinfectant	<input type="checkbox"/>	Toilet Cleaner	<input type="checkbox"/>
Drain Unblocker	<input type="checkbox"/>	Toilet Freshener	<input type="checkbox"/>
Floor Cleaner	<input type="checkbox"/>	Upholstery Stain Remover	<input type="checkbox"/>
Furniture Polish/Care	<input type="checkbox"/>	Washing-up liquid	<input type="checkbox"/>
Garden Products	<input type="checkbox"/>	Window / Glass Cleaner	<input type="checkbox"/>
Kitchen Cleaner	<input type="checkbox"/>	Wipes	<input type="checkbox"/>
Laundry Products	<input type="checkbox"/>		

I hereby certify that the information provided in this 5-page document is true and correct.

Print name: .....

Phone number: .....

Position in Company: .....

Signature: .....

Email: .....

Date: .....

Thank you for completing this Questionnaire.  
Please return it as soon as possible.

BY EMAIL TO: [info@naturewatch.org](mailto:info@naturewatch.org)

OR POST TO:  
Naturewatch Foundation, 49 Rodney Road  
Cheltenham, Gloucestershire, GL50 1HX

**T** +44 (0) 1242 252871 · **E** [info@naturewatch.org](mailto:info@naturewatch.org) · **W** [www.naturewatch.org](http://www.naturewatch.org)

Naturewatch Foundation, 49 Rodney Road, Cheltenham, Gloucestershire, GL50 1HX, United Kingdom

**PATRONS** Pollyanna Pickering · The late Alexandra Bastedo · Chris Packham · Hayley Mills · Jenny Seagrove · The late Princess Elizabeth de Croÿ

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