

121-88

03/12/2009

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

MAR 12 2009

Mr. Eric D. Smith
Regulatory Affairs Manager
Spectrum, Div. of United Industries
PO Box 142642
St. Louis, Missouri 63114

RE: To add an Optional Marketing Claim to the label – “Pocket Size”
EPA Registration Number: 121-88
Date of Submission: January 23, 2009

Dear Mr. Smith:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated January 23, 2009, for the Cutter Insect Repellent 40 P. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped “Notification” and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Joyce Edwards of my staff at 703-308-5479.

Sincerely,

A handwritten signature in black ink, appearing to be "Linda Arrington".

Linda Arrington
Notifications & Minor Formulations Team Leader
Registration Division (7505P)
Office of Pesticide Programs



United States Environmental Protection Agency
Office of Pesticide Programs (H7505C)
Washington, DC 20460

Application for Pesticide:

Registration
Amendment
Other

OPP Identifier Number

Section I

1. Company/Product Number 121-88	2. Product Manager R. Gebkin	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cutter Insect Repellent 40 P	PM# 10	
5. Name and Address of Applicant (include ZIP Code) Spectrum, Div. of United Industries P.O. Box 142642 St. Louis, MO 63114 <input type="checkbox"/> Check if this is a new address	6 Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: NOTIFICATION EPA Reg. No. _____ Product Name MAR 12 2009	

Section II

<input type="checkbox"/> Amendment - Explain below	<input type="checkbox"/> Final printed label in response to Agency letter date
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "ME TOO" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - explain below

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to add an optional marketing claim to the label. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section III

1. Material in Which This Product Will Be Packaged:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes * <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water-Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted	If "YES," Unit package wgt	No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label Is Affixed To Product <input type="checkbox"/> Lithographed <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section IV

1. Contact Point (Complete items directly below for identification of the individual to be contacted, if necessary, to process this application)		
Name Eric D. Smith	Title Regulatory Affairs Manager	Telephone No. (include Area Code) 314-683-2455
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6 Date Application Received (Stamped)
2. Signature 	3. Title Regulatory Affairs Manager	
4. Typed Name Eric D. Smith	5. Date January 23, 2009	

United Industries Corp.

January 23, 2009

U.S. Environmental Protection Agency
Office of Pesticide Programs (7504P)
Document Processing Desk (NOTIF)
Room S4900, One Potomac Yard
2777 S. Crystal Drive
Arlington, VA 22202-4501

Attention: Mr. Richard Gebken
Product Manager 10

**Subject: Notification per PR Notice 98-10
Cutter Insect Repellent 40 P
EPA Reg. No. 121-88**

Dear Mr. Gebken:

Please find the enclosed notification per PR Notice 98-10 to add the following optional marketing claim: "Pocket Size." The claim refers to the reduction in size of the product which is now small enough to literally fit into one's shirt, jacket, or pants pocket.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

The following documents are enclosed in support of this submission:

- 1. Application for Pesticide (EPA Form 8570-1)
- 2. One copy of the proposed label *with changes highlighted*
- 3. One clean copy of the proposed label

Please feel free to call me at 1-800-242-1166 Ext. 2455, should you have any questions or require additional information.

Sincerely,



Eric D. Smith
Regulatory Affairs Manager

Front Panel

CUTTER INSECT REPELLENT 40P

[INSECT REPELLENT • Long lasting protection from mosquitoes, ticks, biting flies, gnats, chiggers, no-see-ums and fleas • Lasts up to 8 hours against mosquitoes • Provides up to 8 hours of protection against mosquitoes • Protection that lasts up to 8 hours against mosquitoes • Provides protection for up to 8 hours against mosquitoes • Effective, dependable protection • Effective, long-lasting protection • Developed to protect in the worst conditions • Extreme[ly] long-lasting protection • [For] extreme insect protection • 8 hour protection formula • Concentrated insect protection • Effective protection from mosquitoes, chiggers, ticks, biting flies, no-see-ums, gnats and fleas • Makes you invisible to bugs • Tough on bugs • Repels mosquitoes, chiggers, ticks, biting flies, no-see-ums, gnats and fleas • Repels biting insects for hours • Repels Mosquitoes That May Carry West Nile Virus • Mosquito Repellent • CONTAINS DEET [n, n-Diethyl-m-toluamide] • 40% DEET • Hours of effective protection from mosquitoes, and other biting insects • The long-lasting, non-greasy formula provides exceptional effective protection • Non-greasy • Not greasy or oily • Spray on skin or clothing • It won't stain • Won't stain • Non-staining • Starts to work immediately • Unscented formula[tion] for effective protection while hunting • Unscented • Unscented protection • Convenient pump • [New] pump formula] • Pocket Size

NOTIFICATION

MAR 12 2009

Active Ingredient:

DEET 40.0%
Other Ingredients 60.0%

KEEP OUT OF REACH OF CHILDREN

WARNING Read cautions on back.

Net 4 fl oz (11 mL)

OPTIONAL MARKETING LANGUAGE

[Now...] Strong DEET protection that lasts up to 8 hours, even in the worst conditions.

[Now...] Concentrated insect protection for extreme conditions.

[Now...] Spray at any angle, even upside down.

[OPTION 1

Developed especially for campers, backpackers, fishermen, hunters and other active outdoor enthusiasts. Cutter Insect Repellent 40P repels mosquitoes for up to 8 hours.

The long-lasting, non-greasy formula provides exceptional effective protection from ticks, biting flies, gnats, chiggers, fleas and no-see-ums.]

[OPTION 2

Cutter Insect Repellent 40P provides up to 8 hours of continuous protection from mosquitoes and biting flies. Developed especially for hunters and fishermen, Cutter Insect Repellent 40P has no added [scent][fragrance]. This formulation also offers long lasting protection from ticks, chiggers, no-see-ums, gnats, and fleas. Strong DEET protection for extreme environments.]

[OPTION 3

Cutter Insect Repellent 40P spray is specially formulated to provide up to 8 hours of protection from mosquitoes. It also repels biting flies, ticks, chiggers, fleas and no-see-ums. Cutter's unique formula is not greasy, won't stain, and has no unpleasant odor. This pump allows you to hold the bottle *and spray at any angle, even upside down . . .* to cover ankles, legs, and your back.]

Back Panel

STOP. Read and follow all directions and precautions on this product label.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. *For outdoor use only.*

Do not spray in enclosed areas. Hold bottle 6 inches from skin and clothing while spraying, keeping sprayer pointed away from face. Slightly moisten skin. Use just enough repellent to cover exposed skin and/or clothing. Do not use under clothing. [For maximum protection on skin, spread with hand after application.] If used on the face, spray on hands first and then apply sparingly and avoid eyes. Do not spray directly onto face. Do not apply near eyes and mouth. Apply sparingly around ears. Do not apply over cuts, wounds or irritated skin. Do not apply to sunburned skin. Do not apply to children's hands. Do not allow children to handle this product. When using on children, apply to your own hands and then put it on the child. [For extra protection from [crawling] ticks, chiggers and fleas, spray along all openings of clothing, such as

S/S

neckband, waistband, pant and sleeve cuffs, sock tops and other areas where insects may crawl under clothing.] [Frequent reapplication or saturation is unnecessary.] Avoid over-application of this product. After returning indoors, wash treated skin with soap and water [and double-check yourself, other family members and pets for ticks.] Wash treated clothing before wearing it again. Will not damage nylon, cotton, or wool. May damage some synthetic fabrics, plastics, watch crystals, leather, painted or varnished surfaces. Use of this product may cause skin reactions in rare cases. If you suspect reaction to this product, discontinue use, wash treated skin and call your local Poison Control Center. If you go to a doctor, take this product with you.

STORAGE AND DISPOSAL

Storage: Store the product in a cool, dry place. Keep out of reach of children.
Container Disposal: If empty: Do not reuse this container. Place in trash or offer for recycling if available. **If partly filled:** Call your local solid waste agency or 1-00-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

PRECAUTIONARY STATEMENTS

Hazards to Humans and Domestic Animals

WARNING. Causes substantial but temporary eye injury. Harmful if swallowed. Do not get in eyes. Use of this product may cause skin reactions in rare cases. Wash treated clothing before wearing it again. Wash hands before eating, drinking, chewing gum, using tobacco or using the toilet.

First Aid

If In Eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a Poison Control Center or doctor for treatment advice. **If Swallowed:** Call a Poison Control Center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a Poison Control Center or doctor. Do not give anything by mouth to an unconscious person.

IF YOU SUSPECT A REACTION TO THIS PRODUCT: Discontinue use. Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a Poison Control Center or doctor for treatment advice.

HOTLINE NUMBER: In case of an emergency call toll free [1-800-767-9927].

Have the product container or label with you when calling a Poison Control Center or doctor, or going for treatment.

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

Physical or Chemical Hazards

COMBUSTIBLE. Do not use or store near heat or open flame.

NOTICE: Buyer assumes all responsibility for safety and use not in accordance with directions.

Questions or Comments? Call 1-800-767-9927.

[Visit our web site at www.skeeterbites.com]

Made in the USA for Spectrum,
Division of United Industries Corporation,
P. O. Box 142642,
St. Louis, MO 63114-0642

EPA Reg. No. 121- 88

EPA Est. No. 9688-MO-1

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