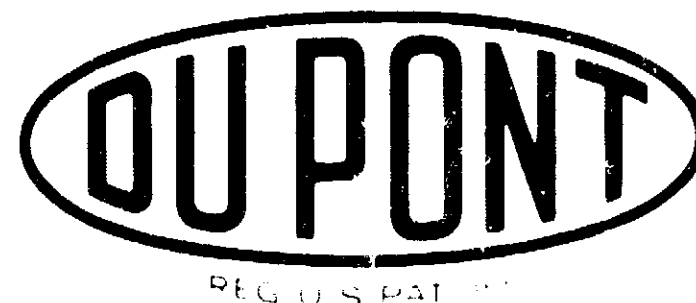




METHOMYL

TECHNICAL

FOR PESTICIDE MANUFACTURING USE ONLY

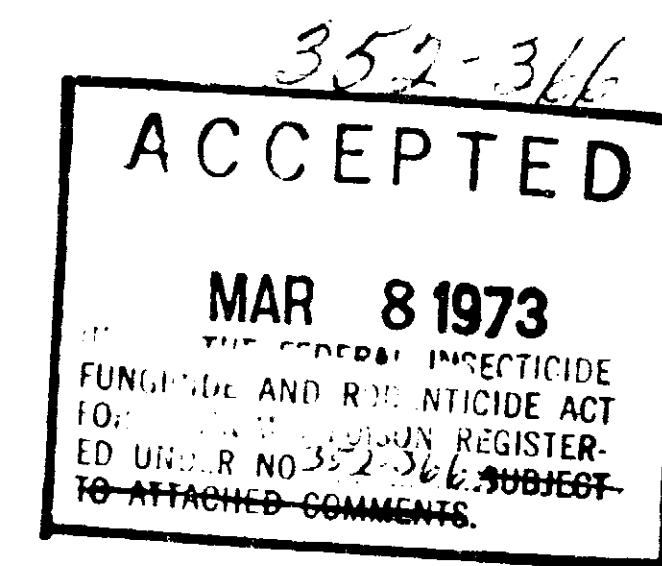
ACTIVE INGREDIENT: Methomyl

S-methyl N-[(methylcarbamoyl)oxy]thioacetimidate

95%

INERT INGREDIENTS

5%



Keep out of reach of children.

DANGER



POISON

MAY BE FATAL IF SWALLOWED OR INHALED.

Do not breathe dust.

Do not get in eyes, on skin, on clothing.

In case of contact, wash skin with plenty of soap and water; for eyes, flush with water for 15 minutes and get medical attention; remove and wash contaminated clothing before reuse.

Wear goggles and a mask or respirator of a type suitable for protection against insecticide dust when handling. Wear clean clothes daily. Wash thoroughly after handling and before eating or smoking. Do not contaminate or store near feed or foodstuffs.

IMPORTANT Keep unprotected persons out of work areas. Do not reuse container, crush and bury when empty.

This product is toxic to fish, birds and other wildlife. Keep out of any body of water. Do not contaminate water by leakage of equipment or disposal of wastes.

ANTIDOTE AND FIRST AID

ATROPINE IS AN ANTIDOTE—CONSULT PHYSICIAN FOR EMERGENCY SUPPLY OF 1-100 GRAIN ATROPINE TABLETS. CALL A PHYSICIAN AT ONCE IN ALL CASES OF SUSPECTED POISONING.

If swallowed, give a tablespoonful of salt in a glass of warm water and repeat until vomit fluid is clear. If inhaled, remove from exposure. Have patient lie down and keep quiet. If patient is not breathing, start artificial respiration immediately. **Never give anything by mouth to an unconscious person.**

If warning symptoms appear, see **Warning Symptoms** below, before physician arrives, immediately swallow two atropine tablets (each 1-100 gr.); thereafter, every 10 to 15 minutes, take one atropine tablet (1-100 gr.) until throat becomes dry and skin becomes dry and flushed. Take additional tablets as necessary to maintain a moderately dry throat and dry, flushed skin until physician arrives.

NOTE TO PHYSICIAN

WARNING SYMPTOMS Methomyl poisoning produces effects associated with anti-cholinesterase activity which may include weakness, blurred vision, headache, nausea, abdominal cramps, discomfort in the chest, constriction of pupils, sweating, slow pulse, muscle tremors.

TREATMENT Atropine sulfate should be used for treatment. Administer repeated doses, 1.2 to 2.0 mg. intravenously every 10 to 30 minutes until full atropinization is achieved. Maintain atropinization until the patient recovers. Artificial respiration or oxygen may be necessary. Allow no further exposure to any cholinesterase inhibitor until recovery is assured. Do not use morphine or 2-PAM.

NET 100 LBS.

E. I. DU PONT DE NEMOURS & CO. (INC.), BIOCHEMICALS DEPARTMENT, WILMINGTON, DELAWARE