

PM-13

Reg # 498-146

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Please read instructions on reverse before completing form.

Form Approved (OMB No. 2070-0060. Approval expires 2-28-95)



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

236845

Application for Pesticide - Section I NOTIFICATION

1. Company/Product Number 498-146	2. EPA Product Manager Mr. George T. LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SprayPak Indoor Insect Fogger, Formula 3	PM# 13	
5. Name and Address of Applicant (include ZIP Code) Chase Products Co. The Quality First Company P.O. Box 70 Maywood, IL 60153 <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: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<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.

*This notification is consistent with the provisions of PR Notice 95-2 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 95-2 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.

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

NOTIFICATION

We would like to request for an additional brand name to read:

Champion SprayOn Indoor Insect Fogger, Formula 3

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	<input type="checkbox"/> Plastic	
* Certification must be submitted				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6,8,10,11,13,15,16,18,20,24oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <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 individual to be contacted, if necessary, to process this application.)		
Name Aludia B. Hernandez	Title Gov't Affairs Administrator	Telephone No. (include Area Code) (708) 865-1000
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 Gov't Affairs Administrator	
4. Typed Name Aludia B. Hernandez	5. Date January 19, 1996	

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United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

236848

Application for Pesticide - Section I NOTIFICATION

1. Company/Product Number 498-146	2. EPA Product Manager PM#	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SprayPak Indoor Insect Fogger formula 3		
5. Name and Address of Applicant (Include ZIP Code) Chase Products Co. The Quality First Company P.O. Box 70 Maywood, IL 60153 <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: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

NOTIFICATION

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

We would like to add a logo and statement indicating the absence of chlorofluorocarbons (CFC's).
A copy of the label with the logo and the statement added is attached.

"This notification is consistent with the provisions of FR Notice 95-2 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formulae 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 FR Notice 95-2 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 13 and 14 of FIFRA."

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6,8,10,12,13,14,15,16,18,20oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Aludia B. Hernandez	Title Gov't Affairs Administrator	Telephone No. (Include Area Code) (708) 865-1000
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. Data Application Received (Stamped)
2. Signature <i>Aludia B. Hernandez</i>	3. Title Gov't Affairs Administrator	
4. Typed Name Aludia B. Hernandez	5. Date March 21, 1996	

INDOOR INSECT FOGGER

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FORMULA 3

Kills Ants, Cockroaches, Crickets, Fleas, Flies, Mosquitoes, Rice Weevils, Saw-toothed Grain Beetles, Small Flying Moths and Ticks.

For Use in Rooms, Apartments, Homes, Attics, Basements, Campers, Boats, Household Storage Areas, Garages, Pet Sleeping Areas, Cabins.

One Unit Treats up to 6,000 Cubic Feet.

WATER BASED
NON-STAINING
NO UNPLEASANT ODOR

ACTIVE INGREDIENTS:

Pyrethrins.....	0.050%
*N-octyl bicycloheptene dicarboximide.....	0.400%
Permethrin [**(3-Phenoxyphenyl) methyl (+ or -) cis-trans-3-(2,2-dichloroethenyl) 2,2-dimethylcyclopropanecarboxylate].....	0.400%
Related Compounds.....	0.035%

INERT INGREDIENTS:.....	99.115%
	<u>100.000%</u>

*MGK 264, Insecticide Synergist

**cis-trans isomer ratio: Min. 35% (+ or -) cis Max. 65% (+ or -) trans

EPA Reg. No. 498-146

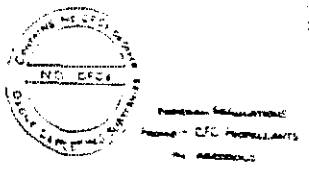
EPA Est. No. 1L-1

KEEP OUT OF REACH OF CHILDREN CAUTION

SEE BACK PANEL FOR ADDITIONAL PRECAUTIONARY STATEMENTS.

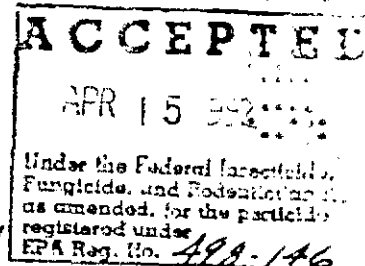
STATEMENT OF PRACTICAL TREATMENT:

- IF SWALLOWED: Call a physician or Poison Control Center immediately.
- IF IN EYES: Flush with plenty of water. Get medical attention if irritation persists.
- IF ON SKIN OR CLOTHING: Remove contaminated clothing and wash before reuse. Wash skin with soap and warm water. Get medical attention if irritation persists.
- IF INHALED: Remove victim to fresh air if effects occur, and call a physician.



NET WT. _____

CHASE PRODUCTS CO.
The Quality First Company
P.O. Box 70



PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

Harmful if swallowed or absorbed through skin. Do not breathe vapors or spray mist. Avoid contact with skin or eyes. In case of contact, flush with plenty of water. Wash with soap and water after use. Obtain medical attention if irritation persists. Avoid contamination of food or feedstuffs.

ENVIRONMENTAL HAZARDS

Do not contaminate water when disposing of equipment washwaters.

PHYSICAL OR CHEMICAL HAZARDS

Contents under pressure. Keep away from heat, sparks, and open flame. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting.

DIRECTIONS FOR USE

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

SHAKE WELL BEFORE USE. KEEP CONTAINER UPRIGHT.

This product will kill Ants, Cockroaches, Crickets, Fleas, Houseflies, Mosquitoes, Rice Weevils, Saw-Toothed Grain Beetles, Small Flying Moths and Ticks.

Cover exposed food, dishes and food-handling equipment. Open cabinets and doors to area to be treated. Shut off fans and air conditioners. Put out all flames and pilot lights. Close doors and windows. Point valve opening away from face and eyes when releasing. Use one unit for each 6,000 cubic feet of unobstructed area. Use additional units for remote rooms or where free flow of mist is not assured. Do not remain in the area during treatment and ventilate thoroughly before reentry.

TO OPERATE VALVE: To lock valve in open position for automatic discharge, press the valve button all the way down, hooking the catch. Then place fogger on stand or table in the center of the room with valve locked open, placing several layers of newspaper or pad under fogger. Leave building at once and keep building closed for four hours before airing out. Open all doors and windows and allow to air for 30 minutes. Repeat spraying in two weeks or when necessary.

To Kill Ticks and Fleas: Old bedding should be removed and replaced with fresh, clean bedding after treatment. Pets should be treated with a registered product for flea and tick control in conjunction with this treatment.

STORAGE AND DISPOSAL

STORAGE: Store in a cool dry area away from heat or open flame.

DISPOSAL: Replace cap and discard container in trash. Do not incinerate or puncture.