

498-196


5-13-2002

NOTIFICATION

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Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060.

	United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 258931
	<b>Application for Pesticide - Section I</b>		

1. Company/Product Number 498 -196	2. EPA Product Manager Mr. Marion Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Champion SprayOn Metered Insecticide Spray	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Chase Products Co. Putting the best at your fingertips. 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 _____	<b>NOTIFICATION</b>  <b>MAY 13 2002</b>
<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.)

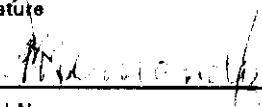
"Notification of label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula 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 guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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."

NOTIFICATION: To change the Disposal Instructions according to PR Notice 2001-6.

## 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 <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6, 7, 11, 12, 13, 14, 15, 16, 17, 18, 20, 22, 24 Oz		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 Technical & Regulatory Compliance Manager	Telephone No. (include Area Code) 708-865-1000	
<b>Certification</b> 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 Technical & Regulatory Compliance Manager	
4. Typed Name Aludia B. Hernandez		5. Date May 02, 2002	

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FRONT PANEL

**CHAMPION SPRAYON  
METERED  
INSECTICIDE SPRAY**

**NOTIFICATION**

**MAY 13 2002**

- **HIGHLY CONCENTRATED FORMULA**
- **LASTS 28 DAYS OR MORE WHEN SPRAYED AROUND THE CLOCK AT 15-MINUTE INTERVALS**

**CONTROLS FLIES, MOSQUITOES, GNATS AND SMALL FLYING MOTHS**

**ACTIVE INGREDIENTS:**

Pyrethrins .....	0.9%
*Piperonyl butoxide, technical .....	9.0%
<b>**OTHER INGREDIENTS:</b> .....	90.1%
Total	100.0%

\*Equivalent to 7.2% (butylcarbityl) (6-propyl-piperonyl) ether and 1.8% related compounds.  
 \*\*Contains Petroleum Distillates.

EPA Reg. No. 498-196-XXXXX

EPA Est. No. 498-IL-1

**PESO NETO/NET WT. XX OZ. (XXX g)**

**CONTAINS NO CFCs OR OTHER  
 OZONE-DEPLETING SUBSTANCES  
 FEDERAL REGULATIONS  
 PROHIBIT CFC PROPELLANTS  
 IN AEROSOLS**

**KEEP OUT OF REACH OF CHILDREN  
 CAUTION**

See precautionary statements on back of can.

**MANTÉNGASE FUERA DEL ALCANCE DE LOS NINOS  
 PRECAUCIÓN**

BACK PANEL

**PRECAUTIONARY STATEMENTS  
HAZARDS TO HUMANS & DOMESTIC ANIMALS  
CAUTION**

Harmful if inhaled. Avoid breathing spray mist. Avoid contact with skin, eyes, clothing. Remove contaminated clothing and wash before reuse. Do not use in nurseries or rooms where infants, ill or aged persons, or pets (particularly birds and fish) will be confined.

**PHYSICAL & CHEMICAL HAZARDS**

**EXTREMELY FLAMMABLE:** Contents under pressure. Do not use or store near heat or open flame. DO NOT PUNCTURE OR INCINERATE CONTAINER. Exposure to temperatures above 130°F may cause bursting. Do not allow spray to contact plastic, painted or varnished surfaces.

**FIRST AID**

**IF INHALED:** Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible. Call a poison control center or doctor for further treatment advice.

**IF ON SKIN OR CLOTHING:** 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.

**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 eye. 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 the poison control center or doctor. Do not give anything by mouth to an unconscious person.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

**DIRECTIONS FOR USE**

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

This product is designed for use in an automatically timed dispensing cabinet. Use metered valve provided, which gives a dosage of 64 mg (0.0022 oz). The dispenser should be installed 7 ft above the floor, at least 3 ft from solvent-sensitive surfaces (plastic, painted or varnished surfaces) and 12 ft from any surface that may come in contact with food (including, but not limited to, countertops, appliances, equipment and utensils). In food-processing areas, the dispenser may be activated only

when the facility is not in operation. Foods must be removed or covered during treatment. All utensils, shelving, etc. where food will be handled should be covered or removed before treatment or thoroughly washed with an effective cleaning compound followed by a potable water rinse prior to use.

Controls *FLIES, MOSQUITOES, GNATS and FLYING MOTHS* in an area of 6000 cubic feet (approximately 25x25x10 ft) in dairies, barns, canneries, breweries, manufacturing plants, restaurants, hospitals, stores, motels, schools and other public buildings. Factors such as shape of area, temperature, humidity, air currents and sanitary practices all affect insect activity and may modify the area protected.

**TO USE:** Following the instructions on the dispenser, insert the container and set it to discharge at 15 minute intervals, 24 hours a day or between specific hours. Sprayed around the clock at 15-minute intervals, this container will last for 28 days.

Carefully follow directions for the dispenser unit when installing the dispenser and replacing cans or conducting maintenance. Do not install within 3 feet of air ducts. Do not use in public places while customers or workers are present. Timers in these places must be set to dispense only during nonbusiness hours.

If any insecticide remains in the can when it is scheduled for replacement, it may be dispensed manually. Spray directly at flies or other insects, pressing actuator button repeatedly, or use as a space spray. Close windows and doors and press actuator button 7 times per 1000 cubic feet of space. Keep can in motion, and pointed slightly upward to distribute the spray in the upper portion of the room.

Do not use in occupied rooms. All persons must be removed from rooms prior to treatment. Rooms should be ventilated for two hours after spraying. Do not allow persons to re-enter room until after ventilation.

### STORAGE & DISPOSAL

**GENERAL:** Do not contaminate other materials (including water/food/feed) during transport, use, storage and disposal. If damaged or leaking, soak up and wrap any waste, then dispose of as below.

**STORAGE:** Keep in a cool, dry, locked area inaccessible to children and away from sources of heat and ignition (including flames, sparks, hot surfaces and sunlight). Containers heated above 130°F (54°C) may burst.

**DISPOSAL:** Do Not Puncture or Incinerate!

**If empty:** Place in trash or offer for recycling if available.

**If partly filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

**THE USER OF THIS PRODUCT ASSUMES ALL RISKS OF USE, STORAGE AND HANDLING NOT IN ACCORDANCE WITH ITS DIRECTIONS AND CAUTIONS.**

**KEEP OUT OF REACH OF CHILDREN**

[OPTIONAL: Questions about this product? Call (708) 865-1000  
MEDICAL EMERGENCY INFORMATION ONLY:  
Chem-Tel, Inc. (800) 255-3924]

[OPTIONAL MADE IN USA GRAPHIC]

[OPTIONAL UPC SYMBOL]

**CHASE PRODUCTS CO.**  
**Putting the best at your fingertips.™**  
P.O. Box 70 • Maywood, IL 60153  
www.chaseproducts.com

s:/ara/epa/pending/new disposal statement 498-196  
8-XXXX

=====  
BOTTOM OF LABEL  
=====

5 0 0 0 0  
1 2 3 4 5

6  
7 8 9  
0 1 2 3 4

5 6 7 8 9  
0 1 2 3 4

5 6 7 8 9  
0 1 2 3 4

5 6 7 8 9  
0 1 2 3 4