

PM-31

Reg # 706-65

2/26/97

194

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

158

FEB 26 1997

Kim Davis
Claire Manufacturing Company
c/o RegWest Company
P.O. Box 2220
Greeley, CO 80632-220

Subject: Claire Disinfectant Bathroom Cleaner
EPA Registration No. 706-65
Notification Per PR-Notice 95-2

Dear Ms. Davis:

This will acknowledge receipt of your notification, to revise your label to add the marketing term "Country Fresh Scent" submitted under the provisions of FIFRA section 3 (c) 9. Based on a review of the submitted material, the following comments apply.

The application is acceptable and the notification has been made a part of the records for this file.

Sincerely,

Wanda Y. Mitchell
Notification Coordinator
Antimicrobial Program Branch
Registration Division (7505)

CONCURRENCES

SYMBOL	75052						
SURNAME	Mitchell						
DATE	2/26/97						

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080, Approval expires 05-31-98



United States
Environmental Protection Agency
Washington, DC 20460

Registration
Amendment
Other

OPP Identifier Number
253373

Application for Pesticide - Section I

1. Company/Product Number 706-65	2. EPA Product Manager Marion Johnson	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) CLAIRE DISINFECTANT BATHROOM CLEANER	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) CLAIRE MANUFACTURING COMPANY c/o RegWest Company P.O. Box 2220 <input type="checkbox"/> Greeley, CO 80632-2220 <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.

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

Submit label revision notification (to add selling copy on front panel) pursuant to PR Notice 95-2. 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 the 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.

Section - III

1. Material This Product Will Be Packaged In:				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
* 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 type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) 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"/> 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 Kim Davis	Title Consultant/Agent	Telephone No. (Include Area Code) (970) 353-0611
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 Consultant/Agent	
4. Typed Name Kim Davis	5. Date January 23, 1997	

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RegWest Company

P.O. Box 2220 Greeley, CO 80632-2220 970/353-0611 FAX 970/353-0613

CERTIFIED MAIL RRR
P 359 574 643

January 23, 1997

Document Processing Desk - **NOTIF**
Office of Pesticide Programs - **7505C**
U.S. ENVIRONMENTAL PROTECTION AGENCY
401 M Street, S.W.
Washington, DC 20460-0001

ATTN: Marion Johnson, Product Manager 31

Dear Mr. Jophnson:

SUBJECT: Claire Manufacturing Company
Claire Disinfectant Bathroom Cleaner
EPA Reg. No. 706-65

On behalf of its client, *Claire Manufacturing Company*, RegWest Company is submitting the attached documents as notification of a label revision for subject product. RegWest Company will act as sole agent in this endeavor.

Attached are the following:

1. Copy of Application for Pesticide: Other [OPP IDN 253373]
2. *One Reference Label*
3. One final printed label with changes clearly indicated

The added verbiage is clearly indicated on the *Reference Label*.

Please contact me at (970) 353-0611 if you have any questions concerning this submission or require additional information.

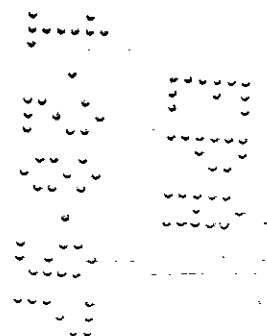
Regards,

REGWEST COMPANY

Kim Davis, CC, APC

Attachments

pc: CMC

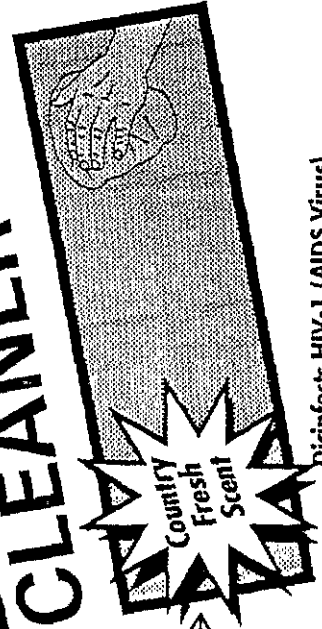


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[REFERENCE LABEL]



DISINFECTANT BATHROOM CLEANER



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Disinfects HIV-1 (AIDS Virus),
Influenza A₂/Japan Virus and
Herpes Simplex Virus Types 1 and 2 on Hard
Inanimate Nonporous Environmental Surfaces

Kills Most Germs

- BACTERICIDAL ■ STAPHYLOCIDAL
- PSEUDOMONICIDAL ■ *VIRUCIDAL

**CLEANS AND DEODORIZES
SPRAY AND WIPE SHINING CLEAN**

ACTIVE INGREDIENTS:
 n-alkyl (60% C14, 30% C16, 5% C12, 5% C18)
 dimethyl benzyl ammonium chloride 0.115%
 n-alkyl (50% C12, 30% C14, 17% C16, 3% C18)
 dimethyl ethylbenzyl ammonium chloride. . 0.115%
INERT INGREDIENTS 99.770%
TOTAL 100.00%

EPA Reg. No. 706-65 EPA Est. 706-IL-1

**KEEP OUT OF REACH OF CHILDREN
CAUTION**

See back panel for additional precautionary statements
NET WT. 19 OZ. (1 LB. 3 OZ.) 539 GRAMS

For Use in Hospitals, Nursing Homes, Clinics, Medical Facilities, Businesses, Hotels, Motels, Restaurants, Schools, Institutions and Commercial Establishments

NEEDS NO RINSING
 Kills: Staphylococcus aureus, Pseudomonas aeruginosa, Salmonella choleraesuis, Escherichia coli, Shigella flexneri, Human Herpesvirus Type 1 (HHV-1) (AIDS Virus), Adenovirus Type 2, Influenza A/Japan Virus, *Pneumococcus (Pneumonia), and *Herpes Simplex Virus Types 1 and 2 on hard inanimate nonporous environmental surfaces.
DISINFECTS: Acts as a disinfectant on such surfaces as table tops, counters, tile, wood work, stone work, walls, woodwork and carpeting.
 The easy way to clean, disinfect and deodorize. Spray and wipe clean. Cleans and disinfects without scrubbing or sanding. No rinsing and no odor. For use on all hard surfaces. For use on all hard surfaces. For use on all hard surfaces.

DIRECTIONS FOR USE
 It is a violation of Federal law to use this product in a manner inconsistent with its labeling.
 Remove all gross dirt or heavy soil from surface to be treated prior to using this product.
SURFACE WILL BEFORE EACH USE: First remove soiling toward area to be cleaned, press down firmly and spray evenly. Wipe down with dry cloth, leaving it open.

TO DISINFECT: All surfaces to be cleaned, first remove all dirt from surface to be treated. Spray and wipe surface thoroughly. Allow to dry without wiping or other spray to contact treated surface for a minimum of ten minutes prior to wiping.
SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV OF SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS: on professional environmental services/objects previously soiled with blood/body fluids in health care settings for other settings in which there is an expected likelihood of soiling at treatment surfaces/objects with blood or body fluids, and in which the surface/object likely to be soiled with blood or body fluids can be associated with the potential for transmission of HIV.
Personal Protection: When handling items soiled with blood or body fluids, use appropriate barrier protection such as disposable latex gloves, gowns, masks or eye coverings.
Cleaning Procedure: Blood and other body fluids must be thoroughly cleaned from surfaces and objects before application of this disinfectant.

Contact Time: Spray surface to be treated 2-4 seconds, from a distance of 6-8 inches, until surface is wet. Allow spray to dry without wiping or other spray to contact treated surface for a minimum of ten minutes prior to wiping.
Dispersion of Infections: Bleed and other body fluids should be contained and disposed of according to Federal, State and local regulations for infectious waste disposal.
Storage: Store in a cool, dry place (preferably locked) inaccessible to children and pets and away from direct sunlight, windows, flames and other sources of heat or ignition.
 Dispense: Replace cap, wrap container in several layers of newspaper and dispose in trash collection. Do not incinerate or puncture.

PRECAUTIONARY STATEMENTS
 Irritant to the Mucous Membranes & Domestic Use: Antimicrobial
CAUTION: Harmful if inhaled. Avoid breathing vapors. Avoid contact with skin, eyes and clothing.

STATEMENT OF PRACTICAL TREATMENT
 If Irritant: Move to fresh air. Contact a physician if necessary.
 If On Skin: Immediately remove affected clothing. Wash skin with soap and warm water. Get medical attention if irritation persists. Wash clothing prior to reuse.
 If In Eye: Immediately flush eye with plenty of water. Get medical attention if irritation persists.

PHYSICAL OR CHEMICAL HAZARDS
 Contents under pressure. Do not use or store near fire, sparks or heated surfaces. Do not store in direct sunlight. Do not smoke while using this product. Do not puncture or otherwise damage container. Exposure to temperatures above 170°F (110°C) may cause leakage. Information of container may cause explosion.

24 HOUR MEDICAL EMERGENCY:
 1-800-228-5653 Ext. 009



A Product of:
CLAIRE MANUFACTURING COMPANY
 500 VISTA AVENUE • ADDISON, ILLINOIS 60101

January 23, 1997 label revision notification:

Verbiage added:

1. Country Fresh Scent: descriptive term supported by CSF approved October 25, 1996

BEST AVAILABLE COPY

1/97 C-876