



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

**Registration**  
**Amendment**  
 **Other**

OPP Identifier Number  
**218176**

**Application for Pesticide - Section I**

1. Company/Product Number <b>1239-15</b>	2. EPA Product Manager <b>Marshall Swindell</b> PM# <b>31</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>D/S/D</b>	6. <b>Expedited Review.</b> 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 _____	
5. Name and Address of Applicant (Include ZIP Code) <b>Industrial Chemical Laboratories, Inc.</b> <b>1015 N. 14th. Street</b> <b>Omaha, NE 68102</b> <input type="checkbox"/> Check if this is a new address		

**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.)

Revised effluent discharge labeling as required by PR Notice 93-10  
 Notification in accordance with PR Notice 88-6

**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 <input type="checkbox"/> Other (Specify) _____
* <b>Certification must be submitted</b>		If "Yes" Unit Packaging wgt.	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		If "Yes" Package wgt.	No. per container
4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
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 <b>Barbara P. Minor</b>	Title <b>Mgr. Regulatory Affairs</b>	Telephone No. (Include Area Code) <b>(716) 336-2292</b>
<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 <b>(Stamped)</b>
2. Signature <i>Barbara P. Minor</i> <b>Barbara P. Minor</b>	3. Title <b>Manager, Regulatory Affairs</b>	
4. Typed Name	5. Date <b>7/29/95</b>	

Hospital and laboratory tested to control a wide spectrum of gram positive and gram-negative bacteria including antibiotic resistant Staphylococcus aureus  
 D/S/D is for use on floors, walls, operating rooms, equipment, bed frames, furniture, shower stalls, toilet rooms, restrooms

**PRECAUTIONARY STATEMENTS  
 HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**DANGER:** Keep Out of Reach of Children. Causes severe eye and skin damage. Do not get in eyes, on skin or on clothing. Harmful if swallowed. Wear goggles or face shield and rubber gloves when handling. Avoid contamination of food. Remove and wash contaminated clothing. Refer to the D/S/D Material Safety Data Sheet for other safety information.

**STATEMENT OF PRACTICAL TREATMENT**

In case of contact, immediately flush eyes or skin with plenty of water for at least 15 minutes. For eyes, call a physician. Remove and wash all contaminated clothing before reuse. If swallowed, drink milk, egg whites, gelatin solution or if these are not available, drink large quantities of water. Call a physician.

**NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage. Measures against respiratory shock. Respiratory depression and convulsion may be needed. Medical Emergency Telephone Number: 1-800-256-2783.

**ENVIRONMENTAL HAZARDS**

Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**DIRECTIONS FOR USE**

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.  
 For Nonporous Surfaces: Use 1/2 oz. D/S/D to each gallon of water for autocleaning of floors and other hard nonporous surfaces. Vacuum pickup may be used but do not rinse with fresh water, thus allowing full residual bactericidal effect of the product. If there has been a heavy soil and further rinsing is indicated, again add 1/2 oz. D/S/D to each gallon of rinse solution.

(Continued on right panel)

FORM 4036-B BLK  
 (Rev. 7/20/95)

EPA EST. NO 527-IL-1

NET CONTENTS:  1 U.S. Gallon  5 Gallons  55 Gallons  
 3.8 Liters  18.9 Liters  208.2 Liters LOT #

addition

# D / S / D

**DETERGENT / GERMICIDE / DEODORIZER  
 STAPHYLOCIDAL / SALMONELLICIDAL / PSEUDOMONICIDAL  
 For Hospital, Institutional and Industrial Use  
 EPA REG. NO. 1239-15**

**ACTIVE INGREDIENTS**

n-Alkyl (60% C14, 30% C16, 5% C12, 5% C18) dimethyl benzyl ammonium chlorides 3.00%

n-Alkyl (50% C12, 30% C14, 17% C16, 3% C18) dimethyl ethylbenzyl ammonium chlorides 3.00%

Total Active Ingredients 6.00%

INERT INGREDIENTS 94.00%

TOTAL 100.00%

**KEEP OUT OF REACH OF CHILDREN  
 DANGER**

See Left Panel for Precautionary Statements

**DIRECTIONS**

For Porous Surfaces: For surfaces such as water, To clean, disinfect and deodorize and bedpans, use 1/2oz. D/S/D per gallon area, we recommend a pre-cleaning step thoroughly saturated.

**USE DILUTION TEST AOAC:**

Staphylococcus aureus ATCC No. 6538  
 Salmonella choleraesuis ATCC No. 10707  
 Pseudomonas aeruginosa ATCC No. 1544  
 Fungicidal against pathogenic fungi:  
 Trichophyton interdigitale Strain No. 640

**STORAGE**

STORAGE: Do not contaminate water. Keep containers closed when not in use.

**PESTICIDE DISPOSAL:** Pesticide waste spray mixture, or residue is a violation according to label instructions, contact Hazardous Waste Representative at the

**CONTAINER DISPOSAL:** Triple rinse (if applicable) and dispose of in a sanitary landfill, burning. If burned, stay out of smoke.



**BEST AVAILABLE COPY**