

1270-204

4-9-2008

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460



Office of Pesticide Programs

**FILE COPY**

*April 9, 2008*

Kellie Dixon  
Zep Manufacturing Company  
A Division of Acuity Specialty Products Groups, Inc.  
1310 Seaboard Industrial BLVD.  
Atlanta, GA 30318

Subject: **Zep Veto**  
EPA Registration Number: 1270-204  
Application Dated: March 26, 2008  
Receipt Date: March 31, 2008

Dear Ms. Dixon:

This acknowledges receipt of your notification, Submitted under the provision of PR Notice 98-10, FIFRA Section 3(c) 9.

**Proposed Notification**

- Label Change per PR Notice 2007-4

**General Comment**

Based on a review of the material submitted, the following comment applies:

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Henson  
Product Reviewer (32)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)

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

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number Zep Manufacturing Company / 1270-204	2. EPA Product Manager Emily Mitchell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Zep Veto	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Zep Manufacturing Company A Division of Acuity Specialty Products Group, Inc. 1310 Seaboard Industrial Blvd. Atlanta, GA 30318 <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.)

"Notification of label change per PR Notice 2007-4. This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulation at 40 CFR 156.10, 156.140, 1546.144, 156.146, and 156.156. No other changes have been made to the labeling or Confidential Statement of Formula for 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 the amended label is not consistent with the requirements of 40 CFR 156.10, 156.140, 1546.144, 156.146, and 156.156, 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 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 type="checkbox"/> Metal	<input checked="" 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
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 32 oz, 1, 5, 20, 55 gal		5. Location of Label Directions <input checked="" type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input checked="" type="checkbox"/> Other silkscreen		

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Kellie Dixon		Title Chemist / Compliance Services		Telephone No. (Include Area Code) 404-352-1680 x6421	
<p align="center"><b>Certification</b></p> 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 Chemist / Compliance Services			
4. Typed Name Kellie Dixon		5. Date 3/26/08			



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### FIRST AID

**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 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 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 SWALLOWED:** Call a poison control center or doctor immediately for treatment advice. Have a person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. Do not give anything by mouth to an unconscious person.

In case of emergency call toll free 1-877-541-2016.

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

**NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

### 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.

**TOILET BOWLS:** To clean, simply squirt at least one ounce of this product under rim and around sides. Allow it to stand several minutes. Then scrub entire surface with a bowl mop, flush and rinse. To disinfect allow solution to remain in bowl at least 10 minutes after scrubbing.

**URINALS:** Remove screens or strainers. Then squirt at least one ounce of this product around edges and top, allow it to flow down over surfaces. Allow it to stand several minutes before scrubbing then, flush and rinse. To disinfect allow solution to remain in urinal at least 10 minutes after scrubbing.

**TO CLEAN WATER TANKS:** Shut off the intake valve, and drain the tank. Then apply this product over the surface of the box. Let stand several minutes before swabbing with wet bowl mop. Refill tank, and flush at least twice.

Handle carefully; use a bowl mop for scrubbing. Use only on vitreous surfaces. DO NOT use on sinks, bathtubs or enameled surfaces. Avoid contact with chrome and other decorative metal.

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**STORAGE AND DISPOSAL**

Do not contaminate water, food, or feed by storage or disposal.

**PESTICIDE STORAGE:** Store in a cool dry place. Keep container closed when not in use.

**PESTICIDE DISPOSAL:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.

**CONTAINER DISPOSAL:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. Clean container promptly after emptying.

**FOR INDUSTRIAL AND INSTITUTIONAL USE ONLY**

**PRECAUCION AL USUARIO:** Si usted no lee ingles, no use este producto hasta que la etiqueta le haya sido explicado ampliamente. **(TO THE USER:** If you cannot read English, do not use this product until the label has been fully explained to you.)

EPA REG. NO. 1270-204

EPA EST. NO. \_\_\_\_\_

[Postscript is first letter of code number on bottom of container.]

ZEP MANUFACTURING CO.

*A Division of Acuity Specialty Products Group, Inc.*

1310 Seaboard Industrial Blvd.

Atlanta, GA 30318

[CLEAN ACROSS AMERICA AND THROUGHOUT THE WORLD™]

[[www.\[url\].com](http://www.[url].com)]

[Company Logo]

[This product is designed exclusively for industrial and institutional use by trained, professional maintenance personnel. Label directions and precautions must be followed exactly. Zep Manufacturing Company will not be responsible for any injury, loss or damage if product is used in any manner not in compliance with label directions, or if precautions are not observed.]

(Note to reviewer: Language in [ ] is optional or interchangeable)

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Zep Veto