

Trona

DANGER! POISON!

POISONOUS BY SKIN CONTACT, INHA-
TION OR SWALLOWING. RAPIDLY ABSORBED
THROUGH SKIN. REPEATED EXPOSURE MAY,
WITHOUT SYMPTOMS, BE INCREASINGLY
HAZARDOUS. MAY EXPLODE IF HEATED
EXCESSIVELY.

ALKRON-100

TECHNICAL DATA SHEET

DANGER!



Trona CHEMICALS

ALKRON[®]-100

TECHNICAL PARATHION

ACTIVE INGREDIENT	Parathion (0,0-diethyl 0 p nitrophenyl thiophosphate)	98.5%
INERT INGREDIENTS		1.5%

DANGER! POISON!
KEEP OUT OF REACH OF CHILDREN
POISONOUS BY



SKIN CONTACT



INHALATION



SWALLOWING

RAPIDLY ABSORBED THROUGH SKIN
CALL PHYSICIAN AT ONCE IN ALL CASES OF SUSPECTED
PARATHION POISONING

SEE SIDE PANELS FOR ADDITIONAL FIRST AID, ANTIDOTE AND
PRECAUTIONARY INFORMATION.
FOR MANUFACTURING USE ONLY

NET WEIGHT 550 LBS.

USDA REG. NO. 744-66

NOTICE TO DRUM HANDLERS: LEAKY OR DAMAGED DRUMS — REPORT AT ONCE BY TELEPHONE TO

American Potash & Chemical Corporation, Los Angeles, Calif. (Area Code 213) 269-8181, or Hamilton, Miss. (Area Code 601) 343-8318 and ask for EMERGENCY ASSISTANCE GROUP

or State Agricultural Experiment Station or State Agricultural Extension Service and consult U.S. Food and Drug Administration to determine maximum residues allowable as these residues may be poisonous. Nothing hereon is a recommendation that this material be used in violation of any patent, and no implied warranty is made that the material is fit for other than the ordinary purposes for which the material is used. The manufacturer shall in no event be liable for consequential damages.

MANUFACTURED BY

AMERICAN POTASH & CHEMICAL CORPORATION

A SUBSIDIARY OF



KERR-MCGEE CORPORATION

OKLAHOMA CITY, OKLAHOMA

FIRST AID — ANTIDOTE

ATROPINE AND 2-PAM ARE THE ONLY ANTI-
DOTES. EMERGENCY SUPPLY OF ATROPINE MAY
BE OBTAINED ONLY UNDER MEDICAL SUPER-
VISION. 2-PAM CAN BE ADMINISTERED ONLY
BY A PHYSICIAN. CALL PHYSICIAN AT ONCE IN
ALL CASES OF SUSPECTED PARATHION POI-
SONING

Symptoms of poisoning most often appear as
headache, fatigue, giddiness, nausea, salivation,
sweating, blurred vision, tightness in chest, ab-
dominal cramps, vomiting and diarrhea. In
severe poisoning, difficult breathing, tremors,
convulsions, collapse, coma, pulmonary edema,
and respiratory failure may follow.

If pesticide was inhaled, remove victim to fresh
air. If breathing is difficult or has stopped, give
mouth-to-mouth artificial respiration. Use an air-
way or clean handkerchief after first washing
off victim's mouth. If symptoms appear on phy-
sician's advice only, give 2 atropine tablets
(each 1-100 gr) at once if medicine is not
available within 30 minutes. Be sure to inform
physician that atropine has been taken. Remove
contaminated clothing, protect fasteners from
contamination. Wash skin, hair, and fingernails
with soap and plenty of water to remove last
traces of Parathion. Rinse eyes out with water
for at least 15 minutes. If swallowed, give
victim 1 fluid ounce of water. If vomiting, give
1/2 cup of warm water until it is vomited. Have
victim see physician as soon as possible. Keep victim
warm and quiet. Show label to physician. NEVER
GIVE ANYTHING BY MOUTH TO AN UNCON-
SCIOUS PERSON. Persons significantly exposed
to this pesticide should be kept under medical
observation by a physician for 24 hours.

PHYSICIANS NOTE: (See side panel and drum
label)

Nonreactive pinpoint pupils are also symptom-
atic. In some cases pupils may be dilated. The

more advanced the poisoning, the more obvious
are the typical signs of cholinesterase inhibition,
miosis or narrowed pupils, rapid asthmatic
breathing and marked weakness coupled with ex-
cessive sweat and bronchial sounds.

TREATMENT

Support respiration. Clear chest by postural
drainage. Artificial respiration or oxygen under
pressure may be necessary. Decontaminate
patient completely. After washing skin, swab
with ethyl alcohol to remove last traces. For
severe poisoning in adults, inject atropine sulfate
2 to 4 mg. (1-30 to 1-15 gr) intravenously as
soon as cyanosis is overcome. Repeat at 5 to 10
minute intervals until signs of atropinization ap-
pear. Dosage for children is proportionately less.
Repeat as necessary to maintain atropinization.
This dosage is within safe limits. Victims of
phosphate ester poisoning tolerate large doses
of atropine.

In severe cases where patient does not re-
spond satisfactorily to atropine, also give 2-PAM
SLOWLY, intravenously, 1 gm. for adults and
0.25 gm. for infants. Repeat with 500 mg. in
about 10 minutes if muscle weakness is not
relieved or recurs. Take 10 cc sample of blood
before administering 2-PAM for plasma and
red cell cholinesterase test.

For less severe poisoning, inject atropine sulfate
intravenously at the usual dosage, 1-4 mg. for
adults, 1-2 mg. for children, and repeat if symptoms
recur.

Observe patient continuously for 48 hours. Have
eye pupils checked frequently with direct
vision. Persons in enough to require atropine
in any amount must be kept under medical ob-
servation for at least 24 hours. Repeated expo-
sure to cholinesterase inhibitors may, without
warning, cause prolonged susceptibility to vary-
ing doses of any cholinesterase inhibitor. Al-
low no further exposure until time for cholin-
esterase regeneration has been allowed as deter-
mined by blood tests.

ACCEPTED WITH COMMENTS

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INSECTICIDE
ANTIDOTE