

(A)	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number <h1 style="margin: 0;">1.81292</h1>
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Section I

1. Company/Product Number <p style="text-align: center;">2935-361</p>	2. EPA Product Manager <p style="text-align: center;">D. Edwards</p>	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Red Top Thimet 6.5% Systemic Insecticide with PCNB 6.5% Fungicide Granular	PMS <p style="text-align: center;">19</p>	
5. Name and Address of Applicant (Include ZIP Code) WILBUR-ELLIS Company 191 W. Shaw Avenue Suite 107 Fresno, CA 93704 <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"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - explain below.
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Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Change to labeling statement prohibiting application to water. The exact wording from PR Notice 93-3 has been used.

NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 93-6

Section III DATE: 9/3/93

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 type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted.		If "Yes," Unit Package wgt. No. per container	If "Yes," Package wgt. No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) of Retail Container <p style="text-align: center;">50 lb.</p>		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Label accompanying product	
6. Manner in Which Label is Affixed To Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Other (_____) <input type="checkbox"/> Stenciled					

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name <p style="text-align: center;">Joanne Pratt</p>	Title <p style="text-align: center;">Product Registration and Labeling Specialist</p>	Telephone No. (Include Area Code) <p style="text-align: center;">(209) 226-1934</p>
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Certification			6 Date Application Received <p style="text-align: center;">(Stamp)</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.			
2 Signature 	3 Title <p style="text-align: center;">Product Registration and Labeling Specialist</p>		
4 Typed Name <p style="text-align: center;">Joanne Pratt</p>	5 Date <p style="text-align: center;">July 8, 1993</p>		

SPECIMEN LABEL

LABEL NOT REVIEWED PER PR NOTICE 00-3

DATE: 8/3/93

INSECTICIDES

RESTRICTED USE PESTICIDE

Due to acute oral and dermal toxicity and environmental hazards. For retail sale to and application only by certified applicators or personnel under their direct supervision and only for those uses covered by the certified applicator's certification.

RED-TOP

THIMET® 6.5% SYSTEMIC INSECTICIDE WITH PCNB 6.5% SOIL FUNGICIDE GRANULAR

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER — POISON

POISONOUS BY SKIN CONTACT, INHALATION OR SWALLOWING. RAPIDLY ABSORBED THROUGH SKIN. REPEATED INHALATION OR SKIN CONTACT MAY, WITHOUT SYMPTOMS, PROGRESSIVELY INCREASE SUSCEPTIBILITY TO POISONING. DO NOT GET IN EYES, ON SKIN, OR CLOTHING. DO NOT BREATHE DUST. KEEP OUT OF REACH OF DOMESTIC ANIMALS.

PERSONAL PROTECTIVE EQUIPMENT

WEAR THE FOLLOWING PROTECTIVE CLOTHING DURING LOADING, APPLICATION, EQUIPMENT REPAIR, CLEANING, AND DISPOSAL OF THE PESTICIDE: A protective suit of one or two pieces covering all parts of the body except head, hands, and feet, chemical resistant gloves, chemical resistant shoes, shoe coverings or boots. Wear goggles and a pesticide respirator approved by NIOSH or MSHA.

Unless a chemical resistant protective suit is otherwise required, respirators must wear a chemical resistant apron and goggles or a face shield.

The respirator must not be worn during equipment repair and cleaning and during early reentry after dust has settled.

IF APPLICATION IS PERFORMED USING AN ENCLOSED CAB OR COCKPIT, THE FOLLOWING PROTECTIVE CLOTHING AND EQUIPMENT MAY BE WORN AS AN ALTERNATE: Long-sleeved shirt and long-legged pants, shoes and socks. Chemical resistant gloves must be available in the cab or cockpit and must be worn when exiting. This clothing is inadequate to protect you during equipment repair or cleaning, reentry, or pesticide disposal work. Do not allow contaminated clothing to come in contact with the inside of the cab.

IMPORTANT! If pesticide comes in contact with skin, wash off with soap and water. Always wash hands, face, and arms with soap and water before smoking, eating, drinking, or using the toilet.

AFTER WORK: Before removing gloves, wash them with soap and water. Take off all work clothes and shoes. Shower using soap and water. Wear clean clothes. Do not reuse contaminated clothing. Personal clothing worn during work must be laundered separately from household articles. Store protective clothing separately from personal clothing. Clean or launder protective clothing after each use. Respirators must be cleaned and filters replaced according to instructions included with the respirator. Clothing and protection equipment heavily contaminated must be destroyed according to state and local regulations. HEAVILY CONTAMINATED CLOTHING CANNOT BE ADEQUATELY DECONTAMINATED.

DURING AERIAL APPLICATION: HUMAN FLAGGERS ARE PROHIBITED UNLESS IN A TOTALLY ENCLOSED VEHICLE.

WORK SAFETY RULES

REPEATED EXPOSURES TO CHOLINESTERASE INHIBITORS SUCH AS ARE CONTAINED IN THIS PRODUCT MAY WITHOUT WARNING, CAUSE PROLONGED SUSCEPTIBILITY TO VERY SMALL DOSES OF ANY CHOLINESTERASE INHIBITOR.

Persons working with this product should have frequent blood tests of their cholinesterase levels. If the cholinesterase level falls below a critical point, no further exposure should be allowed until it has been determined by means of blood tests that the cholinesterase level has returned to normal. Before using this product consult the National Pesticide Telecommunications Network for recommendations regarding such blood tests, poisoning management, emergency treatment, and other information regarding the toxicity of phorate. The toll-free number for the National Pesticide Telecommunication Network is 1-800-854-7378.

If handled indoors, provide mechanical exhaust ventilation.

Keep all uncontacted persons, children, livestock, and pets away from treated areas or where there is danger of drift.

Do not rub eyes or mouth with hands. If you feel sick in any way, STOP work and get help right away. See First Aid (Practical Treatment) section.

ENVIRONMENTAL HAZARDS

This pesticide is extremely toxic to fish and wildlife. Birds feeding on treated areas may be killed. Birds, cats, dogs, and other mammals may be killed by eating treated areas. Do not apply to areas where birds, cats, dogs, and other mammals are present. Do not apply to areas where birds, cats, dogs, and other mammals are present. Do not apply to areas where birds, cats, dogs, and other mammals are present.

DIRECTIONS FOR USE

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

RE-ENTRY

After dusts have settled, do not enter or allow entry into treated area until the 48-hour reentry interval has expired, unless the person entering the treated area is wearing the personal protective equipment listed below for early reentry.

For early reentry into treated areas, wear a protective suit of one or two pieces covering all parts of the body except head, hands, and feet, chemical-resistant gloves and chemical-resistant shoes, shoe coverings, or boots.

STORAGE AND DISPOSAL

1. **Prohibitions:** Do not contaminate water, food or feed by storage or disposal.
2. **Pesticide Disposal:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixtures or residue 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 Response Unit at the nearest EPA Regional Office for guidance.
3. **Container Disposal:** Completely empty bag into application equipment. Then dispose of empty bag in a sanitary landfill or by incineration, or if allowed by State and local authorities, by burning. If burned, stay out of smoke.
4. **Storage:** Store in original container only and keep sealed. Store in closed storage areas. Use caution when moving, opening, closing or securing.

DIRECTIONS

DO NOT CONTAMINATE FOOD OR FEED PRODUCTS. Remove uncontacted persons and domestic animals from operating and adjacent areas where this product may drift. Prohibit reentry and drift and vapor deposits.

Not for use in storage in or around the home.

For the control of early to peak weevils (larvae, Thrips, Aphids) and Phorid flies (larvae) on sweet and seedling corn in COTTON: apply Thimet 6.5 PCNB 6.5 Granular at the rate of 15 lbs. per acre in the furrow at planting time. This usage is based on 18 inches row spacing. Do not apply within 28 days of harvest. Do not apply more than four per season. If less a maximum of 21 days between applications. Do not feed treated hay or forage to livestock.

Do not plant corn crops in PCNB treated fields within 12 months of harvest and soil handling operations unless PCNB is registered by the state for use on those crops.

ACTIVE INGREDIENTS	
Phorate (O,O-diethyl S-(dimethylaminoethyl) phosphorothioate)	6.5%
Permethrin (3-phenoxybenzyl (2-diethylaminoethyl) ether)	6.5%
INERT INGREDIENTS	87.0%
	100.0%

EPA Reg No. 2935-361-AA

EPA Est. No. 3399-AZ-1

Reg. Trademark of American Cyanamid Company

KEEP OUT OF REACH OF CHILDREN

DANGER
PELIGRO



POISON

PRECAUCION AL USUARIO: Si usted no lee ingles, no use este producto hasta que le explique haya sido explicado en español.

FIRST AID TREATMENT

If Swallowed: Call a physician or Poison Control Center. Drink 1 or 2 glasses of water and induce vomiting by touching back of throat with finger, or if available, by administering syrup of ipecac. Do not induce vomiting or give anything by mouth to an unconscious person.

If Inhaled: Remove to fresh air if not breathing, give artificial respiration, preferably mouth-to-mouth if breathing is difficult, give oxygen.

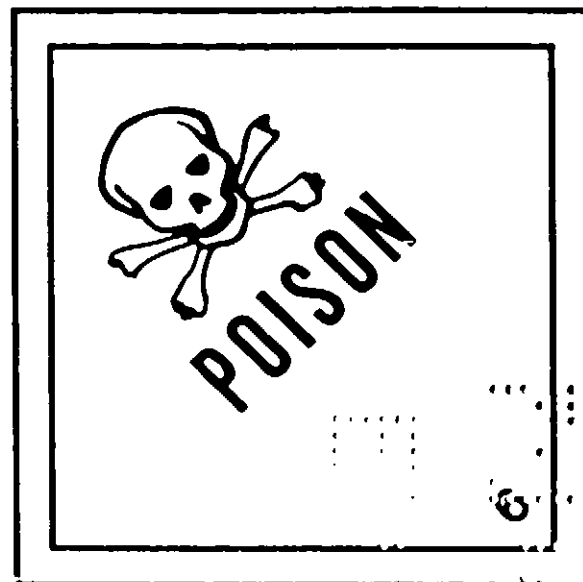
In Case of Contact: Immediately flush eyes or skin with plenty of water for at least 15 minutes while removing clothing and shoes. Wash clothing before reuse.

NOTE TO PHYSICIANS: Warning symptoms include weakness, headache, tightness in chest, blurred vision, non-radiating parasthesia, salivation, sweating, nausea, vomiting, diarrhea and abdominal cramps. Give atropine intramuscularly or intravenously depending on severity of poisoning. 2 to 4 milligrams, or more may be required during the first 24 hours. Repeat give atropine or phenothiazine tranquilizers. Clear chest by postural drainage. Artificial respiration or oxygen administration may be necessary. Obtain patient continuously for at least 48 hours. Allow no further exposure to any cholinesterase inhibitor until cholinesterase regeneration has taken place as determined by blood tests. Prolonged coma (2-PAM, PROTOPAM choline) may be effective as an adjunct to atropine. Use according to label directions.

CALL A PHYSICIAN IN ALL CASES OF SUSPECTED POISONING!

SEE PRECAUTIONARY STATEMENTS IN LEFT PANEL.

IN CASE OF EMERGENCY, CALL CHEMTREC: (800) 424-9300



ORGANIC PHOSPHATE COMPOUND
MIXTURE, DRY, NA 2783

BEST AVAILABLE COPY

Copy A

"For terrestrial uses, do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark."

BEST AVAILABLE COPY

