



Environmental Protection Agency  
Washington, DC 20460

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

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### Application for Pesticide - Section I

1. Company/Product Number 3090-196	2. EPA Product Manager PMS	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SANITIZED* brand OA-P	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 _____	
5. Name and Address of Applicant (Include ZIP Code) SANITIZED INC. 57 LITCHFIELD RD. P.O. BOX 2211, NEW PRESTON, CT. 06777 <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 pages if necessary. (For section I and Section II.)

AS PER PR NOTICE 95-1  
SEE ATTACHED LETTER RE CERTIFICATION

### 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) _____		
* 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		
6. Manner in Which Label is Affixed to Product <input checked="" 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 STEWART E, KLEIN		Title PRESIDENT/AGENT		Telephone No. (Include Area Code) 203 868-9491	
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 PRES.			
4. Typed Name STEWART E. KLEIN		5. Date 10-10-95			

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A broad spectrum bacteriostatic, fungistatic and deodorizing agent for textiles to control microbial growth, deterioration and discoloration in the presence of moisture. For recommended uses and directions for use, refer to Technical Bulletin.

**GENERAL CLASSIFICATION**

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

**ENVIRONMENTAL HAZARDS**

This pesticide is toxic to fish. Do not discharge into lakes, ponds, streams, estuaries, oceans or public water unless this product is specifically identified and addressed in an NPDES permit. Do not discharge effluent containing this product into sewer systems without previously notifying the sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**STORAGE AND DISPOSAL**

**PROHIBITIONS: DO NOT CONTAMINATE WATER, FOOD OR FEED BY STORAGE OR DISPOSAL. OPEN DUMPING IS PROHIBITED.**

**STORAGE:** Moisture sensitive. Keep container closed until ready for use and after use.

**PESTICIDE DISPOSAL:** Pesticide, spray mixture or rinse water that cannot be used according to label instructions must be disposed of according to Federal or approved state procedures under Subtitle C of the Resource Conservation and Recovery Act.

**CONTAINER DISPOSAL:** Triple rinse (or equivalent). Then offer for recycling or reconditioning, or dispose of in a sanitary landfill, or by incineration if allowed by state and local authorities.

SANITIZED\* brand CA-P

For Industrial Use Only

**Active Ingredients:**

Bis (tri-n-butyltin) oxide

Isopropanol

**Inert Ingredients:**

**Use:** A bacteriostatic and odor resistant treatment for textiles and polyurethane products.

**DANGER:** Keep Out of Reach of Children. Corrosive. Causes severe eye and skin damage. Do not get in eyes, on skin or on clothing. Wear goggle shield and rubber gloves when handling. Harmful if swallowed or absorbed through the skin. Avoid contamination of food. Rinse empty container thoroughly with water and discard it.

**First Aid:** In case of contact, immediately flush with plenty of water for at least 15 minutes. If in eyes, call a physician. Remove and wash clothing before reuse. If swallowed, drink large quantity of milk, egg whites, gelatin or if these are not available, drink large quantity of water. Avoid alcohol. Call a physician.

**Note to Physician:** Probably mucosal damage may occur. The use of gastric lavage. Measures against respiratory shock, respiratory depression and coma may be needed.

**Directions For Use:** Deposit 0.5% of CA-P (as received) on the dry weight of fabric. May be applied by hand or in dyebeck, paddle machine rotary wheel.

Net Contents: \_\_\_\_\_ Kgs.

EPA Reg. No. 3090-196

EPA Est. No. 30

Manufactured By:  
Sanitized, Inc., 57 Litchfield Rd., New Preston