



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Mr. Stewart McArthur
Product Registration
S.C Johnson & Son, Inc.
1525 Howe Street
Racine, WI 53403-2236

OCT 23 2008

SUBJECT: Application for Pesticide Notification (PRN 98-10)
Request General Label Change
EPA Reg. No. 4822-542
Application Dated September 22, 2008

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 09/22/08 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

Please note that the Agency has issued a Pesticide Registration Notice (PR) 2007-4: Labeling Revisions Required by the Final Rule "Pesticide Management and Disposal; Standards for Pesticide Containers and Containment Statements." All labeling must be updated by August 17, 2009.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,


A handwritten signature in black ink, appearing to read "Linda Arrington".

Linda Arrington
Notifications & Minor Formulations Team Leader
Registration Division (7505P)
Office of Pesticide Programs

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Please read instructions on reverse before completing form.

Form approved. OMN No. 2070-0060. Approval Expires 05-31-98.

 United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration (REGFEE)	OPP Identifier Number
	<input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other (Notif)	

Application for Pesticide - Section I

1. Company/Product Number 4822-542	2. EPA Product Manager R. Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Norm 1	PM# 10	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403 <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

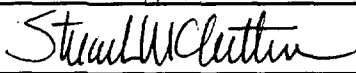
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "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.) Notification of minor claims revisions, consistent with Section II. N. of PR 98-10. Stuart McArthur is the designated contact for this notification and can be reached via e-mail at scmcarth@scj.com, via FAX at 262/260-4716, or by phone at 262/260-2405.

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 *Certification must be submitted	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. 5 - 20 mg	No. Per container 2 - 12	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. N/A	No. Per container N/A	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <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 type="checkbox"/> Container		4. Size(s) Retail Container 10 - 240 mg		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <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 Stuart McArthur	Title Sr. Registration Specialist	Telephone No. (Include Area Code) 262/260-2405
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 statements may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Sr. Registration Specialist	
4. Typed Name Stuart McArthur	5. Date September 22, 2008	

NOTIFICATION

OCT 23 2008

EPA Master Name: NORM 1 (Version 9/22/08)

Alternate brand name: OFF!® Personal Mosquito Repellent

Alternate brand name: OFF!® Clip-On™ Mosquito Repellent

Alternate brand name: OFF!® Clip-On™ Mosquito Repellent Deepwoods Sportsmen

Alternate brand name: OFF!® Clip-On™ Mosquito Repellent Refill(s)

GENERAL CLAIMS:

Repels mosquitoes

1. (Portable) Protection
2. (Provides protection (from mosquitoes) for up to 12 hours
3. Protection for (outdoor occasions)
4. Tested in the Everglades
5. (Protection) (repellency) no mess
6. Repels (Mosquitoes), (not people)
8. As you move (from place to place), [Product Name] rebuilds its protection in a few minutes
9. In just a few minutes, [Product Name] creates personal protection from mosquitoes.
10. Environmental factors such as wind may affect the area of protection
11. Head-to-Toe Protection (for) up to (6), (7), (8), (9); (10), (11), (12) Hours

NOTIFICATION

OCT 23 2008

Longevity Claims:

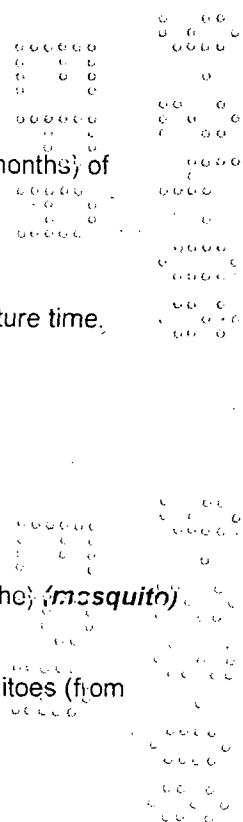
1. (Each refill) (Provides) (Enjoy) (Protection) (from mosquitoes) (For) Up To (6), (7), (8), (9), (10), (11), (12) (Hour)(s) (of) (**odorless**) protection) (from Mosquitoes).

Refill Claims:

1. (Replace)(Each) (refill) (provides) (effective) (personal space) (protection) (lasts) up to (after) (6), (7), (8), (9), (10), (11), (12) hours (of head to toe) (protection) (per refill) (or) (xx hours after opening) (or) (when blue indicator is gone). (Use (each refill) within (2 weeks) (14 days) of opening.)
2. Replace refill and battery (ies) (at the same time) after (6), (7), (8), (9), (10), (11), (12) hours
3. Sample inside
4. Free refills
5. Added refills inside
6. (Do not) (Don't) forget (to purchase) (product name) (your) refills
7. Works with (product name) (repellent) (fan) (device) (unit)
8. For best results, we recommend that the refill be used within (#) (weeks) (months) of opening
9. Refills available
10. (Multiple-use) (reusable) refills (up to 12 hours)
11. Use each refill multiple times (up to 12 hours)
12. Remainder of (6), (7), (8), (9), (10), (11), (12) hour refill can be used at a future time.
13. (Extra) (Second) (Free) refill (included)
14. **Replace the refill when the green use up indicator is gone.**

"Technology" Claims:

1. (Patented) (Laboratory) (Field) (Tested) (fan-aided) (innovative)Technology
2. New
3. (Fan powered) outdoor protection
4. (Fan) (activated) repellent (pad)
5. (**The**) (Quiet) (Built-in) fan (**inside**) (disperses) (circulates) (a new kind of) (the) (**mosquito**) (repellent) (all around you).
6. Scientifically engineered.
7. (Vents) (air exits) out the bottom of the (unit) (product name) to repel mosquitoes (from where they) (hunt) (approach).



“Convenience/Portability” Claims:

1. Portable (Small) (design)
2. (Comfort) (Convenience) (and) (Portability) compared to OFF!® (Insect Repellents) (skin applied repellents)
3. Easy to use
4. Portable protection
5. (Take) (the) (Portable) (Outdoor) Protection (with you) (that goes with you) (that stays with you) (that) (allows) (lets) (you) (to) (enjoy) (the outdoors) (your outdoor) (activities) (events) (fun).
6. (Easy to use) (Convenient) (No liquid) (refills)
7. Created for your (outdoor) (active) lifestyle
8. Protection (for people on the go) (that fits your) (outdoor) (active) lifestyle
9. (Place) (Carry) (Have) (take) unused (product name)(one): (everywhere) (in) (your) (purse) (glove compartment) (glove box) (golf bag) (tennis bag) (tackle box) (tent) (book bag) (backpack) (fanny pack) (beach bag) (boat) (summer cabin) (first-aid kit)
10. Outdoor Usage (Occasions) (Locations)
(For use) (in) **(Enjoy) (Product Name's) (protection) (when you're)** (camping), (fishing), (hunting), (boating), (in) (the) (backyard), (on the Go), (at sporting events), (watching sports), (while) (gardening), (playing) (outside), (entertaining), (relaxing on/in), (patio or deck), **(the backyard)**, (away-from-home) (activities) (events), (at) (the Beach), (at) (the park), (outside)

“No Skin Application” Claims:

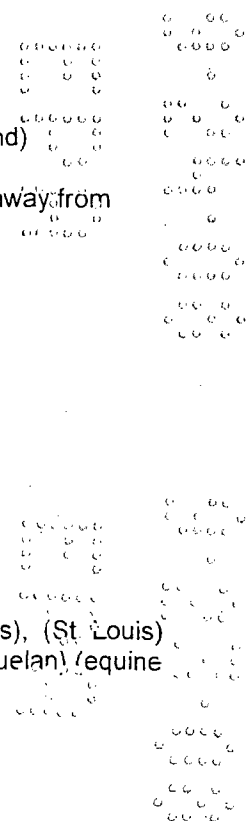
1. No skin application
2. Portable Protection You Don't Have To (put on), (spray on), (rub on)
3. **(Introducing)** (The) OFF!® (Personal Protection) (Repellent) you (do not) (don't) (need to) (put) (spray) on)
4. Nothing to apply
5. (Not messy) (no mess)
6. Mosquito protection you don't (put on your skin) (spray on).
7. **(Enjoy) (personal) (mosquito) protection (without a spray.)**

Usage Claims:

1. (Clip-on)TM (Insect) (Mosquito) Repellent
2. (Specially designed to) Clip(s) onto (your) (belt), (pants), (shorts) (waistband) (purse) (or) (sit(s) on a flat surface).
3. Device may also be placed on a table, (bench) (or other suitable surface) away from food and sources of heat, ignition or moisture.
4. Battery (ies) (not) included
5. (Just) Clip-It
6. (Ergonomic) (comfortable) (light) (portable) design
7. For outdoor use only.
8. Do not use indoors
9. Battery operated
10. Does not (require) (use) heat (to operate)
11. Refillable (replaceable disk)
12. Don't spray it on. Clip it on.
13. **Clip it on...or set it next to you.**

Disease carrying mosquito claims:

1. (Repel(s)) (Protect(s) Against) Mosquitoes That May Carry (West Nile Virus), (St. Louis) (Eastern equine) (Western equine) (LaCrosse) (Cache Valley) (or) (Venezuelan) (equine encephalitis)



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Marketing Claims:

1. (Multi-pack) (twin) (Bonus) (Value) (Variety) (Backyard) (Barbeque) (Pack)
2. Buy one get one free
3. Money back (guaranteed) (guarantee)
4. Odorless
5. Unscented
6. Get the OFF!® mosquito protection that is right for you.
7. (Contains) (with) (Metofluthrin) (S1264)
8. Visit www.OFFprotects.com for more information
9. Keep(s) Bugs OFF! ®
10. Up to 12 hours of protection from mosquitoes
11. **Learn more about the (new) (Product Name) at www.OFFProtects.com™**
12. **(Look inside) (for) usage tips and savings (inside)**
13. **Save (\$) on any (Product Name) (refill)**

RETAIL CONTAINER LABELING: STARTER KIT AND REFILL

[PRODUCT NAME]

CAUTION:

(KEEP OUT OF REACH OF CHILDREN)

(Do not allow children or pets to (handle) (play with) the unit.)

See additional (precautions) (and instructions) on back.

Do not use indoors or in enclosed spaces.

NOTIFICATION

OCT 23 2008

ACTIVE INGREDIENT:

Metofluthrin31.2%

OTHER INGREDIENTS..... 68.8%

Total.....100.0%

NET WT. (XXX) (OZ) (Grams)

(Starter Kit) (Contains) 1 [Product Name] (mosquito) (repellent) (fan) (device) (unit), (1) (2)

(mosquito) (repellent) Refill(s) (Discs) (Disks) (Cartridges), and (Number) (Type) batteries

(Refill) Contains (1) (2) (3) [Product Name] (mosquito) (repellent) refill(s) (discs) (disks)

(cartridges)

Net Weight XX oz. (each)

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS:

CAUTION: Harmful if swallowed, inhaled, or absorbed through the skin. Avoid contact with skin, eyes or clothing. Avoid breathing vapor. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco. Remove and wash contaminated clothing before reuse.

Store away from food, beverages and pet food. Do not use indoors or in enclosed spaces. Do not touch (device) (unit) with metal instruments or wet hands. Do not allow materials of any kind to cover the unit while it is in use. Replace refill only when unit is off.

(Note viewer: Boxed format or bullets may be used in First aid section if label space permits)

FIRST AID Call a poison control center or doctor immediately for treatment advice.

If Swallowed: Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to by a poison control center or doctor. Do not give anything to an unconscious person.

If on Skin: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

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

For additional information in case of emergency call toll free 800-558-5252.

Hand Wash Logo:

Be sure to wash hands after handling.

ENVIRONMENTAL HAZARDS

Do not apply to water.

PHYSICAL & CHEMICAL HAZARDS – Do not pry open or probe into (device) (unit) with any instrument or tool. Use only with (Number) (Type) battery (ies). Do not cover the (device) (unit) when in use or place it near sources of heat or ignition. Do not store near heat or open flame. Do not put battery(ies) in fire or mutilate. Battery(ies) may burst or release toxic materials.

[Supplemental (additional) Directions:]

1. Insert repellent disk.
2. Turn unit "On."
3. Clip unit onto waistband or place on table next to you.
4. Turn "Off" when finished. Remainder of 12 hour refill can be used at a future time.

See inside for (complete) usage directions.

[Clarifying text for pictograms:]

1. Pull and remove (color) tab
2. Remove foil seal
3. Insert (color) side down
4. When (color) use-up indicator dries up, it's time to replace the refill
5. "On/Off" Switch (& Symbol)
6. Front cover latch.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Read and follow all directions and precautions on this product label.

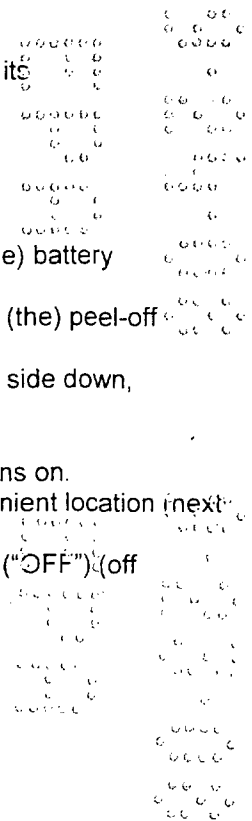
Batteries are included. [For Starter Instructions only]

To prepare (device) (unit) (To insert repellent (refill) (disk)):

1. For initial use only: Turn over (device) (unit) and remove (color) tab from (the) battery door to activate the (Number) (Type) batteries.
2. Remove one mosquito repellent (refill) (disk) from its packaging and remove (the) peel-off (foil) (seal) to start the (color) use-up indicator.
3. Open (the) front cover and insert (refill) (disk) into (the) unit with (the) (color) side down, then snap the front cover latch closed.

To operate unit:

4. Slide the ON/OFF switch (all the way) to "(ON)" (fan symbol) until the fan turns on.
5. Clip the unit to your belt, pants/short(s) waistband, purse or any other convenient location (next to you).
6. When finished using the (product) (name) (unit), slide the ON/OFF switch to ("OFF") (off symbol).



Useful tips:

- You can also place the unit next to you on a table, bench or other suitable (hard) surface (away from food and sources of heat, ignition or moisture.) (When placing unit on a surface, lay the unit on its clip to allow open circulation of repellent.)
- Within (a few) minutes, (the) **(new)** [Product Name] (fan) (device) (unit) (creates) (provides) (head-to-toe) (personal) protection from mosquitoes for up to (6), (7), (8), (9), (10), (11), (12) hours. If you move, allow a few minutes for the [Product Name] (fan) (device) (unit) to rebuild (an) (the) (its) (head-to-toe) (protection.)
- To prolong the refill's life between uses, close the unit by sliding the switch to the ("Off") ("Off" symbol) position. Store [Product Name] (the) (unit) (device) (in) (the) ("OFF") (off symbol) (position) in a cool, dry place – never in a hot car, glove compartment, or trunk.
- Replace the refill when the (color) use-up indicator is gone, (Repeat steps # and #.) For best results, replace refill (within) (#) (weeks) (days) (after) (of) opening or after 12 hours total use. Only (Product Name) refill(s) (disks) should be used in the (Product Name) (unit) (device).
- When you no longer feel air blowing from the bottom of the unit, replace (with) (Number) (Type) batteries.

STORAGE: Store away from heat or flame in an area inaccessible to children.

DISPOSAL: Before disposing, fully use up the refill according to the label. Do not reuse the (refill) (cartridge). If Empty: Place in trash or offer the (refill) (cartridge) for recycling if available. If refill remains partially unused: Call your local solid waste agency or 1-800-529-3394 for disposal instructions. Never place unused product down any indoor or outdoor drain.

Questions? Comments? Call 800-558-5252 or Write Helen Johnson ©(YEAR) S.C. Johnson & Son, Inc. Racine, WI 53403-2236 U.S.A. All Rights Reserved

U. S. Patent D553233 (pat. Pending)

EPA Reg. No. 4822-542

EPA Est. No. 70999-WI-1 (A), 70999-WI-2 (B). Lot number suffix (A) or (B) indicates appropriate establishment number.

FAN UNIT (Delivery Device) And REFILL POUCH:

[Product Name]

CAUTION

(KEEP OUT OF REACH OF CHILDREN)

(Do not allow children or pets to (handle) (play with) the unit.)

Do not use indoors or in enclosed spaces.

See additional precautions (and instructions) on (refill) (package) (ing) (container) (box).

ACTIVE INGREDIENT:

Metofluthrin 31.2%

OTHER INGREDIENTS..... 68.8%

Total..... 100.0%

EPA Reg. No. 4822-542

EPA Est. No. 70999-WI-1 (A), 70999-WI-2 (B). Lot number suffix (A) or (B) indicates appropriate establishment number.

NET WT. (XXX) (OZ) (Grams)

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U. S. Patent D553233 (pat. Pending)

Made in China. Model No.: 700244

