


PM-31

Reg # 4823-4

1072

Please read Instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

|   |  |  |  |
|---|--|--|--|
|  | United States Environmental Protection Agency<br>Office of Pesticide Programs (H7505C)<br>Washington, DC 20460 | Registration<br>Amendment<br><input checked="" type="checkbox"/> Other | OPP Identifier Number<br><b>182808</b> |
|   | <b>Application for Pesticide:</b>  |  |  |
|   |  |  |  |

Section I

|   |   |   |
|---|---|---|
| 1. Company/Product Number<br><b>4823-4</b>  | 2. EPA Product Manager<br><b>John Lee</b>   | 3. Proposed Classification<br><input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br><b>Sentinel</b>  | PM#<br><b>31</b>  |   |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>MAINTENANCE SUPPLY CO.<br/>P.O. BOX 488<br/>HUNTSVILLE IN.C. 28078</b><br><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:<br>EPA Reg. No. _____<br>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 type="checkbox"/> Notification - Explain below.                         | <input checked="" type="checkbox"/> Other - explain below.                             |

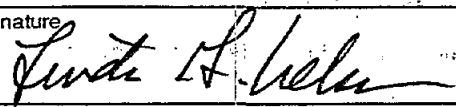
NOTIFICATION  
MAY 22 1996

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
**A NOTIFICATION TO CORRECT INGREDIENTS STATEMENT AND TO REMOVE THE WORD "HOMES" UNDER DIRECTIONS FOR USE**

Section III

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| 1. Material This Product Will Be Packaged In:   |   |  |   | 2. Type of Container  |  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input type="checkbox"/> No   | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If "Yes," Unit Package wgt. No. per container |   | <input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| * Certification must be submitted.  |   | If "Yes," Package wgt. No. per container   |   |   |  |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container  |   | 4. Size(s) of Retail Container   |   | 5. Location of Label Directions<br><input type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product |  |
| 6. Manner In Which Label Is Affixed To Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled<br><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<br><b>LINDA G. NELSON</b>  | Title<br><b>PROD. MANAGER</b>  | Telephone No. (Include Area Code)<br><b>704-875-6573</b> |
| Certification<br>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<br>   | 3. Title<br>Production Manager |  |
| 4. Typed Name<br>Linda G. Nelson  | 5. Date<br>5/9/96              |  |

## DIRECTIONS FOR USE

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

For cleaning, disinfecting, and deodorizing floors, walls and surfaces as found in institutions, public rooms, conveyances and industrial areas.

1. Apply a solution of one ounce SENTINEL in four and two-thirds quarts of water using a mop as applicator.
2. In instances where surfaces are heavily contaminated with soil/or organic matter, apply solution twice to insure maximum protection offered by this product. Surfaces to be treated should be wet thoroughly for maximum germicidal and detergent activity.

### PRECAUTIONARY STATEMENTS

Hazard To Human And Domestic Animals

#### WARNING

Keep Out Of Reach Of Children. Causes eye and skin irritation. Do not get in eyes, on skin or on clothing. Harmful if swallowed. Avoid contamination of food.

#### STATEMENT OF PRACTICAL TREATMENT

In case of contact, immediately flush eyes or skin with plenty of water for at least 15 minutes. For eyes, call a physician. Remove and wash all contaminated clothing before reuse. If swallowed, drink milk, egg whites, gelatin solution or if these are not available, drink large quantities of water. Call a physician.

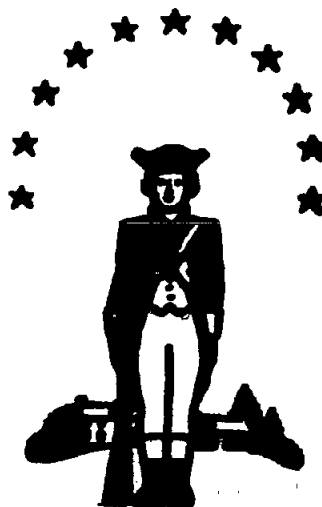
#### NOTE TO PHYSICIAN

Probable mucosal damage may contraindicate the use of gastric lavage. Measures against circulatory shock, respiratory depression and convulsion may be needed.

### ENVIRONMENTAL HAZARD

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.

# Sentinel



**CLEANER • DISINFECTANT • DEODORIZER**

#### ACTIVE INGREDIENTS

n-Alkyl (50% C<sub>12</sub>, 30% C<sub>14</sub>, 17% C<sub>16</sub>, 3% C<sub>18</sub>) dimethyl benzyl ammonium chloride ..... 3.00%  
 INERT INGREDIENTS ..... 97.00%  
 100.00%

ONLY FOR SALE TO, USE, AND STORAGE BY SERVICE PERSONS

## WARNING

**KEEP OUT OF REACH OF CHILDREN**

See side panels for additional precautionary statements and first aid statements.

EPA REG. NO. 4823-4  
 EPA EST. NO. 04823-NC-1

Manufactured by  
**Maintenance Supply Service Corp.**  
 P.O. Box 498  
 Huntersville, NC 28078

Net Contents \_\_\_\_\_

SENTINEL is recommended for cleaning, disinfecting and deodorizing hard surfaces such as floors, walls, ceilings, equipment and fixtures in areas such as rest rooms, corridors and glass rooms in public institutions and schools. SENTINEL can be used for cleaning, disinfecting and deodorizing all hard surface areas such as corridors, class rooms, offices, rest rooms, locker rooms and showers.

**SENTINEL IS EFFECTIVE AGAINST THE ORGANISMS BELOW WHEN USED AS DIRECTED.**

A.O.A.C. Phenol Coefficients

16 S. Aureus

23 S. Typhosa

A.O.A.C. Use Dilution Confirmation

S. Choleroesuis 1:150

S. Aureus 1:150

### STORAGE AND DISPOSAL

- DO NOT CONTAMINATE WATER, FOOD, OR FEED BY STORAGE OR DISPOSAL.
- WASTES RESULTING FROM THE USE OF THIS PRODUCT MAY BE DISPOSED OF ON SITE OR AT AN APPROVED WASTE DISPOSAL FACILITY.
- FOR PLASTIC CONTAINER DISPOSAL, TRIPLE RINSE (OR EQUIVALENT). THEN OFFER FOR RECYCLING OR RECONDITIONING, OR PUNCTURE AND DISPOSE OF IN A SANITARY LANDFILL, OR INCINERATION, OR, IF ALLOWED BY STATE AND LOCAL AUTHORITIES, BY BURNING. IF BURNED, STAY OUT OF SMOKE.