


Please read Instructions on reverse before completing form.

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

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 182804
	Application for Pesticide:		
	Section I		

1. Company/Product Number 4823-22	2. EPA Product Manager John Lee	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Guard Duty Disinfectant	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) MAINTENANCE SUPPLY CO. P.O. Box 498 Huntersville, N.C. 28078 <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"/> 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.

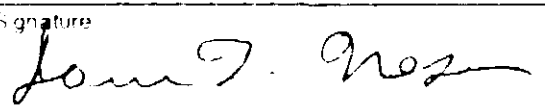
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submitted in response to PR Notice 93-10

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
	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container	<input type="checkbox"/> Glass
					<input type="checkbox"/> Paper
					<input type="checkbox"/> Other (Specify) _____
* Certification must be submitted.					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner In Which Label Is Affixed To Product <input 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 James F. Nelson	Title Exec. Vice President	Telephone No. (Include Area Code) 704-875-6513
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 Exec. Vice President	
4. Typed Name James F. Nelson	5. Date 9/15/95	

292

Precautionary Statements
Hazard To Humans And Domestic
Animals

DANGER

Keep Out of Reach of Children. Corrosive. Causes eye damage and skin irritation. Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling. Harmful if swallowed. Do not breathe spray mist. Avoid contamination of food.

STORAGE AND DISPOSAL

PESTICIDE 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 CONTAINER DISPOSAL FACILITY.

CONTAINER DISPOSAL

—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.

ENVIRONMENTAL HAZARDS

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.

**GUARD DUTY
DISINFECTANT**

Disinfectant Fungicide-Deodorizer
with Organic Soil Tolerance
for Non-Medical Institutional,
Industrial and School use.

Active Ingredients

Octyl decyl dimethyl ammonium chloride	2.250%
Didecyl dimethyl ammonium chloride	1.125%
Diocetyl dimethyl ammonium chloride	1.125%
Alkyl (C ₁₄ 50%; C ₁₂ 40%; C ₁₆ 10%) dimethyl benzyl ammonium chloride	3.000%

Inert Ingredients

92.500%
100.000%

KEEP OUT OF REACH OF CHILDREN

DANGER

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 promptly a large quantity of milk, egg whites, gelatin solution, or if these are not available, drink large quantities of water. Avoid alcohol. Call a physician immediately.

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

SEE LEFT PANEL FOR ADDITIONAL
PRECAUTIONARY STATEMENTS

EPA Registration No. 4823-22
EPA Establishment No. 04823-NC-01
Net Contents

MANUFACTURED BY:

MAINTENANCE SUPPLY SERVICE CORP.
P.O. BOX 498 • HUNTERVILLE, N.C. 28078

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

DIRECTIO

It is a violation of law to use this product in any manner not shown with its labeling.

For use in disinfecting other hard nonporous surfaces, GUARD DUTY mechanical sprayer must be used with a mechanical sprayer. Surfaces must be sprayed until thoroughly wetted. Treated surfaces should be kept wet for 10 minutes. Use solution before use solution becomes dry.

**DISINFECTIO
INSTITUTIONAL
AND**

Add 1.0 oz. GUARD DUTY to 2.25 gallons water. Cleaned hard surfaces. GUARD DUTY kills Staphylococcus aureus, choleraesuis in blood serum within 10 minutes. AOAC Use-Dilution

Fungicidal Performance: 2.25 gallons of water. GUARD DUTY is an effective fungicide for athlete's foot fungus on surfaces in areas such as dressing rooms, showers, and exercise facilities. AOAC Fungicidal