



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

March 21, 2011

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

Dana Wm. Somesla
Chem Lab Products, Inc.
5160 East Airport Dr.,
Ontario, CA 91761

FILE COPY

Subject: Kem Tek Kem Klor II
EPA Reg.#: 7616-45
Notification Date: February 16, 2011
Receipt Date: February 28, 2011

Dear Ms. Somesla:

This acknowledges the receipt of your notification, submitted under the provision of PR Notice 98-10 and FIFRA section 3(c)9.

Proposed Notification:

Add a marketing claim "For Everyday Chlorination & Shock Treatment" for "Kem Tek Kem Klor II" product label (EPA Reg.#: 7616-45).

General Comment:

Based on the review of the material submitted, the additional marketing under the brand name, is acceptable with comment. The following comments apply: Under Directions for use "SWIMMING POOL WATER DISINFECTION" - in third sentence, insert (Shock Treatment), to read "To Start-up or superchlorinate (Shock Treatment) a pool, add 52 to 104 oz..."

This notification and this letter have been inserted in your file for future reference.

If you have further question on this letter, please contact David Liem at 703-305-1284 or by email at liem.david@epa.gov

Sincerely

A handwritten signature in black ink that reads "Wanda Y. Henson".

Wanda Y. Henson
Acting Product Manager (32)
Regulatory Management Branch II
Antimicrobial Division (7510P)

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060

	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 7616-45	2. EPA Product Manager Wanda Henson	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Kem Tek Kem Klor II	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Chem Lab Products, Inc. 5160 East Airport Drive Ontario, CA 91761 <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: <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.


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

Adding to package: For Everyday Chlorination & Shock Treatment (Super Chlorination). Attached is PR Notice 98-10 Certification Statement.

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) _____	<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 type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) 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 Dana Wm. Somesla	Title Chemist	Telephone No. (Include Area Code) (909) 390-9212
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 both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Chemist	
4. Typed Name Dana Wm. Somesla	5. Date August 31, 2010	

Handwritten signature/initials

READ CUSTOMER RESPONSIBILITY ON TOP LID BEFORE PURCHASING

THIS SIDE UP

Step 2



CALCIUM FREE!

CHLORINATING LIQUID

For Everyday Chlorination & Shock Treatment (Super Chlorination)

ACTIVE INGREDIENT:
Sodium Hypochlorite... 10.0%
INERT INGREDIENTS... 90.0%
TOTAL... 100%

KEEP OUT OF REACH OF CHILDREN
NO SE UJE AL ALCANCE DE LOS NIÑOS

DANGER
PELIGRO

SEE FIRST AID STATEMENT
AND OTHER PRECAUTIONS
ON SIDE PANELS

Net: 2 Containers
Each 1 Gal. (3.78 L)
Net Total: 2 Gal. (7.56 L)



CHLORINATE
CLORINAR

EPA Reg. No. 7616-45
EPA Est. No. 7616-CA-1

PRODUCT #331



NOTE: Do not allow direct contact of this product on the following surfaces: vinyl, metallic, fiberglass, painted or colored plaster. Product will bleach color out.

Manufactured by:
CHEM LAB PRODUCTS, INC.
Ontario, Calif. 91761

NOTIFICATION
Date Reviewed: 3/21/2011
Reviewed By: [Signature]

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

NOTE: This product degrades with age. Use chlorine test kit and increase dosage as necessary to obtain the required level of available chlorine.

SWIMMING POOL WATER DISINFECTION: add 11oz. of this product for 10,000 gal. of water to yield an available chlorine residual of 1ppm. Maintain 1.0 to 3.0 ppm in unstabilized pools and 1.0 to 1.5 ppm in stabilized pools. To start-up or superchlorinate a pool, add 52 to 104 oz. of this product for each 10,000 gal. of water to yield 5 to 10 ppm chlorine residual. DO NOT enter the pool until residual is less than 3.0 ppm. Add this product at night after running filter. Check in the morning and adjust as necessary. IMPORTANT maintain pH between 7.2 to 7.6 maintain alkalinity between 50 to 100 ppm.

(SHOCK TREATMENT)

PRECAUTIONARY STATEMENTS: HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: Corrosive, may cause severe skin and eye irritation or chemical burns to broken skin. Causes eye damage. Do not get in eyes, on skin, or on clothing. Wear safety glasses or goggles and rubber gloves when handling this product. Wash after handling. Avoid breathing vapors. Vacate poorly ventilated areas as soon as possible. Do not return until odors have dissipated.

ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish and aquatic organisms.

PHYSICAL AND CHEMICAL HAZARDS: STRONG OXIDIZING AGENT: Mix only with water according to label directions. Mixing this product with chemicals (e.g. ammonia, acids, detergents, etc.) or organic matter (e.g. urine, feces, etc.) will release chlorine gas which is irritating to eyes, lungs, and mucous membranes.

FIRST AID

IF IN EYES: Hold eye open and flush with plenty of water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call poison control center or doctor immediately for treatment advice. IF ON SKIN/CLOTHING: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call poison control center or doctor immediately for treatment advice. IF SWALLOWED: Call poison control center or doctor immediately for treatment advice. Promptly drink large quantities of water if able to swallow. DO NOT induce vomiting unless told to do so by poison control center or doctor. Do not give anything by mouth to an unconscious person. 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. Call poison control center or doctor immediately.

STORAGE AND DISPOSAL: Keep product in tightly closed container when not in use. Store in a cool, dry well ventilated area away from heat and open flame. DISPOSAL: IF EMPTY: Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available. IF PARTY FILLED: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.