


PM-32

Reg # 8383-7

192

Please read Instructions on reverse before completing form. Form Approved, OMB No. 2070-0060. Approval expires 11-30-93

<b>(A)</b> 	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 <b>161928</b>
	<b>Application for Pesticide:</b>		

**Section I**

1. Company/Product Number <b>8383-7</b>	2. EPA Product Manager <b>Walter Francis</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Sporicidin Brand Disinfectant Towelette</b>	PM# <b>32</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Sporicidin International 5901 Montrose Road Rockville, MD 20852</b>	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 _____	
<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.

**NOTIFICATION**  
JUN 4 1996

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

**Section III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Unit Package wgt. <b>11 oz.</b>	No. per container <b>160</b>	<input checked="" 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," Package wgt.	No. per container		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container <b>Height: 6.75</b> <b>Diameter: 5"</b>		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 type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input checked="" type="checkbox"/> Other ( <b>Pressure Sensitive Label</b> )			

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name <b>Harold E. Plank, D.D.S.</b>	Title <b>Technical Director</b>	Telephone No. (Include Area Code) <b>(301) 281-7700</b>

**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) <b>MAY 22 4:05 PM '96</b> EPA/OPP/DPDI
2. Signature <i>Harold E. Plank</i>	3. Title <b>Technical Director</b>	
4. Typed Name <b>Harold E. Plank</b>	5. Date <b>May 21, 1996</b>	

Continuous Residual Activity  
for Over 6 Months\*

**Sporicidin**<sup>®</sup>  
BRAND

## ANTIMICROBIAL TOWELETTES

### Active Ingredients

Phenol.....1.56%  
Sodium Phenate.....0.06%  
Inert Ingredients.....98.38%

### PRECAUTIONARY STATEMENTS:

Hazard to Humans and Domestic Animals  
Keep Out of Reach of Children

### CAUTION:

Avoid direct food contact. Avoid eye contact. In case of contact, immediately flush with water. If necessary, consult a physician.

Contents: 160 Saturated Towelelettes

- BACTERICIDAL
- FUNGICIDAL
- VIRUCIDAL\*\*
- TUBERCULOCIDAL
- PREVENTS MOLD AND MILDEW
- ELIMINATES ODORS\*

EPA REG. NO. 8283-7  
EPA Est. No. 056952-AR-001

## HOSPITAL DISINFECTION

Sporicidin patented\* uniform release wipes are effective disinfectants and active deodorants for hospitals, medical, dental and veterinary offices, laboratories, industrial clean rooms, nursing homes, ambulances, hotels, restaurants, schools, homes, health spas, boats, autos and toilet seats.

**DISINFECTANT:** Effective for germ laden non-porous surfaces such as counter-tops, manikins, light switches, telephones, sinks, furniture, animal enclosures and toilet seats. Sporicidin reduces the risk of cross-infection. It is non-staining and contains no harmful abrasives.

**DEODORANT:** Provides continuous residual bacteriostatic activity against odor-causing organisms for over 6 months, in the presence of adequate moisture if not removed from surfaces.

### CLEANS • DISINFECTS • DEODORIZES

SPORICIDIN Brand **ANTIMICROBIAL TOWELETTES** are germicidal when used as directed but differ in composition from other Sporicidin products.

**PASSES ADAC EFFICACY STANDARDS FOR INSTITUTIONAL AND HOSPITAL DISINFECTION** including *Staphylococcus aureus*, *Streptococcus pyogenes*, *Streptococcus salivarius*, *Salmonella choleraesuis*, *Pseudomonas aeruginosa*, *Escherichia coli*, \*\**Herpes simplex* types 1 and 2 (oral and genital), influenza A<sub>2</sub> (Japan 305/57 Asian strain) and Polio type 1 viruses, *Trichophyton mentagrophytes* (Athlete's Foot fungus), *Mycobacterium tuberculosis* and HIV-1 (AIDS virus) on hard surfaces.

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

**PREPARATION OF DISPENSER:** Pull up tab and remove cover. Insert about one inch of towelelette from center of roll through opening. Replace cover. Pull each sheet up at a sharp angle and snap off. Keep container tab closed between use.

**PREFACEAN** surfaces to remove soil and film. Wipe dry.

**TO DISINFECT AND DEODORIZE:** Thoroughly wet surface with towelelette. Ensure surface remains moist for a 10 minute contact time at room temperature (20°C/68°F or above).

**TO PREVENT MOLD AND MILDEW:** Repeat application weekly, or sooner if new growth appears.

**STORAGE AND DISPOSAL:** Store at room temperature. Discard used towelelettes and empty container in regular trash.

\*U.S. Pat. No. 4,775,582

**Sporicidin**  
INTERNATIONAL

Rockville, Maryland 20852