

WARNING:

FOR USE ONLY BY MANUFACTURERS IN THE PREPARATION OF SCHRADAN INSECTICIDES FOR USE ON GREENHOUSE ORNAMENTALS ONLY. KEEP AWAY FROM FEED OR FOOD PRODUCTS.

Consult your physician about obtaining an adequate supply of 1/50 grain atropine tablets for emergency use.

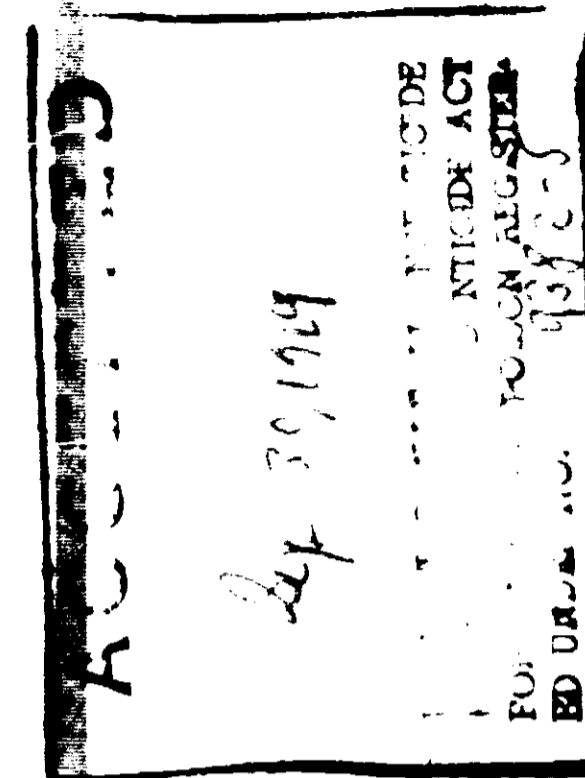
Poisonous by skin contact, inhalation or swallowing. Rapidly absorbed through skin. Repeated inhalations or skin contact may, without symptoms, progressively increase susceptibility to Schradan poisoning. DO NOT GET ON SKIN, IN EYES, ON CLOTHING. Wear clean, heavy rubber gloves and clean waterproof or freshly laundered protective clothing, (overalls, rubber boots, cap, etc.). Clothing must not get wet through. Destroy and replace gloves frequently.

Bathe immediately after work and change all clothing. Wash clothing thoroughly with soap and hot water before re-use.

In case of contact, immediately remove contaminated clothing and wash skin thoroughly with water. For eyes, flush thoroughly with water for 15 minutes.

Do not breathe vapor or dust. Wear a full face mask or respirator of a type passed by the U. S. Department of Agriculture for Schradan protection. In case of spillage, cover with an absorbent such as soda ash, clay or lime. Sweep up and bury.

Wash area thoroughly with strong lye solution.



Made
Schra

Techn



POIS

DANGER! KEEP OUT O

SEE SIDE PANELS FOR ANTIDOT

Active
Ingredients: Min. 80% OCTAMETH'

Inert
Ingredients: Max. 20%,
PRINCIPALLY HEXAMI

Net Weight.

U S D A REGISTRATION NO. 9382-5

ATTENTION: This contain
pose. When empty add a solution of 1-l
water and allow to stand for 24 hours. F
and draining several times. Puncture bc

DISTRIBUT



Made in U.S.A.

Schradan

Technical



POISON



DANGER! KEEP OUT OF REACH OF CHILDREN!

SEE SIDE PANELS FOR ANTIDOTE AND ADDITIONAL WARNINGS

Active

Ingredients: Min. 80% OCTAMETHYLPYROPHOSPHORAMIDE

Inert

Ingredients: Max. 20%, PRINCIPALLY HEXAMETHYLPHOSPHORAMIDE

Net Weight

Lot No.:

U.S.D.A. REGISTRATION NO 9382-5

REUSE INSTRUCTIONS: This container must not be reused for any purpose. When empty add a solution of 1-lb. of lye in 1 gallon of water. Fill with water and allow to stand for 24 hours. Rinse thoroughly with water by filling and draining several times. Puncture both ends before discarding.

DISTRIBUTED BY:



In case of exposure call

ANTIDOTE:

of warm water; repeat until
quiet. Call a physician in

with soap and warm water

NOTE FOR

Symptoms of Poisoning
panied by headache, co
Nausea, vomiting, diarr
increased salivary and
severe pulmonary edem

Treatment: Large doses
2 mg. (1/60 gr. to 1/30 gr.)
of excess parasympathe
be exercised in adminis
of the amount necessary
criteria to be used in arriv

Postural drainage and as

The administration of ox
periods every hour may
oxygen in the usual man

Observe patient continu
esterase inhibitors may,
very small doses of any
until time for cholineste
by blood tests.

DO NOT USE

— This drug accentuate

THE PREPARATION OF
GREENHOUSE ORNA-
OR FOOD PRODUCTS.

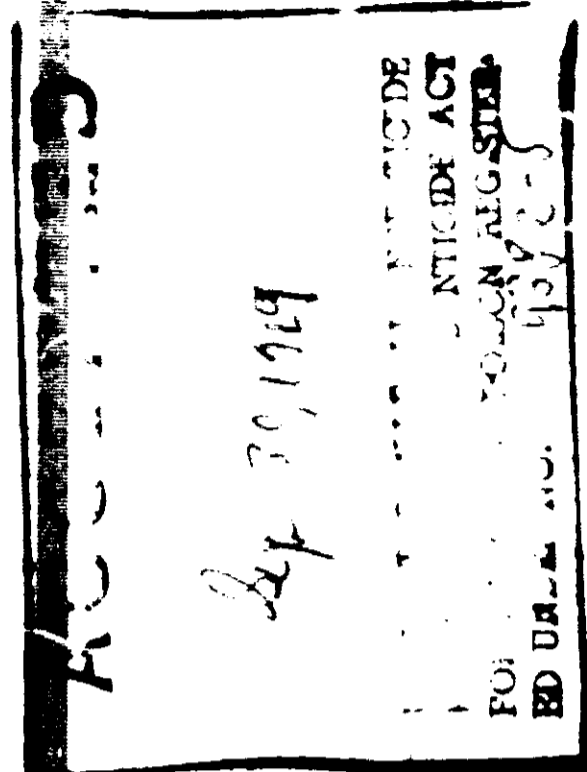
quate supply of 1/50 grain

lowing. Rapidly absorbed
ct may, without symptoms,
n poisoning. DO NOT GET
heavy rubber gloves and
clothing, (overalls, rubber
ough. Destroy and replace

clothing. Wash clothing

inated clothing and wash
roughly with water for 15

ask or respirator of a type
or Schradan protection. In
as soda ash, clay or lime.



dan

ical

ON



REACH OF CHILDREN!

AND ADDITIONAL WARNINGS

OPYROPHOSPHORAMIDE

THYLPHOSPHORAMIDE

Lot No.:

er must not be reused for any pur-
of lye in 1 gallon of water. Fill with
inse thoroughly with water by filling
h ends before discarding.

ED BY



In case of exposure call a doctor immediately.

ANTIDOTE: (1) Internal: Give a tablespoonful of salt in a glass of warm water; repeat until vomit fluid is clear. Have victim lie down and keep quiet. Call a physician immediately.

(2) External: If skin is contaminated wash thoroughly with soap and warm water.

NOTE FOR PHYSICIANS:

Symptoms of Poisoning: The initial symptoms is giddiness, usually accompanied by headache, constriction of the pupils and tightness of the chest. Nausea, vomiting, diarrhea and muscular twitchings may result. Greatly increased salivary and bronchial secretion is common. This may stimulate severe pulmonary edema.

Treatment: Large doses of atropine are indicated — as much as 1 mg. to 2 mg. (1/60 gr. to 1/30 gr.) every hour in critically ill patients — until symptoms of excess parasympathetic stimulation are relieved. Obviously, caution must be exercised in administering the amount of atropine and no generalization of the amount necessary is possible. Full dilatation of the pupils is one of the criteria to be used in arriving at the optimum dose.

Postural drainage and aspiration may be necessary.

The administration of oxygen under pressure (5 cm. of water) for 30 minute periods every hour may be required in addition to the continuous use of oxygen in the usual manner.

Observe patient continuously for 48 hours. Repeated exposure to cholinesterase inhibitors may, without warning, cause prolonged susceptibility to very small doses of any cholinesterase inhibitor. Allow no further exposure until time for cholinesterase regeneration has been allowed as determined by blood tests.

DO NOT USE WITH

— This drug accentuates symptoms.