

PLEASE NOTE

This image contains more than one label approved for this product on this date.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

April 14, 2005

Sydney D. Marquis
Operations Manager
Bison Laboratories, Inc.
100 Leslie Street
Buffalo, NY 14211

Subject: Crystal Aqua Chlorinating Solution
EPA Registration No. 9613-20001
Application Date: February 7, 2005
Receipt Date: March 21, 2005

Dear Mr. Marquis:

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

Proposed Notification

- addition of alternate brand name: "Shock Chlorinating Solution"

General Comments

Based on a review of the material submitted, the following comments apply:

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,

Wanda Y. Mitchell
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510C)

CONCURRENCES

SYMBOL	7510C	7510C						
SURNAME	E. Berg	Mitchell						
DATE	4/14/05	4-14-05						

32

2732

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
7405-C

Application for Pesticide - Section I

1. Company/Product Number 009613 9613-20001	2. EPA Product Manager PM#	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Shock Chlorinating Solution		
5. Name and Address of Applicant (Include ZIP Code) Bison Laboratories, Inc. 100 Leslie Street Buffalo, NY 14211 <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. 9613-20001 Product Name Crystal Aqua Chlorinating Solution	

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.)

"Shock Chlorinating Solution" is another brand name for the "Crystal Aqua Chlorinating Solution". The label is identical except for the brand name. Labels provided for review and clarification.

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	Metal Plastic Glass Paper 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"/>	
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 Sydney D. Marquis	Title Operations Manager	Telephone No. (Include Area Code) (716) 895-2707	
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.			8. Date Application Received (Stamp)
2. Signature <i>Sydney D. Marquis</i>		3. Title Operations Manager	
Printed Name Sydney D. Marquis		5. Date 2/7/05	

(Rev. 3-94) Previous editions are obsolete.

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: Corrosive, may cause severe skin irritation or chemical burns to broken skin. Causes eye damage. May be fatal if swallowed. Avoid breathing vapors. Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling this product. Wash hands after handling. 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. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or public waters unless this product is specifically identified and addressed in an NPDES permit. Do not discharge effluent containing this product to sewer systems without previously notifying the sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

PHYSICAL AND CHEMICAL HAZARDS:

STRONG OXIDIZING AGENT Mix only with water according to label directions. Mixing this product with gross filth such as feces, urine, etc., or with ammonia, acids, detergents or other chemicals will release hazardous gases irritating to eyes, lungs and mucous membranes.



MANUFACTURED BY BISON LABORATORIES, INC., BUFFALO, N.Y. 14211

EPA REG. NO. 9613-20001
EPA EST. NO. 9613-NY-1
EPA EST. NO. 9613-PA-1

NET CONTENTS 1 GALLON

SHOCK

CHLORINATING SOLUTION

FOR CHLORINATION OF SWIMMING POOLS

ACTIVE INGREDIENT:
SODIUM HYPOCHLORITE 12.5%
INERT INGREDIENTS 87.5%
KEEP OUT OF REACH OF CHILDREN

DANGER

FIRST AID

If inhaled	<ul style="list-style-type: none"> 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 a poison control center or doctor for further treatment advice.
If on skin or clothing	<ul style="list-style-type: none"> Remove contaminated clothing. Rinse exposed area immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.
If in eyes	<ul style="list-style-type: none"> Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first five minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.
If swallowed	<ul style="list-style-type: none"> Call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or doctor. Do not give anything by mouth to an unconscious person.

HOT LINE NUMBER

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-733-3665 for 24hr. emergency medical treatment information.

NOTE TO PHYSICIAN

The absence of visible signs or symptoms of burns DOES NOT reliably exclude the presence of actual tissue damage.

SEE ADDITIONAL PRECAUTIONS ON SIDE PANEL

DIRECTI
IT IS A VIOLA
TO USE THIS PRODUC
WITH

DIRECTIONS FOR SW

For a new pool or for spring start-up of sodium hypochlorite solution for equivalent to 5 ppm available chlorine For Pool Maintenance

- A) Adjust pool water pH to 7.6-7.2 range
- B) Add manually or by feeder device maintain an available chlorine r (4 flu. ozs.) of this sodium hypo will provide 1.0 ppm. available ch maintain 0.6 to 1.0 ppm. available of swimmers. Use test kit to ma the proper range.
- C) Re-Entry Level: Re-entry into treat chlorine due to risk of bodily injury

NOTE: This product degrades with as necessary, to obtain the required lev

STORAGE AND DISPOS
sunlight. In case of spill, flood area with
DISPOSAL INSTRUCTIO

IF EMPTY: Do not reuse this conta

IF PARTLY FILLED: Call yo
for disposal instructions. Never place un

760	01/31/05
V SHOCK	
[Redacted]	
RED	BLACK

NEXT

LABEL

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	OPP Identifier Number 7405-C
		<input type="checkbox"/> Amendment	
		<input checked="" type="checkbox"/> Other	

Application for Pesticide - Section I

1. Company/Product Number 009613 9613-20001	2. EPA Product Manager PM#	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Chek Bac Shock Chlorinating Solution	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. 9613-20001 Product Name Crystal Aqua Chlorinating Solution	
5. Name and Address of Applicant (Include ZIP Code) Bison Laboratories, Inc. 100 Leslie Street Buffalo, NY 14211 <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 _____
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<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.)
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Section - III

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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	If "Yes" Unit Packaging wgt. No. per container		<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" 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"/>	
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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)
2. Signature <i>Sydney D. Marquis</i>		3. Title Operations Manager			
4. Typed Name Sydney D. Marquis		5. Date 2/7/05			

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND
DOMESTIC ANIMALS**

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EPA REG. NO. 9613-20001
EPA EST. NO. 9613-NY-1
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NET CONTENTS 1 GALLON

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Bac. SHOCK
CHLORINATING SOLUTION**

FOR CHLORINATION OF SWIMMING POOLS
ACTIVE INGREDIENT:
SODIUM HYPOCHLORITE 12.5%
INERT INGREDIENTS 87.5%
KEEP OUT OF REACH OF CHILDREN

DANGER

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SEE ADDITIONAL PRECAUTIONS ON SIDE PANEL

**DIR
IT IS A
TO USE THIS PR**

DIRECTIONS F

For a new pool or for spa (4 flu. ozs.) of sodium hypochlorite. This dosage is equivalent to 1 ppm. For Pool Maintenance
A) Adjust pool water pH to 7.2-7.6
B) Add manually or by feeder. Maintain an available chlorine level of 1.0 ppm. Use test kit to maintain 0.6 to 1.0 ppm. of swimmers. Use test kit to maintain the proper range.
C) Re-Entry Level: Re-entry into pool after 1 hour of chlorine due to risk of burn.

NOTE: This product requires a specific dosage, as necessary, to disinfect.

**STORAGE AND
DISPOSAL INST**

IF EMPTY: Do not reuse container.
IF PARTLY FILLED: Follow disposal instructions. Do not pour into outdoor drain.

4.341 MAX PRINT AREA

716-838-5960 01/31/05
1 GAL. CHEK BAC SHOCK

YELLOW	BLACK
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