



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

JUN 22 2006

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

RE: Label Amendment Dated April 21, 2006
Product Name: Crystal Aqua Chlorinating Solution
EPA Registration Number: 9613-20001

Dear Mr. Marquis:

The Agency has reviewed your proposed notification submitted in accordance with continuing registration under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA), as amended, and determined the action is acceptable with the following conditions:

The first aid statement must be in the following descending order for treatment: Eyes, Skin, Swallowed, Inhaled. This is the order established by the Registration Standard of 1988 based on the acute toxicity profile. Also, remove the word warmer as indicated in the Egg Shell Sanitizer.

To clarify our conversation and my misinformation, according to the Label Review Manual: a "Sub-Label" or "Split-Label" is a label which bears claims and directions for only a portion of the approved uses under a given product but is a complete label itself, containing all of the required labeling elements. Agency regulations allow a registrant to distribute or sell a product under a "Sub-Label" or "Split-Label" provided that in limiting the uses identified on the label, no changes would be necessary to the precautionary statements, use classification, or packaging of the product. Since there are no changes being made which would require submission of an amendment to the labeling, split-labels and sub-labels are not required to be submitted to the Agency for approval."

A copy of your label with our edits is enclosed. This label is not stamped and represents only corrections.

2/4

-2-

If you have questions concerning this letter, please contact Tom Luminello by telephone, (703) 308-8075, or by e-mail at luminello.tom@epa.gov.

Sincerely,

Emily H. Mitchell
Product Manager 32
Antimicrobials Division (7510-P)

Enclosure

**PRECAUTIONARY STATEMENT:
HAZARD TO HUMAN AND
DOMESTIC ANIMALS**

**CRYSTAL AQUA
CHLORINATING
SOLUTION**

DIRECTIONS FOR USE

DIRECTIONS FOR SANITIZING FOOD PROCESSING
OR DAIRY EQUIPMENT:

DANGER:

Corrosive, may cause severe skin and eye 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 specially 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.

UN# 1791
LIQUID BACTERICIDE * DISINFECTANT *
SANITIZER * DEODORIZER

For dairy, dairy farm, beverage, meat, poultry, commissary and food processing plants.

ACTIVE INGREDIENTS:
Sodium Hypochlorite ----- 12.5%
Inert Ingredients ----- 87.5%
100.0%

KEEP OUT OF REACH OF CHILDREN

DANGER!

**SEE ADDITIONAL PRECAUTIONS
ON SIDE PANEL**

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

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER INCONSISTENT WITH ITS LABELING

FRUIT AND VEGETABLE WASH:
For inplant chlorination of water used for washing fruits and vegetables, use a chlorinator to obtain a 25 ppm available chlorine residual in wash water as determined by a chlorine test kit. Addition of 5 ounces of this product per 200 gallons of water will provide approximately 25 ppm available chlorine by weight. Products must be thoroughly rinsed with potable water after treatment.

EGG SHELL SANITIZER:
For sanitizing clean shell eggs intended for food use, dilute this product to obtain a 200 ppm available chlorine solution. Temperature of solution should be at least 30 degrees F. warmer than eggs but not more than 130 degrees F. ~~warmer~~ Suggested temperature of solution is 110-125 degrees F. Apply solution by spraying so as to wet eggs thoroughly for a contact time of one (1) minute. If solution is recirculated, prepare a new solution daily or if solution falls below 50 ppm available chlorine as determined by a chlorine test kit.

Clean equipment in a normal manner. Just before using, rinse all surfaces thoroughly with sodium hypochlorite solution containing 200 ppm available chlorine. Maintain contact with disinfectant for a minimum of two (2) minutes. Allow to air dry. Do not rinse with water after treatment with sodium hypochlorite solution. Do not soak overnight. Addition of one (1) fluid ounce (2 tablespoons) of this sodium hypochlorite solution per 5 gallons of water will provide approximately 200 ppm available chlorine by weight.

Hand Washing and Sanitizing: Use minimum 50 ppm Sodium Hypochlorite Solution. Dispense at sufficient distance from process line to prevent product contamination. After washing, rinse with potable water.

NOTE:

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

**DILUTION GUIDE FOR USE OF CRYSTAL AQUA
CHLORINATING SOLUTION**

Chlorine to Water = PPM Chlorine
1 ounce - 40 gal = 25 ppm
1 ounce - 20 gal = 50 ppm
1 ounce - 10 gal = 100 ppm
1 ounce - 5 gal = 200 ppm
3 ounce - 5 gal = 600 ppm

Packaged By:
Bison Laboratories, Inc. Buffalo, NY 14211
Ph. 716-895-2707 Fx: 716-895-1408

NET CONTENTS:

- 5 GALLONS
- 15 GALLONS
- 55 GALLONS

STORAGE AND DISPOSAL: Store in a cool, dry area away from direct sunlight. In case of spill, flood area with large quantities of water.

DISPOSAL INSTRUCTIONS:

IF EMPTY: Do not reuse this container. Place in trash or offer for recycling if available.

IF PARTLY FILLED: Call your Local Solid Waste Agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

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 1-800-733-3685 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.	

*This is a notification
Need CRP for
5 & 15
gallon sizes*

*check other label:
what uses on
before?*

7/6

*3
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A*



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
7504-C

Application for Pesticide - Section I

1. Company/Product Number 009613	2. EPA Product Manager 9613-20001	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Crystal Aqua Chlorinating Solution	PM#	
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. _____ 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.)
An additional Crystal Aqua Chlorinating Solution label with directions for use in fruit and vegetable wash, egg shell sanitizer and sanitizing food processing or dairy equipment as contained in the EPA Registration Standard.

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
* Certification must be submitted	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	Other (Specify) _____	
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
2. Signature <i>Sydney D. Marquis</i>		6. Date Application Received (Stamped)
3. Title Operations Manager		
4. Typed Name Sydney D. Marquis		5. Date 4/21/06