



10806-11

United States

01/13/2004

Environmental Protection Agency

Washington, DC 20460

Registration

 Amendment Other

OFF NUMBER

113

Application for Pesticide - Section I

1. Company/Product Number 10806-11	2. EPA Product Manager George LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Pro Pak Flying Insect Killer	PMS (13)	
5. Name and Address of Applicant (Include ZIP Code) Safeguard Chemical Corporation 411 Wales Avenue Bronx, NY 10454 <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 checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____	NOTIFICATION JAN 13 2004
<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.) Notification of label changes relative to PR Notice 2001-6. This notification is consistent with the guidelines in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 40 CFR 152.46, and no other changes have been made to the labeling or the Confidential Statement of Formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted		If "Yes" Unit Packaging wgt. 17 Oz.	No. per container 12	<input type="checkbox"/> Plastic	
		If "Yes" Package wgt.	No. per container	<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify)	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 17 Oz.		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other On can			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Martha A. LaRocco	Title Regulatory Specialist	Telephone No. (Include Area Code) (718)-585-3170
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 Martha A. LaRocco	3. Title Regulatory Specialist	
4. Typed Name Martha A. LaRocco	5. Date 12/16/03	



United States
Environmental Protection Agency
 Washington, DC 20460

Registration
 Amendment
 Other

OFFICIAL NUMBER

2/3

Application for Pesticide - Section I

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4. Company/Product (Name) Pro Pak Flying Insect Killer	PMS (13)	
5. Name and Address of Applicant (Include ZIP Code) Safeguard Chemical Corporation 411 Wales Avenue Bronx, NY 10454 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(ii), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____	NOTIFICATION JAN 13 2004
<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.)

Response to PR Notice 2001-1

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted	If "Yes" Unit Packaging wgt. 17 Oz.	No. per container 12	If "Yes" Package wgt.	<input type="checkbox"/> Plastic	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 17 Oz.		<input type="checkbox"/> Glass	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			5. Location of Label Directions <input type="checkbox"/> _____ <input type="checkbox"/> Other On can		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Martha A. LaRocco	Title Regulatory Specialist	Telephone No. (Include Area Code) (718)-585-3170
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>Martha A. LaRocco</i>	3. Title <i>Regulatory Specialist</i>	
4. Typed Name Martha A. LaRocco	5. Date 12/16/03	

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

CAUTION

Harmful if swallowed or absorbed through skin. Avoid inhalation of spray mist. Avoid contact with skin, eyes or clothing. Wash contaminated skin promptly with soap and water. For eyes, flush with plenty of water and get medical attention if irritation persists. Avoid contamination of food or feed stuffs. Do not use in commercial food processing, preparation, storage and serving areas. In the home, all food processing surfaces, exposed food and utensils should be covered during treatment, or thoroughly washed before use. Remove pets, birds and cover fish aquariums before spraying.

ENVIRONMENTAL HAZARDS

Keep out of lakes, streams, ponds, tidal marshes, estuaries. Do not apply directly to water or to areas where surface water is present. Do not contaminate water by disposal.

PHYSICAL AND CHEMICAL HAZARDS

CAUTION: FLAMMABLE. CONTENTS UNDER PRESSURE. Keep away from heat, sparks and open flame. Do not puncture or incinerate container. Exposure to temperatures over 130° F may cause bursting. **DO NOT USE OR STORE NEAR FIRE OR OPEN FLAME.**

FIRST AID	
IF SWALLOWED:	<ul style="list-style-type: none"> ● Immediately call a poison control center or doctor. ● Do not induce vomiting unless told to do so by the poison control center or doctor. ● Do not give any liquid by mouth to an unconscious person.
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 5 minutes, then continue rinsing eye. ● Call a poison control center or treatment advice.
IF ON SKIN OR CLOTHING:	<ul style="list-style-type: none"> ● Take off contaminated clothing. ● Rinse skin immediately with plenty of water for 15-20 minutes. ● Call a poison control center or doctor for treatment advice.
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 by mouth-to-mouth, if possible. ● Call a poison control center or doctor for further treatment advice.
<p>Contains petroleum distillate - vomiting may cause aspiration pneumonia. Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-858-7378 for emergency medical treatment information.</p>	

NOTE TO PHYSICIAN: This product contains an organophosphate insecticide. If symptoms of cholinesterase inhibition are present, atropine sulfate by injection is antidotal. 2-PAM is also antidotal and may be administered, but only in conjunction with atropine. This product contains petroleum distillate solvent which may present an aspiration hazard. Gastric lavage may be indicated if product was taken internally.

DIRECTIONS FOR USE

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

To Kill Flies, Mosquitos, Gnats, Wasps and Flying Moths: Close all windows and doors and direct spray upward into center of room with a slow sweeping motion. Spray 5 to 10 seconds for average room. Keep nozzle 3 feet from surfaces. Keep room closed for 15 minutes after spraying. Do not remain in treated areas. Ventilate room thoroughly before re-entry.

To Kill Roaches, Waterbugs, Silverfish, Crickets, and Ants: Spray baseboards, cracks, crevices, moist areas and openings around sinks and pipe and other hiding places, hitting the insects directly. Spray ant hills and ant trails over window and door sills and other locations. Repeat as necessary for control.

STORAGE AND DISPOSAL

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

EPA REG. NO. 10806-11 EPA EST. NO. 10806-NJ-1

MADE IN USA



Economy Size 3/3



**KILLS FLIES, MOSQUITOS, WASPS,
GNATS, MOTHS, ANTS, SILVERFISH**

HMIS:
H 2
F 3
R 0
S X

ACTIVE INGREDIENTS

Pyrethrins.....	0.30%
Piperonyl butoxide, technical*.....	0.60%
N-Octyl bicycloheptene dicarboximide.....	1.00%
INERT INGREDIENTS**.....	98.10%

TOTAL 100.00%

*Consists of .48% (butylcarbityl) (6-propylpiperonyl) ether, and .12% related compounds.
 **Contains petroleum distillate.

**KEEP OUT OF REACH OF CHILDREN
CAUTION: CONTENTS UNDER PRESSURE
SEE ADDITIONAL CAUTIONS AND DIRECTIONS
ON BACK PANEL.**

NET WT 17 OZ (1 LB 1 OZ) 481 g

NOTIFICATION

JAN 13 2001