



Application for Pesticide - Section I

1. Company/Product Number 10807-178	2. EPA Product Manager Ruth Douglas	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Hospital III Disinfectant and Deodorant	PM# #32	
5. Name and Address of Applicant (Include ZIP Code) Amrep, Inc. 990 Industrial Park Drive Marietta, GA 30062 <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.)

Notification: We would like to use the Additional Brand Name of:
 "Misty Disinfectant & Deodorant RTU"
 ***Please provide us with written acceptance of use of this name.

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 type="checkbox"/> Yes <input checked="" 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.	No. per container	<input checked="" 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 qt, 1, 5, 10, 15, 20, 35, 55 gal.		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 checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input checked="" type="checkbox"/> Other <u>silkscreen</u>			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Susan Watson	Title Regulatory Affairs	Telephone No. (Include Area Code) 70-422-2071
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 	3. Title Regulatory Affairs	
4. Typed Name Susan Watson	5. Date 01/16/96	



MISTY®

Disinfectant & Deodorant RTU

- Inhibits Mold & Mildew Growth for 7 Days on Hard Surfaces and 28 Days on Fabric!
- Tuberculocidal • Staphylocidal • Bactericidal
- Fungicidal • Pseudomonocidal

ACTIVE INGREDIENTS:	
o-Phenylphenol	0.177%
p-Tert. Amylphenol	0.045%
Ethyl alcohol	67.000%
INERT INGREDIENTS:	32.778%
TOTAL:	100.000%

KEEP OUT OF REACH OF CHILDREN.

WARNING:

See side panel for additional precautionary statements.

R-221

NET CONTENTS 1 QUART (0.95 LITERS)

Disinfectant & Deodorant RTU

PRECAUTIONARY STATEMENTS:

HAZARDS TO HUMANS AND DOMESTIC ANIMALS:

WARNING: CONTAINS SODIUM NITRITE-CAUSES EYE IRRITATION

Do not get in eyes. Flush at once with water for 15 minutes. Call a physician. Avoid skin contact. Avoid breathing of spray mist. Use adequate ventilation.

STATEMENT OF PRACTICAL TREATMENT: IF IN EYES: Immediately flush with plenty of water for at least 15 minutes. Call a physician. **IF ON SKIN:** Immediately flush with plenty of water for 15 minutes. Remove and wash all contaminated clothing before reuse. **IF SWALLOWED:** Drink large quantities of water. Call a physician. **NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage. Measures against circulatory shock, respiratory depression and convulsions may be needed.

Avoid contact with food. Before using, food and packaging materials must be removed or covered. Treated food contact surfaces must be covered. Treated food contact surfaces must be scrubbed with detergent and rinsed with potable water prior to reuse.

PHYSICAL AND CHEMICAL HAZARDS: FLAMMABLE. Keep away from heat or open flame.

DIRECTIONS FOR USE: It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

FOR DISINFECTION: Thoroughly clean surface to be disinfected. Remove heavy soil and gross filth. Hold dispenser upright about 6 to 9 inches from surface to be disinfected and spray until surface is wet. Effective in 10 minutes at 20°C. **FOR DEODORIZING:** Hold dispenser upright. Spray into air towards the center of the room. **FOR MILDEW CONTROL:** Clean surface. Spray surface until wet. Repeat application every week to maintain control. **IMPORTANT:** Do not use on polished wood, furniture, or rayon fabrics. Acts instantly and remains effective for long periods on unpleasant odors from fecal matter, urine, burns, smoke, mildew and mold, decay, garlic, onions, food putrefaction, stale air, perspiration, tobacco, sick rooms, musty closets, fish.

STORAGE & DISPOSAL: **STORAGE:** Do not expose product to heat, spark or open flame. Store container in a cool dry location. Do not expose product to temperature extremes. Store product in original shipping container in a locked storage area. Keep container closed when not

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