



Technical Compound 4072 Insecticide

FOR MANUFACTURE OF
ORGANIC PHOSPHATE COMPOUNDS

AN INSECTICIDE FOR FORMULATING USE

For information on the use of this product, refer to the data sheet on the inside of the container.

Actual content by weight:

ACTIVE INGREDIENTS	BY WEIGHT
2-Chloro-1-(2,4-dichlorophenyl)vinyl diethyl phosphate *	(minimum) 92.0%
INERT INGREDIENTS	8.0%
FPA REG. NO. 337	TOTAL 100.0%



KEEP OUT OF REACH OF CHILDREN
POISONOUS IF SWALLOWED, INHALED OR ABSORBED THROUGH SKIN. RAPIDLY ABSORBED THROUGH SKIN. REPEATED INHALATION OR SKIN CONTACT MAY, WITHOUT SYMPTOMS, PROGRESSIVELY INCREASE SUSCEPTIBILITY TO COMPOUND 4072 POISONING.

PRECAUTIONS IN USING

Do not store near or contaminate feed or foodstuffs. Keep away from heat and open flame. To prevent re-use, empty containers should be decontaminated and destroyed. Decontaminate containers by washing thoroughly with strong solution of alkali and detergent and rinse with water. Empty containers are to be destroyed by burning or burying. If burned, keep out of smoke.

This product is toxic to fish, wildlife and birds. Keep out of lakes, streams or ponds. Do not contaminate water by cleaning of equipment, or disposal of wastes.

Do not swallow or get in eyes, on skin, or on clothing. Do not breathe vapors. Wear clean rubber gloves; clean protective clothing, and goggles or a face shield. Replace gloves frequently and destroy used gloves. During commercial or prolonged exposure in spray-mixing or loading operations, wear a mask or respirator of a type passed by the U.S. Bureau of Mines for Compound 4072 protection. Wash thoroughly with soap and water after handling and before eating or smoking. If the material gets into the eyes, immediately flush with water for at least ten minutes and get medical attention. In case of contact, remove all contaminated clothing and wash skin with soap and water; wear clothing before re-use. In case of spillage, wash down with copious amounts of water. Decontaminate areas and equipment by washing with a concentrated solution of alkali and detergent and rinse with water.

Do not re-use empty container. Destroy it by perforating or crushing. Bury or discard in a safe place away from water supplies.

ANTIDOTE AND FIRST AID TREATMENT

ATROPINE IS THE EMERGENCY ANTIDOTE FOR COMPOUND 4072 POISONING. CALL A PHYSICIAN IMMEDIATELY IN ALL CASES OF SUSPECTED POISONING.

INTERNAL: If the material has been swallowed, induce vomiting immediately. This may be done by introducing a finger into the throat or by giving warm salt water (1 tablespoon of salt to a glass of water). Repeat warm salt water until vomit fluid is clear. **NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.**

EXTERNAL: If the material has been spilled on the skin, immediately remove patient from the vicinity of the Compound 4072, remove all contaminated clothing and wash skin with soap and running water for at least ten minutes.

IF WARNING SYMPTOMS APPEAR: (See **WARNING SYMPTOMS** below.) Keep patient prone and quiet. Start artificial respiration immediately if patient is not breathing. Transport the patient immediately to the nearest hospital.

NOTE TO PHYSICIAN

WARNING SYMPTOMS: Symptoms include weakness, headache, tightness in chest, blurred vision, non-reactive pin-point pupils, salivation, sweating, nausea, vomiting, diarrhea and abdominal cramps.

TREATMENT: Atropine is the specific therapeutic antagonist of choice against parasympathetic nervous stimulation. If there are signs of

parasympathetic stimulation, give atropine 1-2 mg at 10-minute intervals, in doses as large as necessary. If atropinization has occurred

Pralidoxime chloride (2-PAM) is an antidote in addition to atropine. For adults, an initial dose of 1 g is given as an infusion in 250cc of saline. If not practical, 2-PAM may be given as a 5 per cent solution in 2-4 ml of water by subcutaneous injection as a 5 per cent solution in 2-4 ml of water every two minutes. After about 30 minutes, a further injection will be indicated if muscle weakness and children the dose of 2-4 mg

Morphine is an improper treatment.

Clear chest by postural drainage. Observe patient for respiratory depression. Observe patient for cholinesterase inhibitor receptor sensitivity to very small doses. Further exposure until cholinesterase activity as determined by blood tests

NOTICE

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NET CONTENTS: 79 kg (174 lb)

SHELL INTERNATIONAL CHEMICAL COMPANY LIMITED, Agricultural Division, SHELL CENTRE, LONDON SE1 7PG, ENGLAND

4072 Insecticide

FOR MANUFACTURING PURPOSES ONLY

ORGANIC PHOSPHATE COMPOUND LIQUID, N.O.S.

TECHNICAL BULLETIN FOR CHEMICAL AND PHYSICAL ANALYSIS
to prevent their contamination.

ANTIDOTE AND FIRST AID TREATMENT

ATROPINE IS THE EMERGENCY ANTIDOTE FOR COMPOUND 4072 POISONING. CALL A PHYSICIAN IMMEDIATELY IN ALL CASES OF SUSPECTED POISONING.

ORAL: If the material has been swallowed, induce vomiting immediately. This may be done by introducing a finger into the throat or by warm salt water (1 tablespoon of salt to a glass of water). Repeat until water until vomit fluid is clear. **NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.**

SKIN: If the material has been spilled on the skin, immediately remove patient from the vicinity of the Compound 4072, remove contaminated clothing and wash skin with soap and running water for at least ten minutes.

WARNING SYMPTOMS APPEAR: (See **WARNING SYMPTOMS**) Keep patient prone and quiet. Start artificial respiration immediately if patient is not breathing. Transport the patient immediately to a hospital.

NOTE TO PHYSICIAN

WARNING SYMPTOMS: Symptoms include weakness, headache, dizziness, pain in chest, blurred vision, non-reactive pin-point pupils, salivation, nausea, vomiting, diarrhea and abdominal cramps.

TREATMENT: Atropine is the specific therapeutic antagonist of choice for parasympathetic nervous stimulation. If there are signs of

parasympathetic stimulation, atropine sulfate should be injected at 10-minute intervals, in doses of 1 to 2 milligrams, until complete atropinization has occurred.

Pralidoxime chloride (2-PAM chloride) may also be used as an effective antidote in addition to and while maintaining full atropinization. In adults, an initial dose of 1 gram of 2-PAM should be injected, preferably as an infusion in 250cc of saline over a 15 to 30-minute period. If this is not practical, 2-PAM may be administered slowly by intravenous injection as a 5 per cent solution in water over a period of not less than two minutes. After about an hour, a second dose of 1 gram of 2-PAM will be indicated if muscle weakness has not been relieved. For infants and children the dose of 2-PAM is 0.25 gram.

Morphine is an improper treatment.

Clear chest by postural drainage. Oxygen administration may be necessary. 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 cholinesterase regeneration has been attained as determined by blood test.

NOTICE OF WARRANTY

SHELL INTERNATIONAL CHEMICAL COMPANY LIMITED MAKES NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE, OR OTHERWISE, EXPRESS OR IMPLIED, concerning this product or its uses which extend beyond the use of the product under normal conditions in accord with the statements made on this label.

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