

NOV 21 1974
UNDER THE FEDERAL INSECTICIDE
FUNGICIDE AND RODENTICIDE ACT
FOR ECONOMIC POISON REGISTERED
UNDER NO. 34628-2

COMPRESSED CHLORINE GAS

ACTIVE INGREDIENT: CHLORINE 100%

Packed by
THE CHLORAMONE CORPORATION, DELAWARE CITY, DEL. 19706



DANGER POISON



See First Aid and other precautions on rear panel.

KEEP OUT OF REACH OF CHILDREN

REPLACE VALVE CAP AFTER DISCONNECTING CYLINDER

DO NOT HEAT CYLINDER

HAVE AVAILABLE EMERGENCY GAS MASK APPROVED BY
U. S. BUREAU OF MINES FOR CHLORINE SERVICE.

ACCEPTED
34628-2
NOV 21 1974
UNDER THE FEDERAL INSECTICIDE
FUNGICIDE AND RODENTICIDE ACT
FOR ECONOMIC POISON REGISTERED
UNDER NO. 34628-2



DANGER POISON



NON FLAMMABLE LIQUID AND GAS UNDER PRESSURE

Read and follow safety precautions recommended by Chlorine Institute Manual. Use Chlorine Safety Wall Chart for safe handling of Chlorine.

Do not breathe air containing this gas. Do not get in eyes or on skin.

FIRST AID: In case of exposure, move patient to fresh air, keep warm and quiet. If breathing has not ceased, place patient on back with head and back elevated. If breathing has ceased, artificial respiration should be started immediately. If breathing is difficult, administer oxygen if available.

If chlorine gas has come in contact with skin or clothing, remove contaminated clothing immediately under shower. Wash skin with soap and water.

In case of contact with eyes, immediately flush eyes with plenty of water for at least 15 minutes. Call eye specialist at once.
EPA REG. NO. 34628-2

NAME *The Chloramone Corp* P. O. # _____

FACTORY NO. *49366* SALESMAN *75*

1. Please do not make corrections on actual art work.
2. Check typographical correctness.
3. Check layout and position of copy. The proof is intended to illustrate the arrangement or type and not the paper stock to be used on your order.
4. If changes or additions to your original copy, that are not our error, are necessary, they will be made at cost and billed to you.
5. Sign proof in one of the three spaces that indicates your decision.
6. **IMPORTANT** - BE SURE TO RETURN ALL PROOFS AND ORIGINAL COPIES. WE CANNOT PROCEED WITHOUT THEM.

NOTE!
THIS ORDER **CANNOT** BE PROCESSED
UNTIL YOU SIGN AND RETURN

PROOF OK _____

PROOF OK AS CORRECTED _____

REQUIRES SECOND PROOF _____

Thank you for this order and we assure you of our cooperation and interest.

NOV 21 1974
UNDER THE FEDERAL INSECTICIDE
FUNGICIDE AND RODENTICIDE ACT
FOR ECONOMIC POISON REGISTERED
UNDER NO. 34628-2

COMPRESSED CHLORINE GAS

THE CHLORALONE COMPANY, NEWARK, N.J.

DANGER POISON

See First Aid and other precautions on rear panel.
KEEP OUT OF REACH OF CHILDREN

REPLACE VALVE CAP AFTER DISCONNECTING CYLINDER
DO NOT HEAT CYLINDER

HAVE AVAILABLE EMERGENCY GAS MASK APPROVED BY
U. S. BUREAU OF MINES FOR CHLORINE SERVICE

ACCEPTED
34628-2
NOV 21 1974
UNDER THE FEDERAL INSECTICIDE
FUNGICIDE AND RODENTICIDE ACT
FOR ECONOMIC POISON REGISTERED
UNDER NO. 34628-2

DANGER POISON

NON FLAMMABLE LIQUID AND GAS UNDER PRESSURE

Read and follow safety precautions on rear panel of cylinder and
Manual Use Chloralone Chlorine Gas Cylinder. Do not use if
cylinder is damaged, contains liquid, or is leaking. Do not use if
FIRST AID in case of exposure to chlorine gas: Move to fresh air
and call doctor. If inhaled, breathe fresh air. If in eyes, flush
with water. If on skin, wash with soap and water. If on clothing,
remove clothing. If on face, wash with soap and water. If on
clothing, wash with soap and water. If on skin, wash with soap
and water. If on clothing, remove clothing. If on face, wash
with soap and water. If on skin, wash with soap and water.
If on clothing, remove clothing. If on face, wash with soap
and water. If on skin, wash with soap and water.

NAME W. Robinson Co. P. O. # _____

FACTORY NO. 4-362 SALESMAN _____

1. Please do not make corrections on actual art work.
2. Check typographical correctness.
3. Check layout and position of copy. The proof is intended to illustrate the arrangement or type and not the paper stock to be used on your order.
4. If changes or additions to your original copy, that are not our error, are necessary, they will be made at cost and billed to you.
5. Sign proof in one of the three spaces that indicates your decision.
6. **IMPORTANT** - BE SURE TO RETURN ALL PROOFS AND ORIGINAL COPIES. WE CANNOT PROCEED WITHOUT THEM.

NOTE!
THIS ORDER **CANNOT** BE PROCESSED
UNTIL YOU SIGN AND RETURN

PROOF OK _____

PROOF OK AS CORRECTED _____

REQUIRES SECOND PROOF _____

Thank you for this order and we assure you of our cooperation and interest.