

1044

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

NOV 23 2009

OFFICE OF PREVENTION, PESTICIDES AND TOXIC SUBSTANCES

Heather F. Collins Senior Regulatory Affairs Specialist Lanxess Corporation 111 RIDC Park West Drive Pittsburgh, PA 15275-1112



Subject:

Notification Application per PR Notice 2007-4

Preventol BP, 75% in Isopropanol EPA Registration Number: 39967-6 Application Date: October 27, 2009 Receipt Date: November 5, 2009

Dear Ms. Collins:

This will acknowledge receipt of your notification, submitted under the provisions of PR Notice 2007-4.

## **Proposed Notification:**

Updated Storage and Disposal language

### **General Comment:**

Based on a review of the material submitted, the following comment applies:

The notification is acceptable.

Should you have any questions concerning this letter, please contact Heather Garvie at (703) 308-0034 or by email address at garvie.heather@epa.gov.

Sincerely,

ShaRon Carlisle

(Acting) Product Manager 34 Regulatory Management Branch II Antimicrobials Division (7510P)

, 00 , , ,

Application for Pesticide - Section I  1. Company / Product Number   2. EPA Product Manager   4. Gorgany / Product (Name)   PMM   2. None   Restricted   Restrict	<b>\$EPA</b>	United Environmental I Washington	Protection Age n, DC 20460	X Other			OPP Identifier Number		
39867-6 4. Company / Product (Name) Preventiol RP, 75% in Isopropanol 34 5. Name and Address of Applicant (include ZIP Code) LANXESS Coponation 11 FIRIC Park West Drive Pittsburgh, PA 15275-1112 Check of this is a new address Product Name Section - II  Anenoment - Explain Below. Product Name Section - II  Anenoment - Explain Below. Product Name Section - II  Anenoment - Explain Below. Product Name Section - II  Anenoment - Explain Below. Product Name Section - II  Anenoment - Explain Below. Product Name Section - II  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Anenoment - Explain Below. Product Name Section - III  Anenoment - Explain Below. Product Name Anenoment - Product Will Be Packaging Anenoment	Application for Pesticide - Section I								
S. Name and Address of Applicant (include 2/P Code)   S. Name and Address of Applicant (include 2/P Code)   C. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(1), my product is similar or identical in composition and labeling to in the FIFRA Section 3(c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c)(3) (b)(1), my product is similar or identical in composition and labeling to interest the section 3 (c) (c)(3) (c)(4) (c							3. Proposed Classification		
LANXESS Corporation  ITT RIDC Park West Drive  Pittsburgh, PA 15275-1112  Check of this is a new address  Section - II  Amendment - Explain Below.  Resubmission in response to Agency letter dated  X Noticestor - Explain below.  Explanation: Use additional page(s) if necessary, (For section I and Section - IV  Section - III  Amendment - Explain Below.  Explanation: Use additional page(s) if necessary, (For section I and Section - Iv  Section - IV  1. Material This Product Will Be Packaged in  Yes No No Interest - Explain Below.  If Yes No No Product Name  Title  Senior Regulation and Agency letter dated  The Total Container  Certification must be submitted  If Yes No No Product Name  Title Senior Regulation and Individual to be contacted, if necessary. To process this application.  Title Senior Regulatory Affairs Specialist  Certification  Certification  Certification  Certification  Container  Title Senior Regulatory Affairs Specialist  Certification				i			x None	Restricted	
Pittburgh, PA 15275-1112    Check of this is a new address   Product Name	5. Name and Addre	ess of Applicant (include ZI	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(l),						
Pittsburgh, PA 15275-1112   EPA Reg. No.   Product Name				my product is similar or identical in composition and labeling to:					
Section - II  Amendment - Explain Below.  Resubmission in response to Agency letter dated  Mesubmission in response to Agency letter da	· · · · · · · · · · · · · · · · · · ·			EPA Reg No					
Section - II  Amendment - Explain Below:  Resubmission in response to Agency letter dated  Notification - Explain below.  Explanation: Use additional page(s) if necessary. (For section I and Section II.)  Notification - Explain below.  Explanation: Use additional page(s) if necessary. (For section I and Section II.)  Notification of Use Carage per Rholice 2007-4. The necessary of Per Notice 2007-4 and the requirements of EPAs equilations at 40 CFR gif 15.10, 15.60, 15.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.61, 46.75, 16.41, 15.41, 46.75, 16.41, 15.41, 46.75, 16.41, 15.41, 46.75, 16.41, 16.41, 46.75, 16.41, 16.41, 46.75, 16.41, 4									
Amendment - Explain Bellow.    Final printed labels in response to Agency letter dated   The Too' Application   Th									
Resubmission in response to Agency letter dated    Net Too* Application	Section - II								
Explanation: Use additional page(s) if necessary. (For section I and Section II.)  Notification of label change per PR Notice 2007-4. This collectation is consisted with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR §5 156.10, 156.145, 156.146	Amendment -	Final printed labels in response to Agency letter dated							
Explanation: Use additional page(s) if necessary. (For section I and Section II.)  Notification of label change per PR Notice 2007-4. This critication is consistent with the guidance in PR Notice 2007-4 and the requirements of EPAs regulations at 40 CPR §5 156.10, 156.140,	Resubmission in response to Agency letter dated "Me Too" Application								
Notification of label change per PR Note 2007-4 This contilation is consistent with the guidance in PR Notice 2007-4 and the requirements of PPA's regulations at 40 CPR §§ 156.10, 156.140, 156	X Notification - Explain below. Other - Explain below.								
\$\$ 158.10, 158.140, 158.141, 158.148, and 158.158, No other changes have been made to the libeting or the Contidental Statement of Formula for this product. Lunderstand 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 the amended labet is not consistent with the requirements of 40 CFR §\$ 156.10, 156.144, 158.146, and 156.158, his product may be in violation of FFRA and I may be subject to enforcement action and panalities under sections 12 and 14 of FFRA."    Section - III									
156.144, 156.144, 156.144, 156.144, 156.144, 156.158, 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									
Section - III  1. Material This Product Will Be Packaged In:  Child-Resistant Packaging Unit Packaging Water Soluble Packaging Yes No. Per No No. Per No No. Per Ontainer Packaging Unit Packaging Water Soluble Packaging Yes No. Per Ontainer Package Water Soluble Packaging Water Soluble Packagin									
Child-Resistant Packaging  Water Soluble Packaging  Yes No No Prove No No Prove No No Per Packaging  1 'Yes' Unit Packaging wgt. Unit Packaging Wg									
Yes No No No No Process Metal Plastic  **Certification must be submitted**  3. Location of Net Contents Information Label Directions  4. Size(s) retail Container  5. Location of Label Directions  Lithograph Paper glues Stenciled  6. Manner in Which Label is affixed to Product  **Section - IV**  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  Certification  Loerify that the statements I have made on this form and all attachments thereto are true, accurate and complete. Lacknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.  2. Signature  4. Typed Name  Heather F. Collins  5. Date  Location of Label Directions    Metal Plastic   Pl	Material This Product Will Be Packaged In:								
**Certification must be submitted*  3. Location of Net Contents Information Label Container  4. Size(s) retail Container  5. Location of Label Directions  Label Container  6. Manner in Which Label is affixed to Product  Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  Certification  I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.  1 acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.  2. Signature  4. Typed Name  Heather F. Collins  5. Date  Lithograph Paper glues  Senior Regulatory Affairs Specialist  6. Date Application  Received 300000  (Stamped)  (Stamped)  (Stamped)  Container  A Title  Senior Regulatory Affairs Specialist  5. Date  Location of Label Directions  Fleshing  Glass  Glass  No. per Paper Glues  Glass  To process this application.  Telephone No. (Include Area Code)  412-809-3595  6. Date Application  Received 300000  (Stamped)  (Stamped)  Container  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins	Child-Resistant Packaging Unit Packaging			Water Soluble Pa	ckaging	ontainer			
* Certification must be submitted  3. Location of Net Contents Information Label Container  Container  Lithograph Paper glues Stenciled  Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  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.  2. Signature  4. Typed Name Heather F. Collins  Senior Regulatory Affairs Specialist  Lithograph Paper glues Stenciled  Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Telephone No. (Include Area Code)  412-809-3595  Certification  Received \$\frac{1}{2} \text{County} \text{ County fine or imprisonment or both under applicable law.}  2. Signature  3. Title  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins  Senior Regulatory Affairs Specialist	l ————————————————————————————————————			L			1 · · · ·		
**Certification must be submitted*  3. Location of Net Contents Information Label Container  4. Size(s) retail Container  5. Location of Label Directions  6. Manner in Which Label is affixed to Product  Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  Certification  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.  2. Signature  4. Typed Name Heather F. Collins  5. Date    Date Application   Received   Counter	L 140	If "Yes"			No per				
3. Location of Net Contents Information Label Container  6. Manner in Which Label is affixed to Product  Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  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.  2. Signature  Senior Regulatory Affairs Specialist  3. Title Senior Regulatory Affairs Specialist  4. Typed Name Heather F. Collins  5. Date Heather F. Collins	* Certification must Unit Packaging wgt.						<b>├</b>		
Container   Cont	be submitted						Other (Specify)		
Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  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.  2. Signature  4. Typed Name Heather F. Collins  Section - IV  Telephone No. (Include Area Code) 412-809-3595  6. Date Application Received (Stamped) (Stamped)  Code  Senior Regulatory Affairs Specialist  5. Date  Heather F. Collins	L		retail Container 5. Location of Label Directions						
Section - IV  1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  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.  2. Signature  3. Title Senior Regulatory Affairs Specialist  5. Date Heather F. Collins  5. Date  10 27 09					Other				
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)  Name Heather F. Collins  Telephone No. (Include Area Code) 412-809-3595  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.  2. Signature  Senior Regulatory Affairs Specialist  3. Title Senior Regulatory Affairs Specialist  5. Date Heather F. Collins	I								
Name Heather F. Collins  Senior Regulatory Affairs Specialist  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.  2. Signature  Senior Regulatory Affairs Specialist  3. Title Senior Regulatory Affairs Specialist  4. Typed Name Heather F. Collins  Telephone No. (Include Area Code) 412-809-3595  6. Date Application Received 6000000 (Stamped)	Section - IV								
Heather F. Collins  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.  2. Signature  3. Title  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins  5. Date  10/27/09  412-809-3595  6. Date Application Received \$000000 (Stamped)  (Stamped)  5. Date	1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary. To process this application.)								
Heather F. Collins  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.  2. Signature  3. Title  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins  5. Date  10/27/09  412-809-3595  6. Date Application Received \$0.0.0.0 (Stamped) (Stamped)  \$0.0000000000000000000000000000000000	Name Title		Title	Те		Telephone N	phone No. (Include Area Code)		
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.  2. Signature  3. Title  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins  5. Date  10/27/09	Heather F. Collins		Senior R	Senior Regulatory Affairs Specialist		, i	2-809-3595		
I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.  2. Signature  Senior Regulatory Affairs Specialist  4. Typed Name  Heather F. Collins  5. Date  10/27/09  10/27/09									
2. Signature  Senior Regulatory Affairs Specialist  4. Typed Name Heather F. Collins  5. Date 10/27/09	I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or						(Stamped)		
Senior Regulatory Affairs Specialist  4. Typed Name Heather F. Collins  5. Date 10/27/09	2. Signature 4 0 0 0 3. Title						6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
4. Typed Name  Heather F. Collins  5. Date  10)27/09  5. Collins	bleather & Colle							c	
Heather F. Collins 10/27/09	4. Typed Name			5. Date			c c		
	Heather F. Collins			10/27/09					
							0 G		
							cccc	(	



Heather F. Collins Material Protection Products

Regulatory Affairs 111 RIDC Park West Drive Pittsburgh, PA 15275-1112

Phone 412-809-3595

heather.collins@lanxess.com www.US.LANXESS.com

Fax 412-809-1068

October 27, 2009

### **VIA COURIER**

Mr. Adam Heyward
Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: Product: Preventol BP, 75% in Isopropanol

Registration #: 39967-6

Notification of Label Change per PR Notice 2007-4

Dear Mr. Heyward:

Enclosed is a label change notification for the above listed product per PR Notice 2007-4.

Specifically enclosed are:

- 1. Application form (EPA Form 8570-1)
- 2. Proposed label highlighting the updated statements in yellow 1 copy
- 3. Proposed label 1 copy

Please feel free to contact me at 412-809-3595 with any questions.

Sincerely,

Heather F. Collins

Senior Regulatory Affairs Specialist

ι ιι ι ι ι

# Preventol® BP, 75% in Isopropanol

## FOR MANUFACTURING USE ONLY - See Technical Bulletin for Directions and Other Information

ACTIVE INGREDIENT: O-benzyl-p-chlorophenol Isopropanol Solution----- 75% INERT INGREDIENTS ------ 25% TOTAL ------100.0%

# KEEP OUT OF REACH OF CHILDREN DANGER

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER CORROSIVE: Causes irreversible eye damage or skin burns. Harmful if absorbed through skin or inhaled. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. Do not get in eyes, on skin or on clothing. Avoid breathing spray mist. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

#### FIRST AID

IF IN EYES: 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 doctor for treatment advice.

IF ON SKIN OR CLOTHING: 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 SWALLOWED: 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.

IF INHALED: 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.

Have the product container or label with you when calling a poison control center or doctor or when going for treatment.

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage. Measures against circulatory shock, respiratory depression and convulsion may be needed.

The LANXESS Pittsburgh Emergency Response Telephone Number is 800-410-3063

#### **ENVIRONMENTAL HAZARDS**

This pesticide is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product into sewer systems without previously notifying the local sewage treatment plant authority. For guidance, contact your State Water Board or Regional Office of the EPA.

IN CASE OF EMERGENCY, CALL: CHEMTREC 800-424-9300

EPA Reg. No.: 39967-6

EPA Est. No.:

LANXFSS

**LANXESS** Corporation 111 RIDC Park West Drive - Pittsburgh, PA 15275-1112

Net Contents:

Lot No.:

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

FOR USE BY MANUFACTURERS, FORMULATORS AND REPACKAGERS ONLY TO PRODUCE END-USE/MANUFACTURING USE PRODUCTS. When this product is used to formulate an end-use/manufacturing use product, manufacturers, formulators and repackagers must obtain their own EPA Registration Number.

Only for formulation as a disinfectant, bactericide, or fungicide for the following uses:

- (1) Disinfectant uses: Hospital, Household, Institutional, Commercial and Hard Surface Disinfection
- (2) uses for which US EPA has accepted the required data and/or citations of data that the formulator has submitted in support of registration; and
- (3) uses for experimental purposes that are in compliance with US EPA requirements.

#### STORAGE AND DISPOSAL

Do not contaminate water, food or feed by storage and disposal.

PESTICIDE STORAGE: Store between 32 °F and 104 °F. Do not use or store near open flame. In case of leak or spill, cover with absorbent material such as sand or sawdust. Scoop up and place in an appropriately labeled container. Utilize recommended protective clothing and equipment.

PESTICIDE DISPOSAL: Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide spray mixture or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for quidance.

CONTAINER HANDLING: Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available or reconditioning if appropriate. Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or by other procedures approved by State and Local authorities.

**INTERNATIONAL** 703-527-3887

LABEL TEXT DATE: DRAF Feviewed By: