



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

241940

## Application for Pesticide - Section I

1. Company/Product Number 46552-1 / 46552-2	2. EPA Product Manager Walter Francis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) The Texwipe Company / Key Wipe	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) The Texwipe Company 650 East Crescent Avenue Upper Saddle River NJ 07458 <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. 46552-2 Product Name Phorwipe	

## 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.)

Additional Brand Name, "Key Wipe"

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted	If "Yes" Unit Packaging wgt. 7.5g	No. per container 25	If "Yes" Package wgt	No. per container	<input checked="" type="checkbox"/> Other (Specify) Fol Packet
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2 1/2" x 4 1/2" x 6"		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 type="checkbox"/> Other _____		

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Scott Fahy		Title Mgr Regulatory Affairs		Telephone (Include Area Code) 201-327-9100 x269	
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 Mgr Regulatory Affairs			
4. Typed Name SCOTT FAHY		5. Date 1/2/96			

**Revision #2**

Convenient, disposable premoistened germicidal pads/swabs for cleaning telephones, telecommunications equipment, workstations, equipment housings, computer keyboards and other hard surfaces. A one-step hospital disinfectant kills most germs on hard, non-porous surfaces including staph. FRESH, CLEAN SCENT

**PRECAUTIONARY STATEMENTS**

**HAZARD TO HUMANS AND DOMESTIC ANIMALS**

**Keep Out of Reach of Children**

Caution. Avoid direct contact with eyes and food.

**DIRECTIONS FOR USE**

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER INCONSISTENT WITH ITS LABELING. Tub Products: Remove gross filth and heavy soil. Completely wet surface with wipe. Allow to air dry. Always keep the tub container closed to prevent drying of the towelettes. If towelettes become dry dispose of the unused towelettes. Towelette Products: Tear open foil pack. Unfold pad. Remove gross filth and heavy soil. Completely wet surface. Allow to air dry. (Foil Pouch only) See outer container for additional precautions and directions for use. Swab Products: Tear open foil pack. Remove gross filth and heavy soil. Completely wet surface. Allow to air dry. (Foil Pouch Only) See outer container for additional precautions and directions for use.

**DISPOSAL**

Tub Products: Do not reuse wipe. Dispose of used or dried wipes in trash. Dispose of empty container in trash. Towelette and Swab Products: Dispose empty carton in trash. Do not reuse wipe/swab. Dispose used wipe/swab in trash.

The Texwipe Company  
Upper Saddle River, N.J. 07458

**KEYWIPE (Tub and Presat)**  
**PHONEWIPE (Tub and Presat)**  
**PHONESCENT (Tub and Presat)**  
**OFFICEWIPE (Tub and Presat)**  
**OFFICEWIPE WITH DISINFECTANT (Tub and Presat)**

Keyboard Disinfectant Swabs  
Telephone Disinfectant Pads  
Workstation Disinfectant Pads  
Hard Surface Cleaner with Disinfectant  
Formulation kills staph in one easy step.

**Active Ingredients:**

Diisobutylphenoxyethoxyethyl  
dimethyl benzyl ammonium  
chloride, monohydrate..... 0.49%

**Inert Ingredients**\*..... 99.51%

\*Dry Pad (Swab) not included

**Net Contents:** Tub Products: Tub contains 50 single-use wipes. Towelette and Swab Box: Box contains 72 individually packaged towelettes or 25 individually packaged swabs. Towelette Foil Packet: One wipe. Swab Foil Packet: One Swab.

**CAUTION**

Keep Out of Reach of Children

The Texwipe Company

EPA Establishment No. 46552-NJ-001  
EPA Registration No. 46552-2

**Dispensing I**

Tub Products: Remove lid by Pull up on center push corner of through the lid push finger through. Replace lid. Push out separating the roll at the Close flap after

**BEST AVAILABLE COPY**