



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

June 20, 2013

Wendy A. McCombie  
Lewis & Harrison Consultants, Agent for  
Accu-Care Supply Inc.  
122 C Street, N.W., Suite 505  
Washington, DC 20001

Subject: **Pool Clear**  
EPA Registration Number: 62032-20001  
Application Date: June 6, 2013  
EPA Receipt Date: June 6, 2013

Dear Ms. McCombie:

This acknowledges receipt of the above notification application, submitted under the provision of PR Notice 98-10, FIFRA 3(c)9.

**Proposed Notifications:**

- Minor Label Changes. See Letter dated June 6, 2013 for detailed information.

**General Comments:**

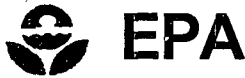
Based on a review of the material submitted, the following comment applies:

The notification application is acceptable. A copy of the notification has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact Adam Heyward via email at [heyward.adam@epa.gov](mailto:heyward.adam@epa.gov) or by telephone at (703) 347-0274 during the hours of 6:00 am to 2:30 pm EST.

Sincerely,

Mike Mendelsohn  
Acting Product Manager (32)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

- Registration  
 Amendment  
 **Other NOTIFICATION**

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number <b>62032-20001</b>	2. EPA Product Manager <b>Mike Mendelsohn</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Pool Clear</b>	PM# <b>Team 32</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Accu-Care Supply Inc. 109 King Phillip Road East Providence, RI 02916</b> <b><u>NOTE: PLEASE SEND ALL CORRESPONDENCE TO "CONTACT POINT" LISTED BELOW</u></b> <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> 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**

- Amendment - Explain below.  Final printed labels in response to Agency letter dated \_\_\_\_\_  
 Resubmission in response to Agency letter dated \_\_\_\_\_  "Me Too" Application  
 Notification - Explain below.  Other - Explain below

**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

**APPLICATION FOR NOTIFICATION: MINOR LABEL CHANGES**

**Notification of Minor Label Changes in Accordance With PR Notices 1998-10 and 2007-4: See Cover Letter**

*This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand 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 this notification is not consistent with the terms of PR Notice 95-2 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be the subject to enforcement action and penalties under sections 12 and 14 of FIFRA.*

Signature: \_\_\_\_\_ Date: June 6, 2013

**THIS SUBMISSION IS NOT SUBJECT TO PRIA FEES**

**Section - III**

1. Material This Product Will Be Packaged In:				5. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* (1 gallon) <input 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 type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
*Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	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 1 gallon, 5 gallons		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 type="checkbox"/> Lithograph <input type="checkbox"/> Other _____			
		<input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)

Name <b>Wendy A. McCombie, Lewis &amp; Harrison</b> 122 C Street NW Ste. 505, Washington DC 20001	wmccombie@lewisharrison.com	Title <b>Agent for Accu-Care Supply Inc.</b>	Telephone No. (Include Area Code) <b>202-393-3903 ext. 11</b>
---	-----------------------------	---	--

**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)**

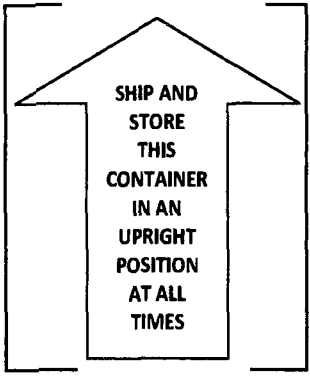
2. Signature 	5. Title <b>US Agent for Accu-Care Supply Inc.</b>
4. Typed Name <b>Wendy A. McCombie, Lewis &amp; Harrison</b>	5. Date <b>June 6, 2013</b>



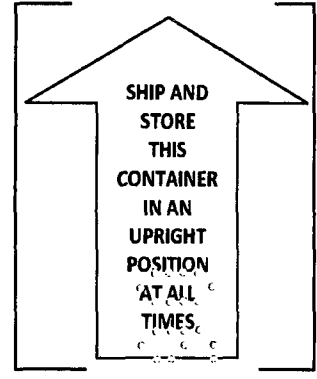
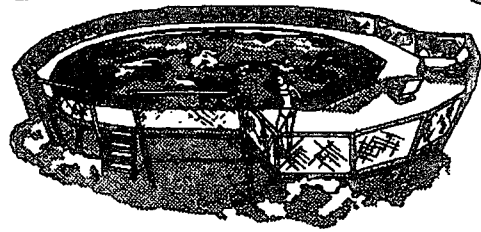


S/7

[FRONT PANEL]



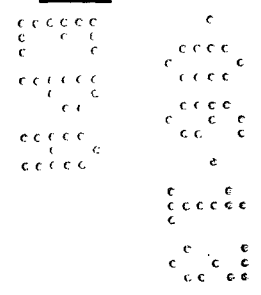
# POOL CLEAR



## SODIUM HYPOCHLORITE SOLUTION FOR SWIMMING POOL CHLORINATION

ACTIVE INGREDIENT:

Sodium Hypochlorite.....	12.5%
OTHER INGREDIENTS: .....	87.5%
TOTAL.....	100.0%



**KEEP OUT OF REACH OF CHILDREN**  
**DANGER**

See [back] [side] panel for additional precautionary statements

FIRST AID	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	
<b>IF INHALED:</b>	Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for further treatment advice.
<b>IF ON SKIN OR ON CLOTHING:</b>	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.
<b>IF IN EYES:</b>	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.
<b>IF SWALLOWED:</b>	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 a poison control center or doctor. Do not give anything by mouth to an unconscious person.
<b>NOTE TO PHYSICIAN:</b>	Probable mucosal damage may contraindicate the use of gastric lavage.

EPA Reg. No. 62032-20001  
EPA Est. No. 62032-RI-01

Net Contents \_\_\_ Gallons

**NOTIFICATION**  
Date Reviewed: 6-20-13  
Reviewed By: *[Signature]*

[RETURNABLE CONTAINER]\*

(\*NOTE TO REVIEWER: This statement applies to refillable containers only.)

**EMERGENCY RESPONSE**

For emergency assistance involving chemicals call CHEMTREC day or night at (800) 424-9300.  
**In case of Fire:** Use water spray, dry chemical or CO2. Do not use a direct water stream. Use water spray to cool nearby containers exposed to fire. Firefighters should wear self-contained breathing apparatus.  
**In case of Spill:** Wear protective equipment including rubber boots, rubber gloves, rubber apron, chemical goggles, and respiratory protection. Flush small spills into waste treatment system with lots of water. For large spills, contain, neutralize with dilute sodium bisulfite, flush neutralized material to waste treatment system with lots of water. Avoid contact with acids. Do not use combustible materials, such as saw dust to absorb spills. Comply with all governmental regulations on reporting releases.

**PRECAUTIONARY STATEMENTS**  
**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**DANGER:** Corrosive. May cause severe skin and eye irritation or chemical burns to broken skin. Causes eye damage. Wear safety glasses or goggles and rubber gloves when handling this product. Wash after handling. Avoid breathing vapors. Vacate poorly, ventilated areas as soon as possible. Do not return until strong odors have dissipated.

**ENVIRONMENTAL HAZARDS:**

This pesticide is toxic to fish and aquatic organisms. 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 to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**PHYSICAL OR CHEMICAL HAZARDS: STRONG OXIDIZING AGENT:**

Mix only with water according to label directions. Mixing this product with chemicals (e.g., ammonia, acids, detergents, etc.) or organic matter (e.g., urine, feces, etc.) will release chlorine gas which is irritating to eyes, lungs and mucous membranes.

**CONTAINER ADVICE: KEEP CONTAINER CLOSED**

**Handling:** Always wear protective clothing including goggles, rubber gloves and apron. Wear respiratory protection if local exhaust ventilation is inadequate. Vent container frequently, and more often in hot weather, to relieve pressure. Loosen closure cautiously when opening and replace closure after each withdrawal. Do not use pressure to empty since the container is not a pressure vessel. Wash thoroughly after handling. **Empty Containers:** The empty container retains product vapor and residue. Never add any chemicals to this empty container because violent and dangerous reactions may occur.

**FOLLOW ALL LABEL WARNINGS EVEN AFTER THE CONTAINER IS EMPTY.**

**DIRECTIONS FOR USE:**

It is a violation of federal law to use this product in a manner inconsistent with its labeling.

**NOTE:** This product degrades with age, use within one month of receipt. Use a chlorine test kit and increase dosage as necessary, to obtain required level of available chlorine.

**STORAGE AND DISPOSAL:**

Store this product in a cool dry area away from direct sunlight and heat to avoid deterioration. In case of spill, flood areas with large quantities of water. Product or rinsates that cannot be used should be diluted with water before disposal in a sanitary sewer. [Do not reuse container but place in trash collection.]\* Do not contaminate food or feed by storage, disposal or cleaning of equipment.  
*(\*NOTE TO REVIEWER: This statement applies to nonrefillable containers only.)*

**[Refillable Container:** Refill this container with Sodium Hypochlorite only. Do not reuse this container for any other purpose. Cleaning the container before final disposal is the responsibility of the person

disposing of the container. Cleaning before refilling is the responsibility of the re-filler. To clean the container before final disposal, empty the remaining contents from this container into application equipment or mix tank. Fill the container about 10 percent full with water. Agitate vigorously or re-circulate water with the pump for 2 minutes. Pour or pump rinsate into application equipment or rinsate collection system. Repeat this rinsing procedure two more times.

Do not reuse empty drums. When empty, replace bungs tightly and return for credit as specified by shipper.]

**[Nonrefillable Container:** Do not reuse or refill this container. Offer for recycling if available. Clean container promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank and drain for 10 seconds after the flow begins to drip. Fill the container 1/4 full with water and recap. Shake 10 seconds. Pour rinsate into application equipment or a mix tank to store rinsate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times.]

**SWIMMING POOLWATER DISINFECTION:**

For a new pool or spring start-up, superchlorinate with 52 to 104 fl. oz. of this product per 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Adjust and maintain pool water pH to between 7.2 and 7.6. Adjust and maintain the alkalinity of the pool to between 50 and 100 ppm. Re-entry into treated swimming pools is prohibited above levels of 4 ppm of chlorine due to risk of bodily harm.

To maintain the pool, add manually or by a feeder device 11 fl. oz. of this product per 10,000 gallons of water to yield an available chlorine residual between 0.6 and 1.0 ppm by weight. Stabilized pools should maintain a residual of 1.0 to 1.5 ppm available chlorine. Test the pH, available chlorine residual and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers. Re-entry into treated swimming pools is prohibited above levels of 4 ppm of chlorine due to risk of bodily harm.

Every 7 days, or as necessary, superchlorinate the pool with 52 to 104 fl. oz. of this product per 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Do not re-enter pool until the chlorine residual is between 1.0 and 3.0 ppm.

At the end of the swimming pool season or when water is to be drained from the pool, chlorine must be allowed to dissipate from treated pool water before discharge. Do not chlorinate the pool within 24 hours prior to discharge.

**WINTERIZING POOLS:**

While water is still clear and clean, apply 3 fl. oz. of this product per 1,000 gallons of water while the filter is running to obtain a 3 ppm available chlorine residual, as determined by a suitable test kit. Cover pool, prepare heater, filter and heater components for winter by following manufacturer's instructions.

**COMMERCIAL LAUNDRY SANITIZERS:**

Wet fabrics or clothes should be spun dry prior to sanitization. Thoroughly mix 2 fl. oz. of this product to 10 gallons of water to yield 200 ppm available chlorine. Promptly after mixing the sanitizer, add the solution into the prewash prior to washing fabrics/clothes in the regular wash cycle with a good detergent. Test the level of available chlorine, if solution has been allowed to stand. Add more of this product if the available chlorine level has dropped below 200 ppm.

Manufactured by:  
Accu-Care Supply Inc.  
109 King Phillip Road  
East Providence, RI 02916

[Lot][Batch] Number \_\_\_\_\_