

62341-20007

09-20-2007

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460



United States  
Environmental Protection  
Agency

Office of Pesticide Programs

September 20, 2007

**FILE COPY**

John C. Paulson  
PO Box 1519  
Hamlet, NC 28345

Subject: **Trinty manufacturing, Inc.**  
EPA Registration No. 62341-20007  
Application Date: July 31, 2007  
Receipt Date: August 29, 2007

Dear Mr. Paulson:

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

**Proposed Notification**

- Update First Aid Statement

**Condition**

Revise the Ingredient statement as follows:

ACTIVE INGREDIENT:	
Sodium Hypochlorite:	12.5%
<u>Other Ingredients</u>	<u>87.5%</u>
Total	100%

**General Comments**

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

This notification application is accepted and a copy has been placed in your file for future reference.

Should you have any questions or comments concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Y. Henson  
Product Reviewer (32)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)

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Print Form

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-

	United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 62341-20007	2. EPA Product Manager  	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Trintv manufacturing, Inc.	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) PO Box 1519 Hamlet, NC 28345  <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. _____ Product Name _____	

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.)

Update First Aid statement per PR Notice # 2000-1 .

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" 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"/> Text <input type="checkbox"/> No	If "Yes" Unit Packaging wgt.    No. per container	If "Yes" Package wgt    No. per container	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Bulk		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input checked="" 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 John C. Paulson	Title Product Manager - Agricultural Division	Telephone No. (Include Area Code) 910-419-6556
<b>Certification</b> 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 both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Product Manager - Agricultural Division	
4. Typed Name John C. Paulson	5. Date 31 July 2007	

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# Sodium Hypochlorite 12.5%

ACTIVE INGREDIENT:		
<del>OTHER</del> Sodium Hypochlorite:		12.5%
<del>INERT</del> INGREDIENTS		87.5%
TOTAL		100.0%

**KEEP OUT OF REACH OF CHILDREN  
DANGER**

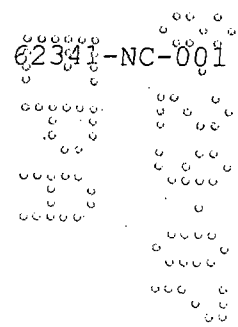
FIRST AID	
IF INHAILED:	
<ul style="list-style-type: none"> <li>▪ Move person to fresh air.</li> <li>▪ If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth, if possible.</li> <li>▪ Call a poison control center or doctor for further treatment advice.</li> </ul>	
IF ON SKIN OR CLOTHING:	
<ul style="list-style-type: none"> <li>▪ Take off contaminated clothing.</li> <li>▪ Rinse skin immediately with plenty of water for 15 - 20 minutes.</li> <li>▪ Call a poison control center or doctor for further advice.</li> </ul>	
IF IN EYES:	
<ul style="list-style-type: none"> <li>▪ Hold eye open and rinse slowly and gently for 15 - 20 minutes.</li> <li>▪ Remove contact lenses, if present, after the last 5 minutes, then continue rinsing eyes.</li> <li>▪ Call a poison control center or doctor for further advice.</li> </ul>	
IF SWALLOWED:	
<ul style="list-style-type: none"> <li>▪ Call a poison control center or doctor immediately for treatment advice.</li> <li>▪ Have person sip a glass of water if able to swallow.</li> <li>▪ Do not induce vomiting unless told to do so by the poison control center or a doctor.</li> <li>▪ Do not give anything by mouth to an unconscious person.</li> </ul>	
<p>Have the product container or label with you when calling a poison control center or doctor, or going for treatment.</p> <p style="text-align: center;">NOTE TO PHYSICIAN</p> <p>Probable mucosal damage may contraindicate the use of gastric lavage.</p>	

Manufactured by:  
**Trinity Manufacturing, Inc.**  
 P.O. Box 1519  
 Hamlet, NC 28345

EPA Reg. No. 62341-20007

EPA Establishment No. 62341-NC-001

Net Contents: \_\_\_\_\_





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**MANUFACTURING USE ONLY**

For manufacturing use only in the formulation of end-use products intended as:

- ◇ Sanitizers of surfaces (e.g. wooden butcher blocks, stainless steel tops, concrete floors, tile floors); or
- ◇ Sanitizers of commercial and household laundry; or
- ◇ Agents to wash or assist in lye peeling of fruits and vegetables; or
- ◇ Agents to help control microorganisms on eggs for human consumption; or
- ◇ Disinfectants of poultry drinking water; or
- ◇ Disinfectants of human drinking water (emergency/public/individual), swimming pool water, hubbard immersion tank water, spas/hot tub, hydrotherapy pools, human drinking water systems (e.g. water mains); or
- ◇ Disinfectants of nonporous hard surfaces (e.g. tile, glass, stainless steel, fiberglass); or
- ◇ Agents to help control microorganisms in sewage, wastewater, industrial, and pulp and paper process water systems; or
- ◇ Algicides / slimicides in cooling tower or evaporative condensers; or
- ◇ Sanitizers of dialysis machines; or
- ◇ Sanitizers of toilet bowls; or
- ◇ Agents to help control algae and bacteria in fish and lobster ponds / tanks and conditioning oysters; or
- ◇ Agents to help control slime on boat bottoms; or
- ◇ Agents to sanitize and deodorize artificial sand beaches; or
- ◇ Agents to kill scavenger fish in fish hatchery ponds.

**REFORMULATORS AND REPACKAGERS OF THIS PRODUCT MUST OBTAIN THEIR OWN REGISTRATION FROM THE US ENVIRONMENTAL PROTECTION AGENCY.**

