

64240-35

8-25-2003

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Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
SC0046

Application for Pesticide - Section I

1. Company/Product Number 64240-35	2. EPA Product Manager Marion Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Combat Roach Gel	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Combat Insect Control Systems c/o PS&RC; P. O. Box 493 Pleasanton, CA 94566-0803 <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.

NOTIFICATION
AUG 25 2003

Explanation: Use additional page(s) if necessary. (For section I and Section II.)
Notification of non-mandatory addition of label text in accordance with PR Notice 98-10. All changes have been underlined and highlighted.
Attached are three copies of the label and the 98-10 Certification form.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" Unit Packaging 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		If "Yes" Package wgt No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input 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 Sally S. Christopher	Title Regulatory Compliance Specialist	Telephone No. (Include Area Code) (925) 425-6737
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 <i>Sally S. Christopher</i>	3. Title Regulatory Compliance Specialist	
4. Typed Name Sally S. Christopher	5. Date August 15, 2003	

NOTIFICATION
AUG 25 2003

(for accompanying OPP SC0046)
Combat® Roach Gel
EPA Reg. No. 64240-35

Notification of non-mandatory labeling additions per PR Notice 98-10

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 for 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 98-10 and 40 CFR 152.46, 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.

Sally S. Christopher
Signature of Official

(Sally S. Christopher)
Regulatory Compliance Specialist

for:
Combat Insect Control Systems
c/o PS&RC
P.O. Box 493
Pleasanton, CA 94566-0803

August 15, 2003

RECEIVED
EPA
AUG 25 2003
REGISTRATION DIVISION
WASHINGTON, DC



Note: Bold, italicized text is information for the reader and is not part of the label. [Bracketed information is optional text.] Underlined text is new.

EPA Reg. No. 64240-35 Combat Roach Gel Page 1 of 4

COMBAT
Roach Gel

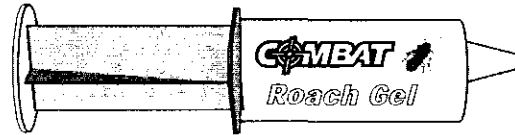


The paperboard in this [C]carton [contains] [is made from] []% recycled fiber (minimum []% post-consumer content). Please recycle empty carton!



COMBAT[®]

Roach Gel



CAUTION:
KEEP OUT OF REACH OF CHILDREN.

USE ONLY IN AREAS INACCESSIBLE TO CHILDREN AND PETS
(SEE PRECAUTIONARY STATEMENTS -OR- PRECAUTIONS ON END -OR- SIDE -OR- BACK -OR- BOTTOM PANEL)

ACTIVE INGREDIENT: Hydramethylnon¹ 2.15%
OTHER INGREDIENTS: 97.85%
¹CAS No. 67485-29-4

EPA Reg. No. 64240-35

EPA Est. No. _____

[U.S. PATENT NOS. _____]

[MADE IN USA]

Distributed by & ©1997, 1998, 2001, 2003
COMBAT Insect Control Systems
1221 Broadway, Oakland, CA 94612

Contains _____ [pre-filled plastic] dispenser[s] -or- reservoir[s] -or- syringe[s]

TOTAL NET WT _____

PRECAUTIONARY STATEMENTS:

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Harmful if swallowed or absorbed through skin. Causes moderate eye irritation. Avoid contact with eyes, skin or clothing. Wash hands before eating, drinking, chewing gum, using tobacco or using the toilet.

PHYSICAL OR CHEMICAL HAZARDS:

Do not use this product in or on electrical equipment where a possibility of shock hazard exists.

FIRST AID:

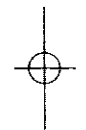
IF SWALLOWED: Call poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or doctor. Do not give anything by mouth to an unconscious person.

IF ON SKIN OR CLOTHING: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. **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.

Have the product container or label with you when calling a poison control center or doctor or going for treatment. Combat (Information) Helpline: 1-800-426-6228



COMBAT
Roach Gel



NOTIFICATION
AUG 25 2003

R7232-6.2

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Note: **Bold, italicized text is information for the reader and is not part of the label.**
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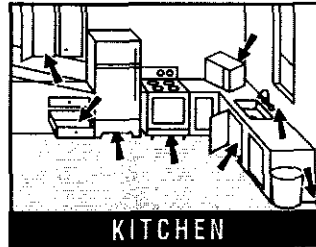
DIRECTIONS FOR USE CONTINUED:

GENERAL PRECAUTIONS AND RESTRICTIONS
 USE ONLY IN AREAS INACCESSIBLE TO CHILDREN AND PETS.

- Product may stain textiles and clothing.
- Do not apply gel to areas which have been recently sprayed with insecticide, and do not spray insecticide over gel as this may cause the bait to become repellent.
- Do not use sprays or foggers around gel since they can contaminate the gel and reduce effectiveness. Do not apply gel to areas that are routinely washed, such as counter tops, as gel will be removed or diluted and spread onto the surface.
- **For Indoor Use:** Do not use this product in or on electrical equipment where a possibility of shock hazard exists.
- [Do not spray or smoke around gel bait.]
- Do not treat food/feed preparation surfaces.

APPLICATION INSTRUCTIONS

1. To apply gel: Remove cap from tip, touch tip to surface and depress plunger. Gel can be applied as spots or in a line along cracks or crevices. Recap tube after use.
2. Do not apply gel to areas which have been recently sprayed with insecticide, and do not spray insecticide over gel as this may cause the bait to become repellent
 -or-
 2. [For best results,] make -or- place many spots or dabs of gel near areas of roach traffic and suspected nesting areas. Gel can be placed in cracks, crevices, corners and any out of the way place in the house[, such as under and behind kitchen appliances, along baseboards, under sinks, in pantry, around pipes and water heater and in the garage and attic.] [Numerous small placements will provide faster control than fewer large spots.] For thorough control, use entire tube at the same time.
3. Inspect placements and reapply as needed: The gel will remain attractive to roaches and keep working for up to 3 months. Inspect gel placements after 1 month and reapply when you can no longer see the gel. Reapply after 3 months. Clean up remaining gel with a damp cloth and throw it away -or-
 3. [The gel will remain attractive to roaches and keep working for 3 months.] Inspect gel after one month and reapply if it is no longer visible. Refresh with a new application after 3 months. Gel cleans up with a damp paper towel. Discard towel after use.
4. [A visual inspection of bait placements is recommended at one month after the initial treatment. Reapply when bait is no longer visibly present, according to the remaining level of infestation.]



For indoor use: Do not place gel -or- bait in locations that are routinely -or- frequently washed, as gel -or- bait will be removed by washing. Do not treat food preparation surfaces.

For outdoor use: Place gel in areas where roaches may nest or breed [near your house or garage]. Apply gel to potential places where roaches may enter your home, such as eaves, sills, and expansion joints. Apply gel in protected areas whenever possible. [Extreme heat or cold, direct sunlight and water may reduce [the residual] effectiveness.]

[You will notice fewer roaches within a week.]

-or-

[Pest population reduction will be apparent within a week or less.]

optional, additional text for Directions for Use:

Apply gel in 1 - 4 dime-sized ($1/4$ - $1/2$ g) spots or a 3" - 12" line -or- bead -or- strip per square yard. Keep exposed -or- applied gel away from open food and food contact surfaces.

Gel placements should be at or near observed roach gathering areas -or- harborages or aggregation areas, such as corners, areas of movement or cracks and crevices. Numerous smaller placements will provide faster control than few larger spots, especially for German cockroach control.

Combat Roach Gel may be used as a spot or crack and crevice treatment for the indoor and outdoor control of cockroaches.

Do not treat food/feed preparation surfaces.

The lower application rate -or- level should be used for low to moderate infestations or retreatments and the higher rate -or- level for more severe infestations or where the population occurs in inaccessible areas, such as in walls.

end optional text

STORAGE AND DISPOSAL

STORAGE: Store in a cool, dry area, out of reach of children.

DISPOSAL: If **empty:** Do not reuse this container. Recap pre-filled plastic dispenser[s] -or- reservoir[s] -or- syringe[s] and place in trash. If **partly filled:** Recap pre-filled [plastic] dispenser[s] -or- reservoir[s] -or- syringe[s] and call your local solid waste agency or toll free number 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

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Note: **Bold, italicized text is information for the reader and is not part of the label.**
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Unit Label

The artwork shown below is approximately 150% of actual size.

COMBAT

Roach Gel

Refer to outer box for complete Directions for Use.

ACTIVE INGREDIENT: Hydramethylnon¹ 2.15%
OTHER INGREDIENTS: 97.85%
CAS NO. 67485-29-4

KEEP OUT OF REACH OF CHILDREN

CAUTION:

USE ONLY IN AREAS INACCESSIBLE TO CHILDREN AND PETS.

PRECAUTIONARY STATEMENTS:

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

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PHYSICAL OR CHEMICAL HAZARDS:

Do not use this product in or on electrical equipment where a possibility of shock hazard exists

FIRST AID:

IF SWALLOWED: Call 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 ON SKIN OR CLOTHING: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

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.

Have the product container or label with you when calling a poison control center or doctor or going for treatment. Combat [Information] Helpline: 1-800-426-6228

DISPOSAL: If empty: Do not reuse this container. Recap pre-filled plastic dispenser[s] -or- reservoir[s] -or- syringe[s] and place in trash. If partly filled: Recap pre-filled [plastic] dispenser[s] -or- reservoir[s] -or- syringe[s] and call your local solid waste agency or toll free number 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

For [more] information, call the Combat® [Labs] Information Helpline at 1-800-426-6228. -or- Questions? Comments? Please call 1-800-426-6228 -or- Call the Combat® Helpline at 1-800-426-6228 for information.

EPA Reg. No. 64240-35
EPA Est. No. _____
[U.S. PATENT NOS. _____]

Distributed by & ©1997, 1998, 2001, 2003
Combat Insect Control Systems
1221 Broadway, Oakland, CA 94612

SEE OUTER CARTON FOR COMPLETE DIRECTIONS AND PRECAUTIONS

NET WT _____

R7232-6.2



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