

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  
221908

Application for Pesticide - Section I

1. Company/Product Number 65169-1	2. EPA Product Manager Ruth Douglas	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Chloro Glass Disinfectant	PM# #32	
5. Name and Address of Applicant (Include ZIP Code) H3S Chemical Co. Inc. 300 Murray Rd. Cincinnati, OH 45217 <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. 65169-1 Product Name Chloro Glass Disinfectant	

Section - II

<input checked="" 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 type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
Response to EPA letter dated June 23, 1995 from Ms. Ruth Douglas. We will keep signal word as "Caution". No other changes to our label at this time. A copy of her letter is enclosed.

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		Metal	Foil Packets
	If "Yes" Unit Packaging wgt. 0.25 oz.	No. per container 100	If "Yes" Package wgt	No. per container	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 100 Packets Per Box	5. Location of Label Directions <input checked="" type="checkbox"/> ON Packet		
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input checked="" 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 Dr. David Schneider	Title Director of Market Devel.	Telephone No. (Include Area Code) (513) 647-2424
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 Charles A. Schneider	3. Title Pres.	
4. Typed Name Dr. Charles A. Schneider	5. Date 7/5/95	

# CHLORO GLASS DISINFECTANT

For Bar and Restaurant Glassware

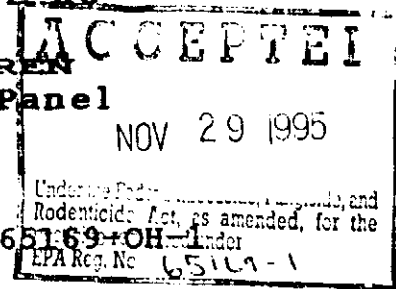
Active Ingredient: Trichloromelamine....	18.7%
Inert Ingredients: .....	81.3%

Provides 100 PPM Available Chlorine

**KEEP OUT OF REACH OF CHILDREN**  
**CAUTION: See Cautions On Back Panel**

NET WT. 1/4 OZ.

EPA REG. NO. 65169-1                      EPA EST. NO. 65169-1  
C 1994 H&S Chemical Co. Inc.  
Cincinnati, OH 45217



U.S.A. Distributor

Made in the U.S.A.

## PRECAUTIONARY STATEMENTS

### HAZARD TO HUMANS AND DOMESTIC ANIMALS

**CAUTION.** Corrosive to eyes. Do not get in eyes, on skin, or on clothing. Protect eyes and skin when handling. Harmful if swallowed. Do not breathe dust. Wash hands thoroughly with soap and water after handling.

### FIRST AID: GIVE IMMEDIATELY

**EYES:** Immediately flush with water. Remove contact lenses. Then, flush eyes with water for 15 minutes. Get medical attention.

**SKIN:** Flush powder from skin with plenty of soap and water. If irritation occurs and persists, contact physician.

**IF SWALLOWED:** Rinse mouth. Drink glassful of water. Do not induce vomiting. Avoid alcohol. Then immediately contact Poison Center or physician.

**NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

### DIRECTIONS FOR USE:

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

1.) Pre-Wash glassware. 2.) Rinse with clear, cool water. 3.) In sanitizing tank (last tank) mix contents of this package in 3 gallons of water. This provides 100ppm available chlorine for an 8 hour shift. Use test strips to assure required chlorine levels. Immerse glassware for at least two minutes or for contact time specified by governing sanitary code. 4.) Place sanitized glassware on a rack or drainboard to air dry. Do not towel dry.

**STORAGE AND DISPOSAL:** Store this product in a cool dry area, away from direct sunlight and heat. Do not contaminate water, food, or feed by storage or disposal. Wastes resulting from the use of this product may be disposed of on site. Dispose of packet in trash.