

70305-3

9-27-2007

1/4



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

SEP 27 2007

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

Mr. Raymond E. McCreary  
Product Registration  
Paragon Household Products, Inc.  
P.O. Box 2169, 233 Clifton Blvd.  
Clifton, NJ 07015

SUBJECT: Application for Pesticide Notification (PRN 98-10)  
Request General Label Change and Directions for Use  
EPA Reg. No. 70305-3  
Application Dated August 31, 2007

Dear Mr. McCreary:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 08/31/07 for the above product. The Registration Division (RD) has conducted a preliminary screen of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,

*for*

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs

Please read instructions on reverse before completing form.

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



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

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

### Application for Pesticide - Section I

<b>1. Company/Product Number</b> 70305-3	<b>2. EPA Product Manager</b> Daniel C. Kenny	<b>3. Proposed Classification</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
<b>4. Company/Product (Name)</b> PARA MOTH FLAKES	<b>PM#</b> 01	
<b>5. Name and Address of Applicant (Include ZIP Code)</b> Paragon Household Products Inc. P.O. Box 2169, 233 Clifton Blvd. Clifton, NJ 07015  <input type="checkbox"/> Check if this is a new address		<b>6. 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

<input type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ "Me Too" Application.  <input type="checkbox"/> Other - Explain below.
--	--

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

Notification of minor label changes concerning Directions for Use as per PR Notice 98-10. (Section II continues on the attachment)

### Section - III

<b>1. Material This Product Will Be Packaged In:</b>			
<b>Child-Resistant Packaging</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Unit Packaging</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Water Soluble Packaging</b> <input type="checkbox"/> Yes <input type="checkbox"/> Text <input type="checkbox"/> No	<b>2. Type of Container</b> <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" Unit Packaging wgt.    No. per container		If "Yes" Package wgt.    No. per container	
<b>3. Location of Net Contents Information</b> <input type="checkbox"/> Label <input type="checkbox"/> Container		<b>4. Size(s) Retail Container</b>	<b>5. Location of Label Directions</b> <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
<b>6. Manner in Which Label is Affixed to Product</b> <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.)

<b>Name</b> Raymond E. McCreary	<b>Title</b> President	<b>Telephone No. (Include Area Code)</b> 973-591-0777
------------------------------------	---------------------------	--

#### 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)

<b>2. Signature</b> 	<b>3. Title</b> _____	
<b>4. Typed Name</b> Raymond E. McCreary	<b>5. Date</b> August 31, 2007	



4/16

Front Panel

**PARAGON  
HOUSEHOLD PRODUCTS INC.**

**Para  
Moth Balls  
Cedar Scented**

**KILLS MOTHS AND  
CARPET BEETLES**

NET WT. 10 oz (283.5 g)

ACTIVE INGREDIENT:	
Paradichlorobenzene.....	99.9%
INERT INGREDIENTS: ..... 0.1%	
TOTAL	100.0%

KEEP OUT OF REACH OF CHILDREN  
**WARNING**  
SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS

EPA Reg. No. 70305-2  
EPA Est. No. 70305-NJ-01

Left and Right Side Panels

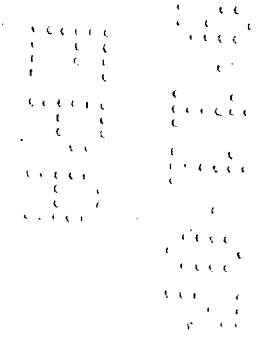
**PARAGON  
HOUSEHOLD PRODUCTS INC.**

**Para Moth  
Balls  
Cedar Scented**

**KILLS MOTHS AND  
CARPET BEETLES**

**FRESHENS, PROTECTS AND DEODORIZES  
CLOTHING AND FABRICS**

**PARAGON  
HOUSEHOLD PRODUCTS INC.  
233 CLIFTON BLVD.  
CLIFTON, NJ 07015**



8/16

Back Panel

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

Causes substantial but temporary eye injury. Harmful if swallowed or absorbed through skin. Causes eye, skin, and respiratory irritation. Wear safety glasses. Do not get in eyes or on clothing. Avoid contact with skin. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

NOTICE: California has determined that a chemical contained in this product causes cancer based on tests performed on laboratory animals.

**FIRST AID**

**IF SWALLOWED:** 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 so by a 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. Call a poison control center or doctor for treatment advice.

**IF IN EYES:** Hold eye open and rinse gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.

**IF INHALED:** 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 treatment advice.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. In case of emergency call **1-800-222-1222**.

**STORAGE AND DISPOSAL**

Storage: Store only in original container, in a cool dry place inaccessible to children and pets.

Disposal: Do not reuse empty container (or packaging). Securely wrap in newspaper and discard in trash.

**DIRECTIONS FOR USE:**

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

**TO KILL CLOTHES MOTH AND CARPET BEETLES**

Use Restrictions: To kill clothes moths (larvae and adults) and carpet beetles in clean, air-tight containers (e.g. chests and trunks), garment bags, and storage closets. Do not use in containers, dry cleaning and garbage bags, or closets that allow vapors to escape into occupied rooms. Do not use this product with any other moth control chemical. For use only on cloth containing wool or wool blends in fabrics.

Pre-Application Directions: Before storing, dry clean, wash or brush articles to be protected.

Application Directions: Apply product in clean, air-tight containers, bags and closets listed above at the

6/4

following rates:

Pounds of Product	Area of Tightly Enclosed Space
1/4	Average Garment Bag
1/3	Large Trunk
1	50 cubic feet (Small Closet)

For larger closets, multiply the height, width, and depth of the space and divide by 50 to determine the number of pounds of product needed. For example, a closet 8 feet high, 2 4 feet wide, and 3 feet deep (i.e. 96 cubic feet) would need about 2 pounds of product ( $96/50=1.9$ ).

Post-Application Directions: Keep product in air-tight space for a minimum of seven (7) days. Odor dissipates when treated articles are aired.

Retreatment: Since moths are active all year, replenish air-tight containers, bags, and closets 2 times a year.

**PARAGON  
HOUSEHOLD PRODUCTS INC.  
233 Clifton Blvd.  
Clifton, NJ 07015**

