



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON DC 20460

OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

July 11, 2012

Wisconsin Pharmacal Company, LLC 1 Pharmacal Way Jackson, WI 53037 Attn Jean Killoren

Subject Notification to show Alternate Brand Name

Product Name Coleman SkinSmart Insect Repellent Towelettes

Alternate Brand Name Coleman Insect Repellent Towelettes SkinSmart

EPA Reg No 79533-3

Your Submission dated April 25, 2012

Dear Ms Kılloren

The Biopesticides and Pollution Prevention Division is in receipt of your application for Notification under Pesticide Registration Notice (PRN) 98-10 dated above. A screen of this request has been conducted for its applicability under PRN 98-10, and it has been determined that the action(s) requested falls within the scope of this Notice. Our records have been duly noted, and the label submitted with this application has been stamped "Notification Accepted" and will be placed accordingly in our records.

Three (3) copies of final printed labeling must be submitted to the Agency before your product as modified, may be sold or distributed [PR Notice 82-2 and 40 CFR 156 10(a) (6)]

If you have any questions regarding this action, you may contact Mr Sylvester George at (703) 603-0688 or via e-mail at george sylvester@epa gov

Sincerely,

Lunda A Hollis

Linda A Hollis, Chief Biochemical Pesticide Branch Biopesticides and Pollution Prevention Division(7511P)

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|---|--------------------|---|------------------------------|----------------------------|
| Please read instructions on reverse before compressing form United State Environmental Prote Washington D | etes ection Age | ncy | Registration Amendment Other | OPP Identifier Number |
| Application for Pesticide - Section I | | | | |
| 1 Company/Product Number 79533-3 | | 2 EPA Product Manager 3 Proposed Classification Richard Gebken | | |
| 4 Company/Product (Name) Coleman SkinSmart Insect Repellent Towelettes | | PM# None Restricted | | |
| Name and Address of Applicant (Include ZIP Code) Wisconsin Pharmacal Company LLC 1 Pharmacal Way Jackson WI 53037 | | 6 Expedited Reveiw In accordance with FIFRA Section 3(c)(3) (b)(i) my product is similar or identical in composition and labeling to EPA Reg No | | |
| Check if this is a new address Product Name | | | | |
| Section - II | | | | |
| Amendment Explain below Resubmission in response to Agency letter dated Notification Explain below | | Final printed labels in representation Accepted Agency letter dated "Me Too" Application Date Other Explain below Reviewer Sylvester George | | |
| Explanation Use additional page(s) if necessary (For section I and Section II) | | | | |
| 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 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. | | | | |
| NOTIFICATION Alternate Brand Name Coleman Insect Repellent Towelettes SkınSmart No changes to the formulation have been made | | | | |
| Section - III | | | | |
| 1 Material This Product Will Be Packaged in | | | | |
| child Resistant Packaging Unit Packaging Water s | | Soluble Packaging 2 Type of Co | | ner |
| Yes Yes | | Yes | Meta | L |
| No No | | No | Plast Glass | i i |
| * Certification must be submitted If "Yes" No punit Packaging wgt conta | | | Pape Othe | r r (Specify) |
| 3 Location of Net Contents Information 4 Size(s) Retail Container 5 Location of Label Directions | | | | ctions |
| Label Container | | | on label | |
| 6 Manner in Which Lebel is Affixed to Product | | | | |
| Section - IV | | | | |
| 1 Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application) | | | | |
| Name | Title | | | one No (include Area Code) |
| Jean Killoren | 1 | Authorized Agent | | (262) 844-7523 |
| Certification I certify that the statements I have made on this form and all attachments thereto are true accurate and coincided lacknowledge that any knowlingly false or misleading statement may be punishable by fine or imprisonment o both under applicable law 6 Date,Application Received (Stamped) | | | | |
| 2 Signature | 3 Title | Authorized Agent | و د د د د | , , , , , |
| 4 Typed Name Jean Killoren | 5 Date | Aprıl 25, 20 | 12 | ງ່າ ກ່າ |

If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove condect lenses; if present, after the first 5 minutes, then continue rinsing eye. Call a Poison Control Center or doctor for breatment

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. For information on this pesticide product call the Mational Pesticide Information Center at 1-800-858-7378.

exceed 3 applications per day.

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS - WIRMINING: For external use only. Causes substantial but temporary eye injury. Do not get in eyes or on clothing. After elutuming indoors, wash treated skin with soap and water or bathe. Bronove and wash contaminated clothing before reuse, skst adoctor before using on children under 1 year of age.

PHYSICAL OR CHEMICAL HAZARDS
Use only as directed. Avoid contact with
plateits, costume jewinely, leather and synthetic
filters. May damage painted or vamished
surfaces, including nall polish.

DIRECTIONS FOR USE

labeling.

ILICKS FOR UP TO 8 HOURS.

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Tear open package beginning at the notch.
Gently pull the top towelette out of the pouch.
Towelettes should be julled at an angle to dispense one at a time. Reseal the pouch to prevent the towelettes from drying out between uses. Unfold towelette and apply fiberilly and evently over off, exposed skin. Do not apply over cuts, wounds freshly shaved or irritated skin, oc. unclar. Cutcling. Use one tower entire body. It is a violation of Federal law to use this product in a manner inconsistent with its

FOR CONTINUED PROTECTION: Reapply one towelette about every 8 hours or sooner if effectiveness diminished, not to TO APPLY TO FACE: Do not apply near eyes and mouth. Apply sparingly around ears. An adult must apply this product to children under 10. Do not apply to children's hands.

PESTIGNE STUDNES from the product in a cool dry place away from heat or fame. PESTIGNE STUDNES AND CONTAMEN HANDLANG. MORNELING CONTAINER. Do not reuse or refill this container. Towerlette. Dispose of twelfile the intraditional after use. Do not flass, Poucht Offer empty packet for recycling if available or discard STORAGE AND DISPOSAL

SkinSmart®

DEET FREE

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Questions or comments? Call 1-800-558-6614

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Notification Accepted

entire family

protection for the

8 hour

Reviewer: Sylvaber Grange Date: 7/12/2012



Pre-moistened

Soft Wipes 7.5" x 5"



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