

9/22/2010

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460United States  
Environmental Protection  
AgencyOffice of Pesticide ProgramsCinda Bell,  
SciReg, Inc.  
12733 Director's Loop,  
Woodbridge, Va. 22192

SEP 22 2010

Subject: Product Name: Essick Air Humidifier Bacteriostatic  
Treatment  
EPA Reg. No.: 81371-1  
Notification Date: August 20, 2010  
EPA Receipt Date: August 23, 2010  
Submission: 439246

Dear Cinda Bell,

This letter acknowledges receipt of your notification submitted under the provision of the Federal Insecticide, Fungicide and Rodenticide Act. (FIFRA) section 3(c)9 and PR Notice 98-10.

**Proposed Notification:**

- Make minor changes to the product label first aid statement.

**General Comments:**

Based on a review of the submitted materials, your notification for, "Essick Air Humidifier Bacteriostatic Treatment", EPA Reg. # 81371-1, as listed is acceptable. A copy has been placed in our records for future reference.

Should you have any questions or comments concerning this letter, please contact Velma Noble, PM team 31 at (703) 308-6233 or Jamil Mixon at (703) 308-8032.

Sincerely,

Velma Noble,  
Product Manager, Team 31  
Regulatory Management Branch  
Antimicrobials Division (7510P)

## CONCURRENCES

SYMBOL							
SURNAME							
DATE							



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

**Registration**  
**Amendment**  
☒ **Other**

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 81371-1	2. EPA Product Manager Velma Noble	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Essick Air Humidifier Bacteriostatic Treatment	PM# 31	
5. Name and Address of Applicant (Include ZIP Code)  Essick Air Products, Inc. 5800 Murray Street Little Rock, AR 72209  <input type="checkbox"/> Check if this is a new address	6. <b>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"/> 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.)

#### Notification of minor label change 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 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.

### 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	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* <b>Certification must be submitted</b>		If "Yes" Unit Packaging wgt.	No. Per Container	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"/> On label. <input type="checkbox"/> On label 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 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 Cinda L. Bell		Title Agent (SciReg, Inc.)		Telephone No. (Include Area Code) (703) 494-6500; cbell@SciReg.com	
<b>Certification</b> I certify that the statements which 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 <b>(Stamped)</b>
2. Signature <i>Cinda L. Bell</i>		3. Title Agent (SciReg, Inc.)			
4. Typed Name Cinda L. Bell		5. Date 8/20/10			

**SciReg, Inc.**  
Science and Regulatory Consultants

August 20, 2010

Ms. Sherada Hobgood  
Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
One Potomac Yard  
2777 S. Crystal Drive  
Arlington, VA 22202

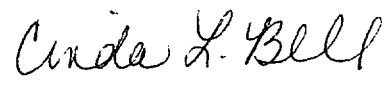
Re: Notification consistent with PR Notice 98-10  
- Essick Air Humidifier Bacteriostatic Treatment (EPA Reg. No. 81371-1)  
- Minor label change

Dear Ms. Hobgood:

On behalf of Essick Air Products, Inc., SciReg, Inc. is submitting a notification consistent with PR Notice 98-10 to make a minor change to the product label for Essick Air Humidifier Bacteriostatic Treatment (EPA Reg. No. 81371-1). The statement under DANGER, on the first page, has been changed from "(See back panel for additional precautions)" to "(See back panel for additional precautions and first aid)." Two copies of the label are included with this submittal, one of which is clearly marked to show the changes.

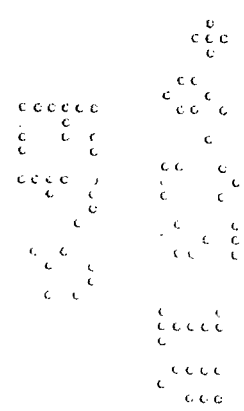
Should you have any questions, please let me know.

Sincerely,



Cinda L. Bell  
Regulatory Specialist

Enclosures



**No.1970**

Net Contents:

32 FL OZ (1QT) 946 mL

EPA Reg. No. 81371-1

EPA Est. No. 82520-AR-1



**CONTROLS BACTERIA  
& ALGAE BUILD-UP  
IN EVAPORATIVE  
HUMIDIFIERS.**

**ESSICK AIR  
HUMIDIFIER  
BACTERIOSTATIC  
TREATMENT**

**ACTIVE INGREDIENTS:**

n-Alkyl (60% C14, 30% C16, 5% C12, 5% C 18)  
dimethyl benzyl ammonium chlorides.....1.125%  
n-Alkyl (68% C12, 32% C14) dimethyl  
ethylbenzyl ammonium chlorides.....1.125%

**OTHER INGREDIENTS:**.....97.750%

Total.....100.000%

**KEEP OUT OF  
REACH OF  
CHILDREN  
DANGER**

(See back panel for  
additional precautions  
and first aid)



Essick Air Products, Inc.  
5800 Murray Street  
Little Rock, AR 72209

  
RECYCLABLE BOTTLE

## PRECAUTIONARY STATEMENTS

Hazards to Humans and  
Domestic Animals

### DANGER

Corrosive. Causes irreversible eye damage and skin burns. Do not get in eyes, on skin, or on clothing. Wear protective eyewear (goggles or face shield), protective clothing, and rubber gloves. Harmful if swallowed. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Remove contaminated clothing and wash before reuse.

### PRODUCT INFORMATION:

Essick Air Humidifier Bacteriostatic Treatment is a bacteriostat, which can control the build-up of bacteria and algae in water tanks of manually-filled evaporative humidifiers.

**DIRECTIONS FOR USE:** It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. When filling the humidifier, use 1/6 fluid ounce (approx. 1/8 capful) Bacteriostatic Treatment per gallon of water. Repeat this process when refilling the tank.

### FIRST AID

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

### 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. Call a poison control center or doctor for treatment advice.

### 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 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 to do so by a poison control center or doctor. Do not give anything by mouth to an unconscious person.

### NOTE TO PHYSICIAN:

Probable mucosal damage may contraindicate the use of gastric lavage.

### STORAGE AND DISPOSAL:

Store in original container in areas inaccessible to individuals unfamiliar with its use. Nonrefillable container. Do not reuse or refill this container. Wrap container and put in trash or offer for recycling, if available.

**NOTICE:** Since the use of this product is beyond the control of the seller, liability or damages, either incidental or consequential, shall be limited to replacement of the product.