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9/12/2011

1 of 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



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

SEP 12 2011

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

Cristina M. Swick  
Agent for Trinova Medical Waste Solutions  
Lewis & Harrison  
122 C Street, NW  
Suite 740  
Washington, DC 20001

Subject: Trinova Chlor  
EPA Reg. No. 83471-4  
Application Dated: August 17, 2011  
Receipt Date: August 17, 2011

Dear Ms. Swick:

The following notification submitted in connection with registration under the provisions of PR Notice 98-10, Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) section 3(c)9 is acceptable.

**Proposed Notification:**

- Revised Container Disposal Statement per PR Notice 2007-4

**Comments:**

Based on a review of the material submitted, the following comments apply:

This application for notification to revise the product label, as referenced above, 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 me at [harris.monisha@epa.gov](mailto:harris.monisha@epa.gov) or call (703) 308-0410.


Sincerely,  
  
Monisha Harris  
Product Manager (32)  
Regulatory Management Branch II  
Microbials Division (7510P)

| CONCURRENCES |         |  |  |  |  |  |  |
|--------------|---------|--|--|--|--|--|--|
| SYMBOL       | 7510P   |  |  |  |  |  |  |
| SURNAME      | HARRIS  |  |  |  |  |  |  |
| DATE         | 9-12-11 |  |  |  |  |  |  |

2014

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060, Approval expires 05-31-98

|  |   |                       |
|--|---|-----------------------|
|  <b>EPA</b><br>United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> <b>Registration</b><br><input type="checkbox"/> <b>Amendment</b><br><input checked="" type="checkbox"/> <b>Other: NOTIFICATION</b> | OPP Identifier Number |
|  |   |                       |

**Application for Pesticide - Section I**

|  |   |   |
|--|---|---|
| 1. Company/Product Number<br><b>83471-4</b>  | 2. EPA Product Manager<br><b>Monisha Harris</b> | 3. Proposed Classification<br><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted  |
| 4. Company/Product (Name)<br><b>Trinova Chlor</b>  | PM#<br><b>Team 32</b>                           |   |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>Trinova Medical Waste Solutions</b><br><b>235 Jason Court</b><br><b>Corona, CA 92879</b><br><b><u>PLEASE SEND ALL CORRESPONDENCE TO</u></b><br><b><u>"CONTACT POINT" LISTED BELOW</u></b><br><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:<br><b>EPA Reg. No. 69972-1</b><br><br>Product Name: <u>Onchlor 25</u> |

**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 LABEL CHANGE PER PR NOTICE 2007-4**

This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR §§ 156.10, 156.140, 156.144, 156.146, and 156.156. 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 the amended label is not consistent with the requirements of 40 CFR §§ 156.10, 156.140, 156.144, 156.146, and 156.156, 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.

Signature: Christina M. Swick Date: 8/17/11

**THIS SUBMISSION IS NOT SUBJECT TO PRIA FEES**

**Section - III**

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. Material This Product Will Be Packaged In:   |  |   |  | 2. Type of Container   |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | <input type="checkbox"/> Metal   | <input checked="" type="checkbox"/> Plastic |
| if "Yes"<br>Unit Packaging wgt. No. per container   |  | if "Yes"<br>Package wgt. No. per container  |  | <input type="checkbox"/> Glass   | <input type="checkbox"/> Paper              |
|   |  |   |  | <input type="checkbox"/> Other (Specify)   |   |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container   |  | 4. Size(s) Retail Container<br><b>220 gallons &amp; bulk</b>                                      |  | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On labeling accompanying product |   |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____ |  |   |  |  |   |

**Certification must be submitted**

**Section - IV**

|  |                                   |   |
|--|-----------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application):  |                                   |   |
| Name <b>Christina M. Swick, Lewis &amp; Harrison, LLC, 122 C Street NW, Ste. 740, Washington, DC 20001</b>   | Title<br><b>Agent</b>             | Telephone No. (Include Area Code) <b>202-393-3903 x. 16</b> |
| 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. |                                   | Date Application Received (Stamped)                         |
| 2. Signature<br><u>Christina M. Swick</u>  | 3. Title<br><b>Agent</b>          |   |
| 4. Typed Name<br><b>Christina M. Swick</b>   | 5. Date<br><b>August 17, 2011</b> |   |

# LEWIS & HARRISON

Consultants in Government Affairs

122 C Street, N.W., Suite 740  
Washington, D.C. 20001  
telephone 202.393.3903  
fax 202.393.3906

August 17, 2011

**HAND DELIVERED**

Antimicrobials Division (Mail Code 7504P)  
Office of Pesticide Programs  
Document Processing Desk [NOTIFY]  
U.S. Environmental Protection Agency  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202

**ATTN: Monisha Harris  
Product Manager, Team 32**

**SUBJECT: Trinova Medical Waste Solutions  
Trinova Chlor (EPA Reg. No. 83471-4)  
Notification of Label Changes per PR Notice 2007-4**

Dear Ms. Harris:

On behalf of Trinova Medical Waste Solutions, we are notifying the Agency of changes to the *Trinova Chlor* label in accordance with PR Notice 2007-4. All of the language has been added verbatim from the aforementioned PR Notice. No other changes have been made to the labels.

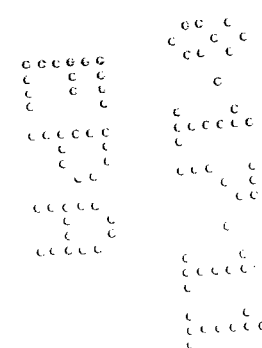
Please find enclosed the following documents to support this notification:

- 1) Pesticide Application Form;
- 2) One (1) copy of the proposed product label with the changes marked; and,
- 3) Three (3) copies of the proposed product label.

If you have any questions or comments, please contact me at 202-393-3903 ext. 16 or [cswick@lewisharrison.com](mailto:cswick@lewisharrison.com).

Sincerely,

Christina M. Swick  
Agent for Trinova Medical Waste Solutions



**PRECAUTIONARY STATEMENTS**

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: Corrosive. Causes eye and skin damage. Harmful If swallowed. Do not get in eyes, skin or on clothing. Wear goggles and face shield, rubber gloves and protective clothing when handling. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

**ENVIRONMENTAL HAZARDS**

This product is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollution Discharge Minimization System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**PHYSICAL OR CHEMICAL HAZARDS**

DO NOT mix with acids or other chemicals except as provided for in the TRINOVA Chlor Waste Treatment Instructions. Mixing with acids or other chemicals may cause evolution of chlorine dioxide gas, which is poisonous and explosive.

**DIRECTIONS FOR USE**

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

Sanitization/Treatment of Infectious Medical Waste  
TRINOVA Chlor Treatment System Sodium Chlorite Solution is for use in the TRINOVA Medical Water Treatment System only for the treatment of infectious medical waste. Your TRINOVA Medical Waste Solutions representative can guide you in the method of application. For use directions, see the TRINOVA Chlor Medical Waste Treatment System's Installation, Operation, and Maintenance manual.

**TRINOVA Chlor Treatment System**

Sodium Chlorite Solution

Chlorine Dioxide Precursor for Microbial Control

Active Ingredient:

- Sodium Chlorite.....25%
- Other Ingredients.....75%
- Total.....100%

**KEEP OUT OF REACH OF CHILDREN**

**DANGER**

**First Aid**

|  |   |
|--|---|
| <b>If in Eyes:</b>   | <ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes, then continue rinsing eye.</li> <li>• Remove contact lenses, if present after the first 5 minutes, then continue rinsing the eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul> |
| <b>If on Skin or Clothing:</b>   | <ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>   |
| <b>If Swallowed:</b>   | <ul style="list-style-type: none"> <li>• Call a poison control center or doctor immediately for treatment advice.</li> <li>• Do not induce vomiting unless told so by a poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul>  |
| <p>Have the product container or label with you when calling a poison control center or doctor, or going for treatment.<br/>NOTE TO PHYSICIAN: Probably mucosal damage may contraindicate the use of gastric lavage.</p> |   |

**STORAGE AND DISPOSAL**

Do not contaminate water, food or feed by storage, disposal, or use of this product. Medical wastes treated in the TRINOVA Chlor Medical Waste Treatment System must be disposed of according to federal, state and local regulations.

**Storage:** Store in a cool, dry area away from direct sunlight and heat to avoid deterioration. In case of spill, flood the area with large quantities of water.

**Pesticide Disposal:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide spray mixture or rinsate is a violation of federal law. If these wastes cannot be disposed of by use according to label instructions contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.

**Container Handling:**

*[When refillable totes are used:]* Refillable container. Refill this container with pesticide only. Do not reuse this container for any other purpose. Cleaning the container before final disposal is the responsibility of the person disposing of the container. Cleaning before refilling is the responsibility of the refiller. To clean the container before final disposal empty the remaining contents from this container into application equipment or mix tank. Fill the container about 10 percent full with water. Agitate vigorously or recirculate water with the pump for 2 minutes. Pour or pump rinsate into application equipment or rinsate collection system. Repeat this rinsing procedure two more times. Then offer for recycling if available or puncture and dispose of in a sanitary landfill, or by incineration, or by other procedures allowed by state and local authorities.

*[When drums are used:]* Nonrefillable container. Do not reuse or refill this container. Triple rinse container (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank. Fill the container ¼ full with water. Replace and tighten closures. Tip container on its side and roll it back and forth, ensuring at least one complete revolution, for 30 seconds. Stand the container on its end and tip it back and forth several times. Turn the container over onto its other end and tip it back and forth several times. Empty the rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Repeat this procedure two more times. Then offer for recycling if available or reconditioning if appropriate, or puncture and dispose of in a sanitary landfill, or by other procedures approved by state and local authorities.

Distributed by:  
TRINOVA Medical Waste Solutions  
235 Jason Court  
Corona, CA 92879

EPA Reg. No. 83471-4

EPA Est. No. 9768-UT-1

Net Contents:

**NOTIFICATION**  
Date Reviewed: 9/12/2011  
Reviewed By: [Signature]

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