


PRODUCT SAFETY CARD

PROPER SHIPPING NAME: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (IMIDACLOPRID) Class 9, Packing group III, UN: 3082		DG CLASS: 9	SUB RISK: -	PCKG GRP: III	MAX TQ: 250L	TRADE NAME: CYRUS	
UN No: 3082	FLASH POINT: ≥100 °C	HAZCHEM: 2X	HSNO CLASSIFICATIONS: 6.1D, 6.3B, 6.4A, 6.9B, 9.1A, 9.2A, 9.3A, 9.4A		CAS NUMBER: 138261-41-3	SUBSTANCE COMPOSITION: 350g/L IMIDACLOPRID	APPROVED HANDLER: YES
TRACKING: -	STATE: LIQUID	MARINE POLLUTANT: YES 		FLAMMABLE: NO		SUPPLIER: ADRIA CROP PROTECTION P.O. BOX 535 KUMEU, AUCKLAND. PH: 09-412-9817 FAX: 09-412-9807	

EMERGENCY MANAGEMENT

FIRST AID:	Swallowed: If swallowed do NOT induce vomiting. For advice, contact the National Poisons Centre on 0800 POISON (0800 764766) or a doctor immediately. Take to hospital without delay.
	Eyes: If concentrate is splashed in eyes, flush with running water for at least 15 minutes. Take to hospital without delay.
	Skin: If spilt on skin, remove contaminated clothing and wash affected areas of skin. DO NOT SCRUB THE SKIN.
	Inhaled: Remove to fresh air.
FIRE:	Use water (not direct jet), foam, dry chemical, carbon dioxide or sand to extinguish fires.
SPILLAGE:	Wear protective equipment to prevent skin and eye contamination and inhalation of vapors. Contain and prevent contamination of drains and waterways. Use absorbent, soil, vermiculite, attapulgite bentonite or clay absorbent. Collect and seal in plastic lined drums for disposal in an authorised landfill. Wash the spill zone down with excess water avoiding contamination of any water body.
DISPOSAL:	Triple rinse container and add residue to spray tank. Return empty container to an AgRecovery collection point for disposal.

IN CASES OF MEDICAL EMERGENCY CONTACT:
NATIONAL POISONS CENTRE – PH: 0800 764 766

DISCLAIMER:

The product information provided in this Product Safety Card has been provided by Adria Crop Protection and is based upon sources believed to be accurate. Adria Crop Protection does not accept any liability arising from the use of this information.

CONSIGNOR: Name: Address: Contact:	CONSIGNEE: Name: Address: Contact:	GROSS WEIGHT:	VOLUME (CUBIC METRES):
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