



PRODUCT SAFETY CARD

PROPER SHIPPING NAME: CARBAMATE PESTICIDE, SOLID, TOXIC, N.O.S. (Pirimicarb) Class 6.1 Packing group III UN: 2757		DG CLASS: 6.1	SUB RISK: N/A	PCKG GRP: III	MAX TQ: 250KG	TRADE NAME: PIRITEK	
UN No: 2757	FLASH POINT: NOT FLAMMABLE	HAZCHEM: 2X	HSNO CLASSIFICATIONS: 6.1C, 6.4A, 6.5B, 6.9B, 9.1A, 9.3A, 9.4C		CAS NUMBER: 23103-98-2	SUBSTANCE COMPOSITION: 500g/kg Pirimicarb	APPROVED HANDLER: YES, ALL STAGES
TRACKING: 	STATE: POWDER	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 0800 POISON (0800 764 766) or a doctor immediately.
	Eyes: If product gets in eyes, wash eyes to remove material. No further measures should normally be required.
	Skin: After contact with skin or hair, wash immediately with soap and water.
	Inhaled: Remove to fresh air.
FIRE:	There is no risk of an explosion from this product under normal circumstances if it is involved in a fire. Extinguish fires with carbon dioxide, dry chemical, foam, water fog. See MSDS for more detail.
SPILLAGE:	Wear appropriate protective clothing and prevent material from entering waterways. Absorb spills with inert material and place in waste containers. Wash area with water and absorb with further inert material. Dispose of waste safely (such as to a suitable landfill).
DISPOSAL:	Crush empty container and burn in an appropriate incinerator, if circumstances such as wind direction permit. Avoid contamination of any water supply with product or empty container.

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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