


PRODUCT SAFETY CARD

PROPER SHIPPING NAME: UN NUMBER: 3082 Marine Pollutant: Class: 9, Packaging group: III, ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.(Fenpyroximate).		DG CLASS: 9	SUB RISK: -	PCKG GRP: III	MAX TQ: 250L	TRADE NAME: PYROMITE
UN No: 3082	FLASH POINT: N/A	HAZCHEM: 2X	HSNO CLASSIFICATIONS: 6.1E, 6.1D, 6.3B, 6.4A, 6.5B, 6.9B, 9.1A, 9.2D, 9.3C	CAS NUMBER: 111812-58-9	SUBSTANCE COMPOSITION: 50g/L FENPYROXIMATE	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:	<p>Swallowed: If swallowed do NOT induce vomiting. For advice, contact the National Poisons Centre on 0800 POISON (0800 764766) or a doctor immediately.</p> <p>Eyes: If product or spray enters eyes, wash out immediately and continue rinsing with clean water for at least 15 minutes. Obtain medical attention.</p> <p>Skin: After contact with skin, wash immediately with soap and water.</p> <p>Inhaled: Remove to fresh air.</p>
FIRE:	Fire fighters should wear positive pressure self-contained breathing apparatus (SCBA) and full turnout gear.
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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