PRODUCT SAFETY CARD

DG **SUB PCKG** MAX TRADE NAME: PROPER SHIPPING NAME: CARBAMATE PESTICIDE, SOLID, TOXIC, CLASS: RISK: GRP: TQ: N.O.S. (Pirimicarb) **PIRITEK** Class 6.1 250KG 6.1 N/A Ш Packing group III UN: 2757 UN No: **FLASH HAZCHEM: HSNO** CAS **APPROVED** SUBSTANCE POINT: **CLASSIFICATIONS: NUMBER:** COMPOSITION: **HANDLER:** 2757 2X 6.1C (oral), 6.1D NOT 23103-98-2 500g/kg Pirimicarb YES, ALL FLAMMABLE (inhalation), 6.4A, 6.5B, 6.9B, 9.1A, 9.3A, 9.4B **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 SDS for more detail. Wear appropriate protective clothing and prevent material from entering waterways. Absorb spills with inert material

DISPOSAL:

SPILLAGE:

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.

and place in waste containers. Wash area with water and absorb with further inert material. Dispose of waste

IN CASES OF MEDICAL EMERGENCY CONTACT:

safely (such as to a suitable landfill).

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