
Section VI: Health Hazard Data

Routes of Exposure:

Inhalation:	Yes.
Skin:	Yes.
Ingestion:	Yes.

Health Hazards (Acute and Chronic): Exposure through inhalation, skin contact or ingestion may result in cholinesterase inhibition. Route of exposure may affect the sequence of onset of symptoms. Onset may be delayed up to 12 hours. Early signs are nausea, increased salivation, lacrimation (tearing), blurred vision and constricted pupils. Other symptoms may include vomiting, abdominal cramps, diarrhea, dizziness and sweating. After inhalation, respiratory symptoms, such as tightness in chest, wheezing, laryngeal spasms may be pronounced and appear first. In severe cases, weakness, muscle twitches, confusion, ataxia, slurred speech and then convulsions, low blood pressure, cardiac irregularities, loss of reflexes and coma may occur. In extreme cases, death may result from combined factors. Complete recovery is normal within one week of removal from exposure.

Carcinogenicity:

NTP:	No.
IARC Monographs:	No.
OSHA Regulated:	No.

Signs and Symptoms of Overexposure: Chronic exposure: Cholinesterase inhibition sometimes persists for 2 to 6 weeks, thus repeated exposure to small amounts of Trichlorfon may result in unexpected cholinesterase depression, causing malaise, weakness and anorexia that resemble other diseases such as influenza. Exposure to a concentration that would not have produced symptoms in a person that was not previously exposed, may produce severe symptoms of cholinesterase inhibition in a previously exposed person.

Medical Conditions Generally Aggravated by Exposure: No specific medical conditions are known which are aggravated by exposure to Trichlorfon. However, any disease, medication or prior exposure which reduces normal cholinesterase activity may increase susceptibility to the toxic effects of the active ingredient.

Emergency and First Aid Procedures: **If in eyes:** Flush eyes with plenty of water. Get medical attention if irritation persists. **If swallowed:** Call a physician or Poison Control Center immediately. If possible, vomiting should be induced under medical supervision. Drink one or two glasses of water and induce vomiting by touching back of throat with finger. Do not induce vomiting or give anything by mouth to an unconscious or convulsing person. **If inhaled:** Remove victim to fresh air. Apply artificial respiration if indicated. **If on skin:** Remove contaminated clothing and wash affected areas with soap and water.

Section VII: Precautions for Safe Handling and Use

Steps to be taken in case material is released or spilled: Sweep spilled material onto a shovel and dispose of as below.

Waste disposal method: This pesticide is toxic to fish, birds and other wildlife, and is extremely toxic to aquatic invertebrates. Do not contaminate water by cleaning of equipment or disposal of wastes. If product cannot be used in accordance with the directions for use on its label, securely wrap container in several layers of newspaper and discard in trash. **Container disposal:** Do not reuse container. Empty as thoroughly as possible before discarding in trash.

Precautions for handling and storage: Do not contaminate feed or food.

Other precautions: Wash thoroughly after using and before eating and smoking.

Section VIII: Control Measures

Respiratory protection: Use a respirator approved for pesticides by the National Institute for Occupational Safety and Health (NIOSH).

Ventilation:

Local Exhaust:	Control exposure level through use of general and local exhaust ventilation.
Special:	None.
Mechanical:	As required.
Other:	None.

Protective Gloves: Avoid skin contact. Use chemical resistant gloves and boots to prevent dermal exposure.

Eye Protection: Use goggles to prevent dust from getting into eyes.

Product: 655-791 Prentox^(R) Larva Lur

Other protective clothing or equipment: Clean water should be available for washing in case of eye or skin contamination. Educate and train employees in safe use of product. Follow all label instructions. Launder clothing after use. Wash thoroughly after handling.

Work/Hygienic practices: Medical surveillance: Plasma and/or red blood cell cholinesterase activity can be used to detect excessive absorption of trichlorfon. It is preferable to establish a pre-exposure base line value for comparisons. If significant cholinesterase depression occurs, no further exposure should be allowed until cholinesterase values return to normal.

Prevent spread of airborne dust.

The information and recommendations contained herein are based upon data believed to be correct. However, no guarantee or warranty of any kind, expressed or implied, is made with respect to the information contained herein.