

State of California
Memorandum

Date: _____

To: Medical Management, Worker Health and Safety Branch

From: Department of Pesticide Regulation - Pesticide Registration Branch
_____, Registration Specialist

Subject: Statement of Practical Treatment (SOPT) - First Aid for

(Product Name, EPA Reg. No., Company Name)

Attached is a copy of the label showing a revised SOPT or a new SOPT which varies from standard statements.

Please contact me if you have any comments.

Attachment

sopt form (6-98)