Retain this container, we will pick up and reuse.
Conserve esta contenedor, vamos a recogerla y reutilizarla.

FIRST AID: If swallowed: Rinse mouth. Call a poison center if you feel unwell. **If on skin:** Wash with plenty of water. If skin irritation occurs get medical attention. Take off contaminated clothing and wash it before reuse. **If inhaled:** Remove person to fresh air and keep comfortable for breathing. **If in eyes:** Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center.
FOR MEDICAL INFORMATION CALL 1-866-923-4946.

PRIMEROS AUXILIOS: Si se ingiere: Enjuagar la boca. Llame a un centro de envenenamiento en caso de malestar. **Sí en la piel:** Lavar con abundante agua. Si se produce irritación de la piel obtenga atención médica. Quítese la ropa contaminada y lávela antes de volverla a usar. **En caso de inhalación:** Llevar a la persona al exterior y mantenerla confortable para respirar. **Si en los ojos**: Aclarar cuidadosamente con agua durante varios minutos. Quítese los lentes de contacto, si lleva y resulta fácil. Proseguir con el lavado. Llamar inmediatamente a un centro de envenenamiento.
PARA INFORMACIÓN MÉDICA LLAME AL 1-866-923-4946.

FOR INDUSTRIAL AND INSTITUTIONAL USE ONLY
PARA USO INDUSTRIAL E INSTITUCIONAL SOLAMENTE

Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Wear eye protection and protective gloves.
No comer, beber ni fumar mientras se manipula este producto. Lávese bien las manos después de manipularlo. Utilizar protección ocular y guantes de protección.

Store locked up. Dispose of contents in accordance to all federal, state and local regulations.
Guardar bajo llave. Eliminar el contenido de conformidad con todas las normativas federales, estatales y locales.

USE DIRECTIONS: DO NOT REMOVE SHIPPING CAP UNTIL FULL CONTAINER IS INTO DISPENSING EQUIPMENT. The product should be dispensed using an automatic feed system at dilution rates recommended by your Auto-Chlor Representative. Store at room temperature and avoid freezing.

INDICACIONES DE USO: NO QUITE EL TAPÓN DE TRANSPORTE HASTA QUE EL CONTENEDOR LLENO ESTÁ EN EL EQUIPO DE DISTRIBUCIÓN. El producto debe ser dispensado mediante usando un sistema automático de alimentación en las tasas de dilución recomendadas por el Representante Auto-Chlor. Guarde a temperatura ambiente y evitar la congelación.

INGREDIENTS / INGREDIENTES

Water / Agua (CAS No. 7732-18-5), Sodium Hypochlorite / El hipoclorito de sodio (CAS No. 7681-52-9)

Contains No Phosphorus / No contiene fósforo

Auto-Chlor SYSTEM
746 Poplar Avenue
Memphis, TN 38105
901-579-2300
autochlor.com

ACL50319 (126/15)

Auto-Chlor SYSTEM

Fabra Kleen

LAUNDRY BLEACH

Chlorine Stain Remover
Quitamanchas con Cloro

DANGER! Causes serious eye damage and skin irritation. Harmful if swallowed or in contact with skin.
¡PELIGRO! Provoca lesiones oculares graves e irritación de la piel. Nocivo en caso de ingestión o contacto con la piel.

A0319100 **18.9 L (5 US Gal)**

BLACK
PANTONE 108
PANTONE 179

LABEL SIZE: 6.25" X 15.125"

Please proof "text" and "layout" carefully. This includes, but is not limited to repeats, cut lengths, sensor size and placement, machine compliance, artwork placement and size.

UPC's for shrink sleeves should be placed ladder style for optimal scan ability on sleeves.

Spot colors shown on this proof are a representation only. Actual colors will be matched to the latest PANTONE Plus series color standards at time of printing unless custom swatches were provided.

Please examine for any errors in placement, color, spelling, fonts, design or distortions. Please verify carefully.
We will not accept responsibility for any errors or omissions after job has been manufactured.

APPROVED ☐ CHANGES MARKED ☐

SIGN _____

PRINT _____

DATE _____

THIS APPROVAL INDICATES CLIENT ACCEPTANCE OF THE MANUFACTURE OF ABOVE SPECIFICATIONS. THIS IS THE FINAL DOCUMENT AND SUPERSEDES ALL PRIOR COMMUNICATIONS.

REF. NO.: **A41894** JOB NO.: **XXXXXX**
CUSTOMER: **AUTO CHLOR**
JOB DESC.: **ACL40319**
LAUNDRY BLEACH

DATE: **05.13.15**
DIE PO: **XXXXX**
CSR: **AW**
OPERATOR: **JS**
GEARING: **XX on XX - XX**