

Kal-silTM 72 SC

(CHLOROTHALONIL 720 G/L SC)

Kal-silTM is a registered trademark of Agro Tico, Costa Rica
Kal-silTM 72 SC is manufactured by Chimac-Agriphar, Belgium



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TECHNICAL INFORMATION GUIDE

1. Biological spectrum

Kal-sil™ 72 SC is a non-systemic broad-spectrum fungicide. It controls several foliar diseases of bananas.

It is a multisite fungicide, which gives a unique asset compared to systemic fungicides, these being quite often monosites.

The broad spectrum of biological activity of **Kal-sil™ 72 SC** together with its proven high degree of crop safety. Ensures excellent crop protection under diverse disease conditions in many geographical areas.

Chlorothalonil is registered with the EPA. It is widely used internationally and has satisfied registration/recommendation requirements for commercial use. Use claims for Chlorothalonil are expanding, as test results indicate an expanding spectrum of disease control activity.

2. Method of application

Kal-sil™ 72 SC is a suspension concentrate (« flowable ») ready to be mixed into water and suitable for application by conventional ground spray systems and by aircraft as dilute or concentrate sprays.

For *dilute sprays*, the required amount of **Kal-sil™ 72 SC** should be added slowly to the spray tank while the tank is being filled. This will ensure a thorough mix and a spray solution of uniform consistency. With *concentrate sprays*, pre-mix the required amount of **Kal-sil™ 72 SC** with an adequate amount of water in a clean container. Add this mixture to the spray tank while it is being filled with water. Agitators should be kept running while the spray tank is being filled in the preparation of both dilute and concentrate spray solutions.

Apply when first signs of disease appear. Follow the dosage rates per ha listed in the table hereafter. Apply on 10 to 21 day intervals and adjust the recommended rates according to disease pressure and historical data indicating periods of severe disease conditions. Do not spray over areas that have been sprayed with oil within 7 days or leaf injury may result.



TECHNICAL INFORMATION GUIDE

3. Uses and rates of application

Listed below are banana diseases on which Chlorothalonil has been tested and found to be effective at recommended rates and applications techniques.

This information should be only used as a guide for conducting field evaluations. Application methods and spray volumes may vary to conform to local needs and practical limitations. Consult your country's registrations and/or recommendations for official directions of use.

Disease	Pathogen	Rate per ha
Yellow sigatoka	<i>Mycosphaerella musicola</i>	1 – 2 L of Kal-sil™ 72 SC in 60 to 100 L water for ground application in 20 to 33 L water for aerial application
Black sigatoka	<i>Mycosphaerella fijiensis</i> Var. <i>difformis</i>	
Black leaf streak	<i>Mycosphaerella fijiensis</i>	
Leaf treckle	<i>Phyllostictina musarum.</i>	
Rust	<i>Uromyces musae</i>	
Damping-off, fruit speckle, leaf spot and tip rot	<i>Deightonella torulosa</i>	
Leaf spot	<i>Cordana musae</i>	

4. Compatibility

Kal-sil™ 72 SC is compatible with fungicides, insecticides, acaricides and foliar fertilizers most commonly used in bananas. However we recommend to perform a preliminary test in case of any doubt.

Kal-sil™ 72 SC is not compatible with oils used in agriculture and may cause plant injury. It is recommended to leave 7 to 10 days interval between a treatment of **Kal-sil™ 72 SC** and oils in order to avoid any phytotoxicity problem.



TECHNICAL INFORMATION GUIDE

5. Safety precautions

This product is highly irritating and can cause severe damage to eyes !

Observe the general rules for handling the crop protection chemicals:

- Keep out of reach of children, away from food, drink or feed.
- Wear suitable protective clothing, rubber gauntlet gloves and face shield.
- When using, do not eat, drink or smoke.
- Wash any contamination from skin or eyes immediately.
- Wash hands and exposed skin before eating, drinking or smoking, before meals and after works.
- Do not breath spray mist.
- If you feel unwell, seek medical advice (show label where possible).

6. Storage and disposal

- Store in the original container, tightly closed, in a cool, well ventilated local, protected heat, away from food or feed.
- Do not reuse the container for any other purpose but destroy rinsed container by puncturing and crushing.
- **Toxic to fish:** do not contaminate ponds, waterways or ditches with chemical or used container.

7. Emergency guidelines

Symptoms of poisoning

Exposure of the skin to chlorothalonil results in a weak contact dermatitis which is of short duration when adequately treated. The skin reaction generally resembles of mild sunburn. Untreated, the skin repairs by peeling in about 2 weeks.

Sensitization has been manifested by mild bronchial irritation as well as skin and eye symptoms including urticaria (hives) and inflammation with oedema of the conjunctiva and lids. Symptoms subside when exposure is discontinued.

Ocular exposure to chlorothalonil results in immediate pain and erythema. No non-reversible effects have been demonstrated. Acute symptoms may be relieved or reduced in severity by flushing the eyes with water.



TECHNICAL INFORMATION GUIDE

First aid

- *In case of skin contact*: remove all contaminated clothing and wash the patient thoroughly with plenty of water and soap. Wash clothing before re-use. Seek medical attention.
- *In case of eye contact*: flush eyes with plenty of water for at least 15 minutes. Seek medical attention immediately.
- *If product has been swallowed*: obtain medical attention immediately. Do **not** induce vomiting. If vomiting occurs spontaneously, keep airway clear. Never give anything by mouth to an unconscious person.
- *If product has been inhaled*: get victim out of contaminated area to fresh air. If breathing has stopped, artificial respiration should be started at once. Oxygen may be administered, if readily available. Seek medical attention.

8. Note to physician

Chlorothalonil is a potential sensitizer and causes severe eye damage and skin irritation. It may produce temporary allergic reactions characterized by redness of eyes, mild bronchial irritation and redness or rash on exposed skin. Affected persons respond to treatment with antihistamines or steroid creams and/or systemic steroids.

Treatment of poisoning is symptomatic.

There is no specific antidote.

