

498-197

09/22/2009

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

SEP 22 2009

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

Laura Radevski, Technical & Regulatory Compliance Manager  
Chase Products Company  
P. O. Box 70  
Maywood, IL 60153

Subject: Notification as per PR Notice 98-10  
Spray Disinfectant  
EPA Registration Number: 498-197  
Application Date: August 20, 2009  
Receipt Date: August 25, 2009

Dear Ms. Radevski:

This acknowledges receipt of your notification, submitted under the provisions of PR Notice 98-10, FIFRA section 3(c) 9.

Proposed Notification:

- 1) Revise label per PR Notice 2005-5, Mandatory Labeling.
- 2) Revise HIV-1 claim label text to eliminate redundant statement.

Comments:

The notification is acceptable. A copy has been inserted in your file for future reference.

Should you have further questions concerning this letter, please contact Killian Swift by telephone at 703-308-6346 or by email at [swift.killian@epa.gov](mailto:swift.killian@epa.gov). When submitting information or data in response to this letter, a copy of this letter should accompany the submission to facilitate processing.

Sincerely,

ShaRon Carlisle  
(Acting) Product Manager 34  
Regulatory Management Branch II  
Antimicrobials Division (7510P)



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
Amendment  
 Other

OPP Identifier Number  
258767

Application for Pesticide - Section I

1. Company/Product Number 498-197	2. EPA Product Manager Ms. Sharon Carlisle	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Spray Disinfectant	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Chase Products Co. Putting the best at your fingertips. P.O. Box 70 Maywood, IL 60153 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

NOTIFICATION OF :  
See attached letter for details.

"This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA."

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6,7,11,12, 13,14,15,16,17,18,20,24 OZ		5. Location of Label Directions <input checked="" type="checkbox"/> On label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Laura E. Radevski	Title Technical & Regulatory Compliance Manager	Telephone No. (Include Area Code) (708) 865-1000	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature <i>Laura Radevski</i>		3. Title Technical & Regulatory Compliance Manager	
4. Typed Name Laura E. Radevski		5. Date August 20, 2009	



Leaders in Aerosol Research and Custom Aerosol Packaging

August 20, 2009

Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
Ariel Rios Building  
1200 Pennsylvania Avenue  
Washington, DC 20460

**Subject: Spray Disinfectant**  
**EPA Reg. No. 498-197**

To whom it may concern:

We would like to correct the label for above subject product to make the following changes:

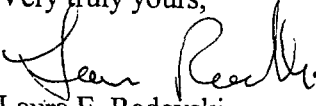
- 1) Make corrections according to PR-Notice 2000-5, Mandatory Labeling.
- 2) The label text regarding the HIV-1 claim was changed to eliminate a redundant statement.

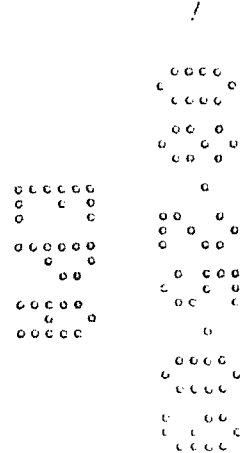
The following documents are enclosed herewith for your review and approval:

- Application for Notification (EPA Form 8570-1)
- Copy of the labeling with changes clearly marked (highlighted)

If you need further information, please contact me at 708-865-1000 ext. 1112.

Thank you so much for your help on this matter.

Very truly yours,  
  
Laura E. Radevski  
Technical & Regulatory  
Compliance Manager



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Putting the best at your fingertips.

P.O. Box 70 \* Maywood, Illinois 60153 \* Office and Plant - 19th Street & Gardner Road \* Broadview, Illinois 60155  
708-865-1000 \* Fax Administrative Offices - 708-865-0230 \* Fax Sales - 708-865-7041  
\* www.cnaseproducts.com

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FRONT PANEL

**SPRAY  
DISINFECTANT**

**NOTIFICATION**  
Date Reviewed: 9/22/09  
Reviewed By: K. Swift

*Kills 99.9%  
of germs (sanitizing)  
in 20 seconds\**

**TUBERCULOCIDAL\*\*  
STAPHYLOCIDAL  
VIRUCIDAL  
FUNGICIDAL  
PSEUDOMONACIDAL**

- **KILLS MOST GERMS**
- **ELIMINATES ODORS**

**KILLS HIV-1 (AIDS VIRUS) ON PRECLEANED  
ENVIRONMENTAL SURFACES/OBJECTS PREVIOUSLY  
SOILED WITH BLOOD AND BODY FLUIDS.**

**KILLS STAPHYLOCOCCUS AUREUS, SALMONELLA ENTERICA,  
PSEUDOMONAS AERUGINOSA, STREPTOCOCCUS PYOGENES AND  
\*\*MYCOBACTERIUM BOVIS (BCG).**

**ACTIVE INGREDIENTS:**

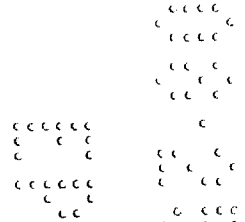
n-Alkyl (60% C14, 30% C16, 5% C12, 5% C18)  
dimethylbenzyl ammonium chloride..... 0.1%  
n-Alkyl (68% C12, 32% C14)  
dimethyl ethylbenzyl ammonium chloride..... 0.1%  
Ethanol.....63.2%

**OTHER INGREDIENTS:** ..... 36.6%  
Total 100.0%

EPA Reg. No. 498-197

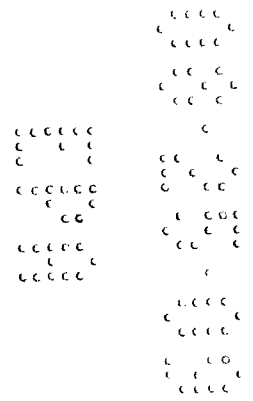
EPA Est. No. 498-IL-1

**NET WT. XX OZ. (X LB. XX OZ.) XXX g**



**OPTIONAL:**  
Contains no CFCs or other ozone  
depleting substances  
Federal regulations prohibit  
CFC propellants in aerosols

**KEEP OUT OF REACH OF CHILDREN**  
**WARNING**  
See precautionary statements on back of can.



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BACK PANEL

FORMULATED FOR HOSPITAL • SCHOOL • HOTEL • MOTEL  
• OFFICE • RESTAURANT • LOCKER AND REST ROOM  
• FACTORY • INSTITUTION • HOME • BEAUTY SHOP • BARBER SHOP

SPRAY DISINFECTANT • SHAKE BEFORE USING

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

This product is not to be used as a terminal sterilant/high-level disinfectant on any surface or instrument that (1) is introduced directly into the human body, either into or in contact with the bloodstream or normally sterile areas of the body, or (2) contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to preclean or decontaminate critical or semi-critical medical devices prior to sterilization or high-level disinfection.

*\*Sanitizes: Kills 99.9% Staphylococcus aureus (staph), Klebsiella pneumoniae (K. pneumoniae), Escherichia coli, Campylobacter jejuni and Salmonella enterica on hard, nonporous surfaces in 20 seconds.*

Kills HIV-1 (AIDS VIRUS) on precleaned environmental surfaces/objects previously soiled with blood and body fluids in health care settings or other settings in which there is an expected likelihood of soiling of inanimate surfaces/objects with blood or body fluids and in which the surfaces/objects likely to be soiled with blood or body fluids can be associated with the potential for transmission of HIV.

SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV OF SURFACES/OBJECTS SOILED WITH BLOOD AND BODY FLUIDS:

**PERSONAL PROTECTION:** When handling items soiled with blood or body fluids use appropriate barrier protection such as disposable latex gloves, gowns, masks and eye coverings.

**CLEANING PROCEDURE:** Blood and other body fluids must be thoroughly cleaned from surfaces and objects before application of this disinfectant.

**DISPOSAL OF INFECTIOUS MATERIALS:** Blood and other body fluids must be autoclaved and disposed of according to Federal, state and local regulations for infectious waste disposal.

**CONTACT TIME:** Leave surface wet for 10 minutes.

After surface is cleaned, hold can upright and spray 6 to 8 inches from surface to be treated until surface becomes wet. Allow spray to dry without wiping, or allow spray to contact treated surface



contaminated clothing before reuse.

**FIRST AID**

**IF IN EYES:** Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.

**IF ON SKIN:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

**PHYSICAL OR CHEMICAL HAZARDS**

**EXTREMELY FLAMMABLE:** Contents under pressure. DO NOT PUNCTURE. Do not use or store near heat or open flame. Exposure to temperatures above 120°F may cause bursting. Never throw container into fire or incinerator. Do not spray on varnished, painted or plastic surfaces.

**Storage and Disposal**

Do not contaminate water, food, or feed by storage or disposal.

**PESTICIDE STORAGE:** Store in a cool, dry area away from heat or open flame.

**PESTICIDE DISPOSAL and CONTAINER DISPOSAL:** Do not reuse empty container. This container may be recycled in one of the limited number of aerosol recycling centers in the country. Before recycling, empty the can by using the product according to the label. DO NOT PUNCTURE! If recycling is not available, wrap the container and discard in the trash.

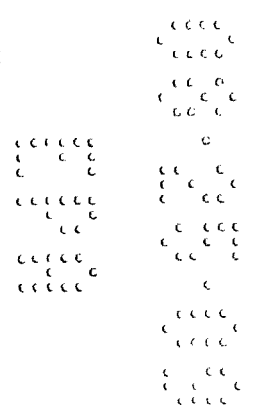
**THE USER OF THIS PRODUCT ASSUMES ALL RISKS OF USE, STORAGE AND HANDLING NOT IN ACCORDANCE WITH ITS DIRECTIONS AND PRECAUTIONARY STATEMENTS.**

**KEEP OUT OF REACH OF CHILDREN**

[OPTIONAL: MEDICAL INFORMATION ONLY:  
Chem-Tel, Inc. (800) 255-3924]

[OPTIONAL MADE IN USA GRAPHIC]

[OPTIONAL UPC SYMBOL]



**Chase Products Co.**  
Putting the best at your fingertips.®  
P.O. Box 70 - Maywood, IL 60153  
www.chaseproducts.com



8-XXXX

BOTTOM OF LABEL

