

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

JUN 24 2002

Ray Rodriguez  
Director of Manufacturing  
Penn Champ, Inc.  
Railroad & Lincoln Avenue  
P.O. Box 55  
East Butler, PA 16029-0055

Subject: Notification per PR Notice 98-10  
Bissell® Disinfectant Spray  
EPA Registration No. 8284-6  
Application Dated: May 22, 2002  
EPA Received Date: June 13, 2002

Dear Mr. Rodriguez:

This letter acknowledges receipt of your notification, submitted in connection with registration under FIFRA 3(c)9 and PR Notice 98-10.

**Proposed Notification**

- Alternate Brand Name "ValuLine Disinfectant Spray"

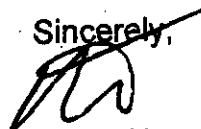
**General Comments**

Based on a review of submitted materials, the following comment applies:

The application for notification is acceptable and has been placed in the records for this file.

Should you have any questions regarding this letter, please contact me at 703-308-6422.

Sincerely,



Adam Heyward  
Product Manager 34  
Regulatory Management Branch II  
Antimicrobials Division (7510 C)

**CONCURRENCES**

SYMBOL	7510C						
SURNAME	A. Gray						
DATE	6-24-02						



<p>United States <b>Environmental Protection Agency</b> Washington, DC 20460</p>	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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### Application for Pesticide - Section I

<b>1. Company/Product Number</b> 8284-6	<b>2. EPA Product Manager</b> Adam Heyward	<b>3. Proposed Classification</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
<b>4. Company/Product (Name)</b> Bissell Disinfectant Sprav	<b>PM#</b> PM-34	
<b>5. Name and Address of Applicant (Include ZIP Code)</b> Penn Champ, Inc. Railroad & Lincoln Ave., P.O. Box 55 East Butler, PA 16029-0055  <input type="checkbox"/> Check if this is a new address		<b>6. Expedited Review.</b> 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"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application.  <input type="checkbox"/> Other - Explain below.
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)  
 "Notification of alternate brand name" - ValuLine Disinfectant Spray - per PR Notice 98-10"

"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

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

### Section - IV

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)</b>		
<b>Name</b> Ray Rodriguez	<b>Title</b> Director of Manufacturing	<b>Telephone No. (Include Area Code)</b> 724-287-8771
<b>Certification</b> 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.		<b>6. Date Application Received (Stamped)</b>
<b>2. Signature</b> _____		
<b>3. Title</b> Director of Manufacturing		
<b>4. Typed Name</b> Ray Rodriguez		<b>5. Date</b> May 22, 2002



# DISINFECTANT SPRAY

## PRECAUTIONARY STATEMENTS:

**HAZARDOUS TO HUMANS AND DOMESTIC ANIMALS.**  
 Irritates. Hazardous if swallowed. Causes eye and skin irritation. Do not get in eyes. Avoid contact with skin and inhalation of spray mist. Avoid contamination of food and food utensils. In case of food contact, surfaces must be thoroughly scrubbed with detergent and rinsed with potable water prior to reuse.

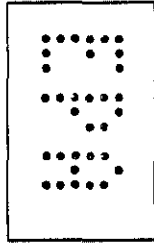
## FIRST AID MEASURES:

**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 SWALLOWED:** Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for further treatment advice. **IF ON SKIN OR CLOTHING:** Wash all contaminated clothing. Remove clothes immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice. **IF ON WALLS:** Call a poison control center or doctor immediately for treatment advice. Use plenty of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. Do not give anything by mouth to an unconscious person. Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

## PHYSICAL AND CHEMICAL HAZARDS:

Flammable contents under pressure. Do not use near fire, sparks or flame. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting. Do not spray on polished wood, laminated, nylon fabrics, or acrylic plastics.

**DISPOSAL:** Discard container in trash. Do not incinerate or puncture.



(420 mL)



Questions? Comments?  
 Call 1-800-854-7368  
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 E. Butler, PA 16025



**SPRAY DISINFECTANT**  
 Disinfectant value noted by the ADAC Germicidal Spray Method. This product may be used to disinfect:  
 Bacteria and disinfectant surfaces through effective bactericidal and fungicidal activity.  
 All most Staphylococcus aureus and Streptococcus pyogenes organisms, Pseudomonas aeruginosa, Salmonella choleraesuis and Trichophyton mentagrophytes (athlete's foot fungi) on surfaces such as bathroom and shower room floors, bathtubs, built-in bathtubs and other surfaces commonly contacted by the bare feet. Controls odors.

**FOR SURFACES:** The product is for disinfection of previously cleaned, hard, non-porous surfaces which are thoroughly moistened by the spray and allowed to remain for a contact time of 10 minutes; after which, simply wipe with a moist rag or sponge.

**DIRECTIONS FOR USE**  
 It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.  
 Remove protective cap, hold can upright and spray from a distance of 6 to 8 inches until area for treatment is thoroughly moistened.

**FOR CONTROLS OF MOLD AND MILDEW ON HARD, NON-POROUS SURFACES:** Clean surfaces prior to application, then spray surface until thoroughly moistened. Allow to dry. Repeat application in 14 days.

**FOR UNDESIRABLE USE:** See use directions under "Surfaces." **Kitchens:** Sinks, drain board, cabinet, stove and refrigerator, empty garbage cans and water sinks. **Control household odors and refresh their return.** **Bathrooms:** Bathtubs, wash basins, toilet seat, empty wastebins, tiled walls. **Control bathroom odors.** **General Use:** Telephone, pet animal areas, diaper pails, nursery room.

**NOTIFICATION**  
 Date Reviewed: 9-17-02  
 Reviewed By: A. P. [Signature]