

Penn Champ, Inc.
Railroad St. & Lincoln Ave.
P.O. Box 55
East Butler, PA 16029-0055

SEP 3 2002

Attention: Mr. Ray Rodriguez

Subject: **Bissell One Step Disinfectant Bathroom Cleaner**
EPA Registration No. 8284-7
Amendment Application Date: July 31, 2002
EPA Received Date: August 5, 2002

This will acknowledge receipt of your notification, "for alternate brand name" submitted under the provisions of FIFRA section 3 (c) 9. Based on a review of the material, the following comment apply.

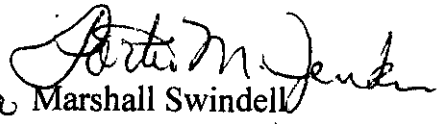
Additional Brand Name:

Exchange Select Disinfectant Bathroom Cleaner

This application is acceptable and has been made a part of the records for this file.

If you have any question concerning this letter, please contact me at 703-308-6341 or Portia Jenkins at (703) 308-6230.

Sincerely yours,

for 
Marshall Swindell

Product Manager 33
Regulatory Management Branch I
Antimicrobials Division (7510C)

CONCURRENCES

SYMBOL	SURNAME	DATE						

<p style="margin: 0;">United States Environmental Protection Agency Washington, DC 20460</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"><input type="checkbox"/></td> <td style="padding: 2px;">Registration</td> </tr> <tr> <td style="width: 20px; height: 20px;"><input type="checkbox"/></td> <td style="padding: 2px;">Amendment</td> </tr> <tr> <td style="width: 20px; height: 20px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">Other</td> </tr> </table>	<input type="checkbox"/>	Registration	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>	Other	OPP Identifier Number
<input type="checkbox"/>	Registration							
<input type="checkbox"/>	Amendment							
<input checked="" type="checkbox"/>	Other							

Application for Pesticide - Section I

1. Company/Product Number 8284-7	2. EPA Product Manager Marshall Swindle	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Bissell One Step Disinfectant Bathroom Cleaner	PM# PM-33	
5. Name and Address of Applicant (Include ZIP Code) Penn Champ, Inc. Railroad St. & Lincoln Ave., P.O.Box 55 East Butler, PA 16029-0055 <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"/> Resubmission in response to Agency letter dated _____ <input checked="" 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 - Exchange Select Disinfectant Bathroom Cleaner - 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. Sect. 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		
Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 12, 16, 17, 25 OZ.		5. Location of Label Directions <input type="checkbox"/> _____	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Other Aerowrap <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Ray Rodriguez	Title Director of Manufacturing	Telephone No: (include Area Code) 724-287-8771 Ext. 110
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 	3. Title Director of Manufacturing	
4. Typed Name Ray Rodriguez	5. Date July 31, 2002	

578 (800) 578



DISINFECTANT BATHROOM CLEANER

SPRINT 10 - WHITE GIFT - CLEANER BATHROOM
 Cleans, disinfects, deodorizes, whitens, restores and polishes. Light scent, safe, safe. Use on all bathroom surfaces. Cleans, disinfects, deodorizes, whitens, restores and polishes. Light scent, safe, safe. Use on all bathroom surfaces. Cleans, disinfects, deodorizes, whitens, restores and polishes. Light scent, safe, safe. Use on all bathroom surfaces.

- INSTRUCTIONS FOR USE:**
1. Spray surface to be cleaned.
 2. Allow to stand for 10 minutes. Wipe off with clean cloth or sponge. Rinse thoroughly.
 3. For extra shine, buff with a soft cloth.
 4. Always use on clean surfaces.
 5. Never use on chrome, brass or jewelry.

PRECAUTIONS: Avoid contact with eyes. If contact occurs, flush with water. Avoid contact with skin. If contact occurs, wash with soap and water. Avoid contact with clothing. If contact occurs, remove clothing and wash thoroughly.

KEEP OUT OF REACH OF CHILDREN.
 Disinfectant. Cleans, whitens and polishes. Light scent. Safe, safe. Use on all bathroom surfaces. Cleans, disinfects, deodorizes, whitens, restores and polishes. Light scent, safe, safe. Use on all bathroom surfaces. Cleans, disinfects, deodorizes, whitens, restores and polishes. Light scent, safe, safe. Use on all bathroom surfaces.

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DISPOSAL: Recycle cap and discard container in trash. Do not incinerate or puncture.

SAISFACTION GUARANTEED OR YOUR MONEY BACK



Manufactured for your
 Military Exchange by
 General Chemical, Inc.
 E. Butler, PA 16026
 1-800-884-7385

NOT FOR COLOR MATCH Y PROOF IS FOR COLOR BREAKS ONLY

PLEASE NOTE:
 Please read and check closely all information on the proof: color, color breaks, spelling, missing text. This information is extremely important. The job will not be sent to print until final ok is received. All information contained with the label and info box are the responsibility of the final approver.

CUSTOMER SIGN OFF
 APPROVED NOT APPROVED
 INITIAL & DATE: _____

PRINTING INFORMATION:
 Date: 07/25/02 Plot#: 4400-43205 Job #: 56425
 Shop: Print Change/Exchange Select#4402-43206/732-7860 (mb)
 Title: (6,408)5(8,025) Art#: c Program: 111.0
 Info: AC: 2 • AR: 1 • Y: 86 • LW: 3 • PRESS: 760
 Please image: drs
 FORM 88. dta
 USE HANCO REDUCTIONS
 Resolution: 07/03/02 (ps) add 481g