

**Important Product Recall #8631**

**August 28, 2008**

**GR ACS Grade Sodium Nitrite  
Item#(s) SX0655/1 (SX0665/1)  
Batch#(s) 47039826**

**Dear Valued Customer**

Subject: Possible purchase of above mentioned mislabeled product

EMD Chemicals Inc. is notifying you of a **Customer Level Product Recall** for the product listed above. If you have stock of this batch, please discontinue use and either contact EMD Chemicals Technical Service Department at 1-800-222-0342 to arrange for product replacement or please take a moment to fill out the form that accompanies this recall notice. Please fax the completed form to our Technical Service Fax# 856-423-6314.

EMD Chemicals has determined that this particular product batch of GR ACS Grade Sodium Nitrite was incorrectly labeled as SX0655/1 which is the label for GR ACS Grade Sodium Nitrate. If you had ordered Sodium Nitrate SX0655/1 from your distributor and received this particular batch, 47039826, the product is actually Sodium Nitrite. Therefore, EMD Chemicals has initiated this recall action. No other batch lots are involved.

EMD Chemicals will implement corrective action measures to prevent recurrence.

EMD Chemicals gratefully appreciates your cooperation in this matter, and apologizes for any inconvenience you may have experienced. If you have any questions concerning this recall, please contact EMD Chemicals Technical Service Department at 1-800-222-0342.

Sincerely,

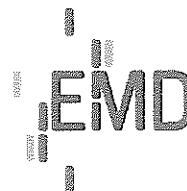
  
Robert T. McKenna  
Technical Service Department

EMD Chemicals Inc.

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Gibbstown, NJ 08027

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**PPR # 8631**  
**August 28, 2008**  
**GR ACS Grade Sodium Nitrite**  
**Item# SX0655/1 (SX0665/1)**  
**Batch # 47039826**

In response to the enclosed correspondence concerning the above mentioned product please complete the section below:

- Determined that we have no stock of this particular batch.
- Determined that we have \_\_\_\_\_ units of this batch on hand.
- We have discontinued use as per the enclosed instructions and will dispose.
- Request Replacement    or     Request Credit from Distributor

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**Please Fax this completed form to EMD Chemicals Fax# 856-423-6314, Thank you**