

FSN Ref: ECL-FSCA-006 FSN Master EN en 1 FSCA Ref: ECL-FSCA-006

Date: 2025-09-19

Field Safety Notice SEKUMATIC NDT

For Attention of*: Vigilance/Quality manager of the facility products.

Dear customer,

We are reaching out to inform you of an issue regarding the product Sekumatic NDT from the below list:

Product	SKU	Batch Numbers
Sekumatic NDT	3124590	
		Refer to table below in
		section 1.5

Following an internal check, we have realized that the products from this SKU have been delivered without the back label of the product. This back label provides information on precautions of use and pictograms, instructions for use and microbiological claims.

With incomplete labelling, users are not informed about warnings or proper product handling which may compromise device performance and/or patient or user safety.

"As a precautionary measure, we are releasing the attached Field Safety Notice to alert customers and kindly ask you to take the following actions":

- Please do not use or distribute the identified products. If you have distributed these
 products to your customers, it is essential that you inform them about the issue and advise
 them to stop use or distribution.
- Complete the attached reply form: review the information in this document, follow the appropriate actions outlined in section 3, and confirm your understanding and compliance with the outlined measures. Please return the Customer Reply Form to us within four weeks after receiving the FSN. In case you have distributed the products to your customers, please collect their responses and complete a single reply form with aggregated data.

We sincerely apologize for any inconvenience this may cause and appreciate your understanding and cooperation in this matter.

Thank you for your cooperation and understanding.

Best regards, ECOLAB VIGILANCE

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Field Safety Notice (FSN) SEKUMATIC NDT MISSING BACK LABEL

	1. Information on Affected Devices*				
1.	1. Device Type(s)*				
	Medical device classified as Class IIa according to MDD.				
1.	2. Commercial	name(s)*			
	SEKUMATIC NDT				
1.	3. Unique Devi	ice Identifier(s)	(UDI-DI)		
	N/A				
1.	4. Primary clin	ical purpose of	device(s)*		
	Concentrate. For use	e in the automa	ted reprocessing of med	lical devices in washer-disinfectors,	
				0.5% to 2.0%, preferably in	
	lukewarm to hot wa	ter, depending	on the machine type. Ob	oserve the required concentrations	
	and contact times. F	Rinse with tap w	rater is required. Ensure	material compatibility before use.	
1.	5. Device Mod	el/Catalogue/pa	art number(s)*		
	Product	SKU	Country	Batch Numbers	
	Sekumatic NDT	3124590	Austria	3393SN0601	
				4204SN1602	
				3275SN0403	
			Bulgaria	2284SN1503	
				3364SN1203	
				3364SN1203	
		3364SN1203			
		Croatia 3393SN0601			
		Slovenia 3393SN0601			
	Czech Republic 3393SN0601		3393SN0601		
			·	2174SN0302	
				4204SN1602	
				2284SN1503	
				1135SN1503	
				2205SN0603	
				3175SN0803	
				3275SN0403	
	3364SN1203				
	3393SN0601				
	5434SN1403				
	Estonia 3393SN0601				
	2284SN1503			2284SN1503	
	Hungary 3393SN0601		3393SN0601		
	2174SN0302		2174SN0302		
	2205SN0603				
3175SN0803					

3364SN1203



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			Lithuania	2174SN0302		
			Poland	1115SN1103		
				2174SN0302		
				2205SN0603		
				2284SN1503		
				3175SN0803		
				3364SN1203		
				3393SN0601		
				4204SN1602		
				5434SN1403		
1.	6. Software version					
	N/A					
1.	7. Affected serial or lot number range					
	See Table point 1.5					
1.	8. Associated devices					
	N/A					

	2. Reason for Field Safety Corrective Action (FSCA)*						
2.	Description of the product problem*						
	Following an internal check, we have realized that the products from this SKU have been delivered						
	without the back label on the product. This back label provides information on precautions of use						
	and pictograms, instructions for use and microbiological claims.						
2.	2. Hazard giving rise to the FSCA*						
	With incomplete labelling, users are not informed about warnings or proper product handling						
	which may compromise device performance and/or patient or user safety.						



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	3. Type of Action to mitigate the risk*							
3.	1. Action To Be Taken by the END-USER*							
		☑ Identify Device	☐ Quarantine Device		Return Device	☑ Destroy Device		
		☐ On-site device m	nodification / inspection					
		☑ Inform all users v	vithin your facility					
		☐ Take note of ame	endment / reinforcement	t of Instruc	tions For Use (IFU)			
		☐ Other	□ None					
	2	Auto To Do Tol	Landa DICTIBUT	00 *				
	2.	Action to Be Tai	ken by the DISTIBUT	OR*				
		☑ Identify Device	☐ Quarantine Device ☐ Return Device ☐ Destroy Device					
		☐ On-site device m	-site device modification / inspection					
		☑ Inform all your co	nform all your customers					
		\square Take note of amendment / reinforcement of Instructions For Use (IFU)						
		☐ Other	□ Other □ None					
3.	3.	By when should th	ne action be completed	d?	Imi	mediately		
3.	4.	Is customer Reply	Required? *		Yes			
	(If	(If yes, form attached specifying deadline for return) Within 4 weeks after r			veeks after receipt of the			
3.	5.	Action Being Taken by the Manufacturer*						
		☑ Product Removal ☐ On-site device modification/inspection				ion/inspection		
		□ Software upgrade □ IFU or labelling change			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		□ Other □ None						



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	4. General Information*				
4.	1. FSN Type*	New			
4.	2. For updated FSN, reference number and date of previous FSN	N/A			
4.	Manufacturer information (For contact details of local representative refer to page 1 of this FSN)				
	a. Company Name	Ecolab Deutschland GmbH			
	b. Address	Ecolab-Allee 1, 40789 Monheim am Rhein, Deutschland			
	c. Website address	www.ecolab.com			
4.	4. The Competent (Regulatory) Authority of your country has been informed about this communication to customers.				
4.	5. List of attachments/appendices:	Appendix 1: Customer reply form			

Transmission of this Field Safety Notice

This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)

Please transfer this notice to other organisations on which this action has an impact. (As appropriate)

Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.

Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.