View NSN Online: https://aerobasegroup.com/nsn/5915-00-410-5398

Product ID:FA11685 MSDS Date:01/01/1985 FSC:5915 NIIN:00-410-5398 MSDS Number: BDXXZ === Responsible Party === Company Name: FILTRON CO.INC. Address:148 SWEET HOLLOW RD City:OLD BETHPAGE State:NY ZIP:11804-1315 Country:US **Emergency Phone Num:NONE** CAGE:JO774 === Contractor Identification === Company Name: FILTRON CO IN С Address:148 SWEET HOLLOW RD Box:City:OLD BETHPAGE State:NY ZIP:11804-1315 Country:US Phone:914-699-2000 CAGE:81831 Company Name: FILTRON CO.INC. Address:148 SWEET HOLLOW RD Box:City:OLD BETHPAGE State:NY ZIP:11804-1315 Country:US Phone:914-699-2000 CAGE: JO774

Ingred Name:POLYCHLORINATED BIPHENYLS (PCBS) (SARA III) CAS:1336-36-3 RTECS #:TQ1350000 EPA Rpt Qty:1 LB DOT Rpt Qty:1 LB

================== Hazards Identificatio

Effects of Overexposure: ABSORBED THRU SKIN, LUNGS, INTESTINE. CAUSES CANCER, LIVER, KIDNEY, STOMACH, EYE, HEARING DISORDER (SUP DATA)

Fi	rst Aid:EYES:FLUSH W/WATER IMMED.SKIN:WASH W/SOAP IMMED. INHAL:REMOVE
	TO FRESH AIR.GIVE ART.RESPIR. AS NEEDED.INGEST:GET MEDICAL
	ATTN.GIVE LARGE QTY OF SALT WATER, INDUCE VOMITING, BUT DO NOT MAKE
	UNCONSCIOUS P ERSON VOMIT.

============ Accidental Relea

e Measures ===============

Spill Release Procedures: USE ABSORBENT & DIKES TO PREVENT RUNOFF. ISOLATE & NOTIFY PROPER AUTHORITIES.

Handling and Storage Precautions: STORAGE MUST FOLLOW RCRA REQUIREMENTS.

======= Exposure Controls/Personal Protection ==========

Respiratory Protection:SUPPLIED AIR W/FULL FACEPIECE,HELMET OR HOOD Ventilation:LOCAL EXHAUST Protective Gloves:RUBBER-IMPERV Eye Protection:GOGGLES F ACE SHIELD Other Protective Equipment:FULL CLOTHING TO PREVENT SKIN CONTACT Supplemental Safety and Health OVEREXPOS:CAN CAUSES FORMATION OF CYSTS.CAUSES STILLBIRTHS.IRRITATES EYES,NOSE,THROAT.

HCC:Z3 Appearance and Odor:LIGHT STRAW COLORED LIQUID-AROMATIC ODOR.

STRONG OXIDIZERS

Waste

Disposal Methods:CONTROLLED DISPOSAL REQUIRED-GENERALLY HIGH TEMPERATURE INCINERATION.ONLY APPROVED DISPOSAL OPERATOR PERMITTED.

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