

GENERAL ELECTRIC CO. CAPACITOR PROD. DEPT. -- 23F355 -- 5910-00-583-4400
===== Product Identification =====

Product ID:23F355
MSDS Date:01/01/1985
FSC:5910
NIIN:00-583-4400
MSDS Number: BFGHZ
=== Responsible Party ===
Company Name:GENERAL ELECTRIC CO. CAPACITOR PROD. DEPT.
Address:JOHN ST
City:HUDSON FALLS
State:NY
ZIP:12839
Country:US
Emergency Phone Num:NONE
CAGE:01002

=== Contractor Identification ===
Company Name:GENERAL ELECTRIC CO CAPACITOR PRODUCTS DEPARTMENT
Address:JOHN ST
Box:City:HUDSON FALLS
State:NY
ZIP:12839
Country:US
Phone:518-746-5750
CAGE:01002

===== Composition/Information on Ingredients =====

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

===== Hazards Identification =====

Effects of Overexposure:ABSORBED THRU SKIN,LUNGS,INTESTINE.CAUSES

CANCER,LIVER,KIDNEY,STOMACH,EYE,HEARING DISORDER(SUP DATA)

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First Aid Measures
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First 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 PE RSON VOMIT.

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

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Handling and Storage
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Handling and Storage Precautions:STORAGE MUST FOLLOW RCRA REQUIREMENTS.

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

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Physical/Chemical Properties
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HCC:Z3
Appearance and Odor:LIGHT STRAW COLORED LIQUID,AROMATIC ODOR.

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Stability and Reactivity Data
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STRONG OXIDIZERS

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Disposal Considerations
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Waste Disposal Methods:CONTROLLED DISPOSAL REQUIRED-GENERALLY HIGH TEMPERATURE INCINERATION.ON

LY APPROVED DISPOSAL OPERATOR PERMITTED.

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