View NSN Online: https://aerobasegroup.com/nsn/5915-00-630-0372

Product ID:FA2980 MSDS Date:01/01/1985 FSC:5915 NIIN:00-630-0372 **MSDS Number: BFJNC** === 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 INC 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 Identification

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

Fi	irst 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.

======== Accidental Release M

easures =================

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 /entilation:LOCAL EXHAUST	
Protective Gloves:RUBBER-IMPERV	
Eye Protection:GOGGLES FACE	
SHIELD	
Other Protective Equipment: FULL CLOTHING TO PREVENT SKIN CONTACT	
Supplemental Safety and Health	
DVEREXPOS:CAN CAUSE FORMATION OF CYSTS.CAUSES STILLBIRTHS.IRRITA	<b>ATES</b>
EYES,NOSE,THROAT.	

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

STRONG OXIDIZERS

Waste Disp

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

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