DOW CORNING CORP -- DOW CORNING 510 FLUID,500 CS -- 9150-01-056-9047

Product ID:DOW CORNING 510 FLUID,500 CS MSDS Date:01/26/1987 FSC:9150 NIIN:01-056-9047 MSDS Number: BGJMV === Responsible Party === Company Name: DOW CORNING CORP Address:3901 S SAGINAW ROAD Box:997 City:MIDLAND State:MI ZIP:48640 Country:US Info Phone Num:517-496-5900 Emergency Phone Num:517-49 6-5900 Preparer's Name: JACK L. SHENEBERGER CAGE:5D028 === Contractor Identification === Company Name: DOW CORNING CORP Address:3901 S SAGINAW RD Box:997 City:MIDLAND State:MI ZIP:48686-0997 Country:US Phone:517-496-6000/517-496-6315 CAGE:5D028 Company Name: DOW CORNING CORP Address:2200 W SALZBURG RD Box:City:AUBURN State:MI ZIP:48611 Country:US Phone:517-496-4388 CAGE:71984 Company Name: INLAND PACKAGING INC Address:209 PETERSON DR Box:644 City:ELIZABETHTOWN State:KY ZIP:42701-9804 Country:US Phon

e:502-737-6757 CAGE:66172 Ingred Name: SILICONE FLUID (PHENYLMETHYL POLYSILOXANE) CAS:63148-52-7 Fraction by Wt: 99.0% Ingred Name:2,6-CIS-DIPHENYLHEXAMETHYLCYCLOTETRASILOXANE CAS:33204-76-1 RTECS #:GZ4390000 Fraction by Wt: 204C Extinguishing Media: USE WATER FOG, CARBON DIOXIDE, FOAM, OR DRY CHEMICAL. Fire Fighting Procedures: FIRE FIGHTERS SHOULD USE NIOSH APPROVED SCBA & FULL PROTECTIVE EQUIPMENT WHEN FIGHTING CHEMI CAL FIRE. USE WATER SPRAY TO COOL NEARBY CONTAINERS EXPOSED TO FIRE. Unusual Fire/Explosion Hazard:NONE Spill Release Procedures: USE PROPER PERSONAL PROTECTION; CONTAIN FREE MATERIAL IF POSSIBLE; USE SUITABLE INERT ABSORBENT MATERIAL AND RECOVER FOR PROPER DISPOSAL IN AN APPROVED CONTAINER. Neutralizing Agent:NOT APPLICABLE. Handling and Storage Pr ecautions:STORE IN A COOL, DRY, WELL VENTILATED

AREA. KEEP CONTAINERS TIGHTLY CLOSED WHEN NOT IN USE. PROTECT CONTAINERS FROM PHYSICAL DAMAGE. Other Precautions:DO NOT TAKE INTERNALLY. DO NOT BREATHE MIST. AVOID PROLONGED OR REPEATED BREATHING OF VAPOR. AVOID CONTACT WITH EYES. USE WITH ADEQUATE VENTILATION. WASH THOROUGHLY AFTER HANDLING.

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

Respiratory Protection: USE NIOSH/MSHA APPROVED RESPIRATOR AS REQUIRED

IF ABOVE PEL/TLV OR SCBA IN AN ENCLOSED AREA. Ventilation:LOCAL/GENERAL TO MAINTAIN PEL/TLV. Protective Gloves:NEOPRENE, NITRILE, OR NATURAL RUBBER Eye Protection:SAFETY GOGGLES WITH OPTIONAL FACE SHIELD Other Protective Equipment:EYE WASH STATION AND SAFETY SHOWER,WORK CLOTHING AND APRON AS REQUIRED. Work Hygienic Practices:OBSERVE GOOD PERSONAL HYGIENE PRACTICES AND RECOMMENDED PROCEDURES. DO NOT WEAR CONTAMINATED CLOTHING OR FOOTWEAR. Supplemental Safety and Health NONE NORMALLY REQUIRED.

HCC:V6 Vapor Pres: