View NSN Online: https://aerobasegroup.com/nsn/8030-01-066-6444

Product ID:MC-275 ACCELERATOR MSDS Date:07/10/1992 FSC:8030 NIIN:01-066-6444 Kit Part:Y MSDS Number: BRGLV === Responsible Party === Company Name: MORTON INTERNATIONAL, INC Address:100 NORTH RIVERSIDE PLAZA City:CHICAGO State:IL ZIP:60606-1598 Country:US Info Phone Num:714-730-4316 **Emergency Phon** e Num:800-424-9300 CHEMTREC Preparer's Name: DAVID B WIENCKOWSKI CAGE:DO471 === Contractor Identification === Company Name: MORTON INTERNATIONAL; SPECIALTY CHEM GRP Address:333 WEST WACKER City:CHICAGO State:IL ZIP:60606-1292 Phone:815-338-1800 CAGE:DO471 Company Name: MORTON INTL INC SPECIALTY CHEMICALS GROUP Address:333 W WACKER DR City:CHICAGO State:IL ZIP:60606-1218 Country:US Phone:312-807-2000 CAGE:32063

Ingred Name:MANGAN

ESE DIOXIDE CAS:1313-13-9 RTECS #:OP0350000 Fraction by Wt: 60-70% Other REC Limits:NONE SPECIFIED OSHA PEL:MN (FUME) 3 MG/M3 ACGIH TLV:MN 5MG/M3 RESP FRACT

Ingred Name:TERPHENYL, HYDROGENATED CAS:61788-32-7 RTECS #:WZ6535000 Fraction by Wt: 10-30% Other REC Limits:NONE SPECIFIED OSHA PEL:0.5 PPM, 5 MG/M3 ACGIH TLV:0.5 PPM, 4.7 MG/M3

Ingred Name:TERPHENYL CAS:26140-60-3 RTECS #:WZ6450000 Fraction by Wt: 1-5% Other REC Limits:NONE SPECIFIED OSHA PEL:C 1.0 PPM ACGIH TLV:C 0.53 PPM; 9394

Ingred Name:ETHOXYLATED NONYLPHENOL PHOSPHATE CAS:51811-79-1 Fraction by Wt: 1-5% Other REC Limits:NONE SPECIFIED

Ingred Name:DIPHENYLGUANIDINE, 1,3-CAS:102-06-7 RTECS #:MF0875000 Fraction by Wt: 1-5% Other REC Limits:NONE SPECIFIED

Ingred Name:SODIUM HYDROXIDE (SARA III) CAS:1310-73-2 RTECS #:WB4900000 Fraction by Wt: 1-5% Other REC Limits:NONE SPECIFIED OSHA PEL:2 MG/M3 ACGIH TLV:C 2 MG/M3; 9293 EPA Rpt Qty:1000 LBS DOT Rpt Qty:1000 LBS

Ingred Name:NON-HAZARDOUS INGREDIENTS Fraction by Wt: 1-5% Other REC Limits:NONE SPECIFIED

Reports of Carcinogenicity:NTP:NO IARC:NO OSHA:NO Health Hazards Acute and Chronic:ACUTE; EYE: IRRITATION. INGESTION: GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING & GASTROINTESTINAL UPSET. DEPENDING ON THE ROUTE, FREQUENCY, AND DURATION OF EXPOSURE, TOXICITY MAY EFFECT THE FOLLOWIN G ORGANS OR SYSTEMS: LIVER, KIDNEY, EYE, SKIN, IMMUNE SYSTEM (E.G., ALLERGIC REACTIONS). Effec

ts of Overexposure:CHRONIC; SKIN: IRRITATION CAN OCCUR FOLLOWING PROLONGED OR REPEATED CONTACT. CONTACT CAN CAUSE HYPERSENSITIVITY (I.E., ALLERGIC REACTIONS) IN SUSCEPTIBLE INDIVIDUALS.

Medical Cond Aggravated by Exposure:MAY AGGRAVATE EXISTING MEDICAL CONDITIONS. INDIVIUALS WITH MEDICAL CONDITIONS INVOLVING: LIVER, KIDNEY, SKIN, IMMUNE SYSTEM OR SPECIFIC CHEMICAL ALLERGIES.

First Aid:EYE: FLUSH EYES W/WATER 1

5 MIN. LIFT EYELID. GET PROMPT MED

AID. SKIN: REMOVE CONTAM CLOTH/SHOES. WASH SKIN W/SOAP & WATER. IF IRRIT, SEE DR. INHAL: REMOVE TO FRESH AIR. IF SYMPTOMS, GET IMMED MED AID . NOT BREATH, GIVE ARTIF RESPRTN (MOUTHTO MOUTH). INGEST: GET MED AID. UNLESS ADVISED, INDUCE VOMIT (IPECAC THEN 2 GLASSES WATER/FINGER DOWN THROAT). NOTHING BY MOUTH TO UNCONSCIOUS, DROWSY PERSON.

Flash Point Method:SCC Flash Po int:>200F,>93C Extinguishing Media:SMALL FIRES: USE DRY CHEMICAL, CARBON DIOXIDE, HALON, WATER SPRAY, FOAM. LRG FIRES: WATER SPRAY, FOG, ALCOHOL FOAM. Fire Fighting Procedures:FIRE FIGHTERS AND OTHERS EXPOSED TO COMBUSTION SHOULD BE EQUIPPED WITH NIOSH POSITIVE PRESSURE SELF-CONTAINED

BREATHING APPARATUS AND FULL PROTECTIVE CLOTHING. Unusual Fire/Explosion Hazard:NONE KNOWN

Spill Release Procedures:SHOVEL/VACUU

M SPILL. PLACE IN CLOSED CONTAINERS. DONT FLUSH TO SEWER, STREAM, OTHER WATER BODIES. IF AIRBORNE CONC ABOVE TLV/PEL, EVACUATE EMPLOYEES, VENT AREA. USE SUPPLD AIR RSPRTR/SCBA FOR ENCLOSED SPACES, OR W/INADEQUATE VENTILATION.

Handling and Storage Precautions: STORE IN COOL, DRY, WELL VENTILATED AREA. NO SPECIAL PRECAUTIONS ARE NEEDED. FOLLOW GOOD MANUFACTURING & HANDLING PRACTICES.

Other Precautions:THI

S CONTAINER CAN BE HAZARDOUS WHEN EMPTY, BECAUSE IT CAN RETAIN PRODUCT RESIDUES, THEREFORE, DO NOT REUSE CONTAINER FOR FOOD, CLOTHING OR PRODUCTS FOR HUMAN OR ANIMAL CONSUMPTION OR WHERE SKIN CONTA CT MAY OCCUR.

Respiratory Protection: ABOVE TLV/PEL, DETERMINE NIOSH/MSHA EQUIP FOR APPLICATION BY CONSULTING RESPIRATOR MFR. OBSERVE RESPIRATOR LIMITATIONS SPECIFIED BY NIOSH/MSHA OR MFR. MAY NEED SCBA OR SUPPLD AIR RSPRTR. SEE 29 CFR 19 10.134 FOR RESPIRATORY PROTECT PROGRAMS. Ventilation: KEEP BELOW TLV/PEL W/ADEQUATE VENT. GENERAL (DILUTN) VENT ACCEPTABLE. LOCAL EXHAUST VENT RECOMMENDED FOR VAPOR/MIST, DUST Protective Gloves:WEAR IMPERVIOUS GLOVES (SEE MFR) Eye Protection: SPLASH GOGGLES/SFTY GLASSES W/SDSHIELDS Other Protective Equipment: WEAR PROTECTIVE CLOTHING & APPROPRIATE GLOVES. VARIETY OF PROTECTIVE GLOVES EXIST, CONSULT GLOVES MFR FOR PROPER TYPE. Work Hygienic Practices: WASH AFT

ER HANDLING, BEFORE EATING, DRINKING, SMOKING, USING RESTROOM. WASH & DRY CONTAM CLOTHING & SHOES BEFORE REUSE.

Supplemental Safety and Health

Vapor Pres:0.1 Vapor Density:>1 Spec Gravity:2.1 Evaporation Rate & amp; Reference: