Product ID: THIOKOL MC 275 ACCELERATOR MSDS Date:04/16/1993 FSC:8030 NIIN:00-602-0039 Kit Part:Y MSDS Number: BVBDQ === Responsible Party === Company Name:MORTON Address:7341 ANACONDA AVENUE **City:GARDEN GROVE** State:CA ZIP:92641 Country:US Info Phone Num:714-373-2837 EXT. 11 Emergency Phone Num:800-424-9300 CHEMTREC CAGE:KO006 === Contractor Identification === Company Name:MORTON Address:7341 ANACONDA AVE. **City:GARDEN GROVE** State:CA ZIP:92641 Country:US Phone:714-373-2837 CAGE:KO006 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:MANGANESE DIOXIDE (SARA III) CAS:1313-13-9 RTECS #:OP0350000 Fraction by Wt: 60-7

0% Other REC Limits:NONE RECOMMENDED OSHA PEL:3 MG/M3 (AS MN FUME) ACGIH TLV:5 MN MG/M3 RESP FRAC Ingred Name: TERPHENYL HYDROGENATED (ORAL, RAT LD50: >10,000 MG/KG; DERMAL RABBIT LD50: >2,000 MG/KG) CAS:61788-32-7 RTECS #:WZ6535000 Fraction by Wt: 10-30% Other REC Limits:NONE RECOMMENDED OSHA PEL:0.5 PPM (CEILING) ACGIH TLV:0.5 PPM; 4.7 MG/M3 Ingred Name: TERPHENYL (ORAL, RAT LD50: 13,200 MG/KG) CAS:26140-60-3 RTECS #:WZ6450000 Fraction by Wt: 1-5% Other REC Limits:NONE RECOMMENDED OSHA PEL: 0.5 PPM; 5 MG/M3 ACGIH TLV:0.5 PPM; 4.7 MG/M3 Ingred Name: ETHOXYLATED NONYLPHENOL PHOSPHATE (ORAL, RAT LD50: 3630 MG/KG) CAS:51811-79-1 Fraction by Wt: 1-5% Other REC Limits:NONE RECOMMENDED Ingred Name: DIPHENYLGUANIDINE 1,3- (ORAL, RAT LD50: 507 MG/KG; ORAL, MOUSE LD50: 290 MG/KG CAS:102-06-7 RTECS #:MF0875000 Fraction by Wt: 1-5% Other REC Limits:NONE RECOMMENDED

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

Routes of Entry: Inhalation:NO Skin:YES Ingestion:YES Reports of Carcinogenicity:NTP:NO IARC:NO OSHA:NO Health Hazards Acute and Chronic: EYE: MILD TO MODERATE IRRITATION. SKIN: IRRITATION CAN OCCUR FOLLOWING PROLONGED OR REPEATED CONTACT. INGESTION: GASTROINTESTINAL, IRRITATION, NAUSEA, VOMITING, GASTROINTESTINAL UPSET. TO XICITY IN FOL LOWING ORGANS AND/OR SYSTEMS: LIVER, KIDNEY, EYE, SKIN, IMMUNE SYSTEM (E.G. ALLERGIC **REACTIONS).** Medical Cond Aggravated by Exposure: INDIVIDUALS WITH MEDICAL CONDITIONS INVOLVING FOLLOWING ORGANS/SYSTEMS SHOULD TAKE APPROPRIATE PRECAUTIONS: LIVER, KIDNEY, SKIN, IMMUNE SYSTEM, CHEMICAL ALLERGIES. First Aid:EYE:FLUSH W/H2O 15 MIN,LIFT LID. GET PROMPT MED AID. SKIN:REMOVE CONTAM CLOTHES & SH OES. WASH AREA W/SOAP & H2O.IF IRRIT DEVELOPS, SEE DR, WASH CONTAM CLOTH BEFORE REUSE. INHAL: REMOVE TO FRESH AIR. IF S YMPTOMS DEVELOP, GET IMMED MED AID. IF NO BREATH, GIVE ARTIF RESP (MOUTH TO MOUTH). INGEST: GET MED AID, UNLESS ADVISED (IPECAC, FINGER DOWN THROAT). NOTHING BY MOUTH TO DROWSY, UNCONSCIOUS, NO GAG REFLEX. \* 

FOAM. Fire Fighting Procedures: FIRE FIGHTERS AN

Extinguishing Media:SMALL FIRE: USE DRY CHEMI

Flash Point Method:SCC Flash Point:>200F.>93C

CAL, CARBON DIOXIDE,

Fire Fighting Procedures:FIRE FIGHTERS AND OTHER WHO MAY BE EXPOSED TO THE PRODUCTS OF COMBUSTION SHOULD BE EQUIPPED WITH NIOSH APPROVED POSITIVE PRESSURE SCBA & PROTECTIVE CLOTHING. Unusual Fire/Explosion Hazard:NONE KNOWN.

HALON, WATER SPRAY FOAM. LARGE FIRE: USE WATER SPRAY, FOG, ALCOHOL

Spill Release Procedures: SHOVEL OR VACUUM SPILLED PRODUCT AND PLACE IN CLOSED CONTAINERS FO

## R FURTHER HANDLING AND DISPOSAL. DO NOT FLUSH TO SEWER, STREAM, OR OTHER BODIES OF WATER.

 Handling and Storage Precautions:STORE IN COOL, DRY, VENTED AREA. NO SPECIAL PRECAUTIONS NEEDED. FOLLOW GOOD MFR & HANDLING PRACTICES. CONTAINER CAN BE HAZARDOUS WHEN EMPTY (RESIDUE).
Other Precautions:DO NOT REUSE CONTAINER FOR FOOD, CLOTHING, OR PRODUCTS FOR HUMAN OR ANIMAL CONSUMPTION OR WHERE SKIN CONTACT MAY OCCUR

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

Respiratory Protection:WEAR NIOSH/MSHA EQUIP. DETERMINE TYPE EQUIP FOR SPECIFIC APPLICATION BY CONSULTING RESP MFR. OBSERVE RESPIRATOR LIMITATIONS. HIGH CONCENTRATIONS MAY NEED USE OF SCBA OR SUPPLIED AIR RESPIRATOR. RESP P ROTECT PROGRAM IN COMPLY W/29CFR1910.134 Ventilation:GENERAL (DILUTION) MAY BE ACCEPTABLE. HOWEVER, LOCAL

EXHAUST VENT RECOMMENDED WHEN VAPORS, MISTS, DUSTS CAN BE RELEASED. Protective Glo

ves: IMPERVIOUS GLOVES (SEE GLOVE MFR)

Eye Protection:CHEM SPLASH GOGGLE/SFTY GLASSES W/SDSHLD Other Protective Equipment:WEAR PROTECTIVE CLOTHING

Work Hygienic Practices:WASH AFTER HANDLE,BEFORE EAT,DRINK,SMOKE,USE RESTRM.WASH CONTAM GOGGLE,FACESHLD,GLOVE.LAUNDER CONTAM CLOTH.DISCARD SHOES

Supplemental Safety and Health

\* NOTE TO PHYSICIAN: TREATMENT SHOULD BE DIRECTED AT PREVENTING ABSORPTION, ADMINISTERING TO THE SYMPTOMS AS THEY OCCUR, AND PROVIDING SUPPORTIVE THERAPY.

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Vapor Pres:0.1 @ 25C Vapor Density:>1 Spec Gravity:2.1 (WATER=1) Evaporation Rate & amp; Reference: