View NSN Online: https://aerobasegroup.gr/nsn/5915-00-643-8404

Product ID:FA1165 MSDS Date:01/01/1985 FSC:5915 NIIN:00-643-8404 **MSDS Number: BFJTS** === 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 А ddress: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)

First /	Aid:EYES:FLUSH W/W/	ATER IMMED.SKIN:	WASH W/SOAP I	MMED.INHAL:REMO	DVE
TC	FRESH AIR.GIVE ART	F.RESPIR. AS NEED	DED.INGEST:GET	MEDICAL	
AT	TN.GIVE LARGE QTY	OF SALT WATER, IN	IDUCE VOMITIN	G,BUT DO NOT MAK	Έ
UN	CONSCIOUS PE RSO	N VOMIT.			

========= Accidental Release Me

asures ==================

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 Ventilation:LOCAL EXHAUST Protective Gloves:RUBBER-IMPEV Eye Protection:GOGGLES FACE S HIELD 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.

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

STRONG OXIDIZERS

Waste Dispo

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

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