# ====== SECTION I - PRODUCT IDENTIFICATION ========

General Info: Distributed by

The Rot Doctor P.O. BOX 30612 Seattle, WA 98103 (206)364-2155

### FOR CHEMICAL EMERGENCY

Spill, Leak, Fire, Exposure or Accident **CALL INFOTRAC** - Day or Night 1-800-535-5053 Outside the United States call Collect 1-352-323-3500

Date of Preparation: 4/15/95

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### ====== SECTION II - HAZARDOUS INGREDIENTS ==========

Hazardous Compounds Aromatic Hydrocarbon Xylene (Xylol) Toluene (Toluol) Isopropyl Alcohol (2-Propanol)	<u>CAS#</u> 64742-95-6 1330-20-7 108-88-3 67-63-0	<u>OSHA PEL</u> 100 PPM (TWA) 100 PPM (TWA) 100 PPM (TWA) 400 PPM (TWA)	ACGIH TL 100 PPM (5MIN) 100 PPM (TWA) 100 PPM (TWA) 400 PPM (TWA)	<u>WEIGHT%</u> < 50 < 50 < 50 < 50
2-Butanone 4-Methyl 2-Pentanone 2-Heptanone 4-Methyl 2-hexanone 2-Pentanone	78-93-3 108-10-1 110-43-0 110-12-3 107-87-9 034590-94-8	200 PPM (TWA) 100 PPM (TWA) 100 PPM (TWA) 50 PPM (TWA) 200 PPM (TWA) 100 PPM (TWA)	200 PPM (TWA) 75 PPM (TWA) 50 PPM (TWA) 50 PPM (TWA) 250 PPM (TWA) 150 PPM (TWA)	< 50 < 50 < 50 < 50 < 50 < 50 < 50
Dipropylene Glycol Monomethylether Diisobutyl Ketone Ethyl Acetate Isobutyl Acetate Ethyl 3-Ethoxy Propionate Propylene Glycol Mono	108-83-8 141-78-6 110-19-0 763-69-9	25 PPM (TWA) N/A N/A N/A	25 PPM (TWA) 400 PPM (TWA) 150 PPM (TWA) 50 PPM (TWA)	< 50 < 50 < 50 < 50
Propylene Glycol Mono- methylether Acetate Hexyl Acetate Isobutyl Isobutyrate Diacetone Alcohol Cyclohexanone	108-65-6 7789-99-3 97-85-8 123-42-2 108-94-1	N/A N/A 00 PPM (TWA-MFGR) 50 PPM (TWA) 50 PPM (TWA)	1000 PPM (TWA) 50 PPM (TWA) N/A 50 PPM (TWA) 25 PPM (skin)	< 50 < 50 < 50 < 50 < 50

HMIS RATINGS H F R PA 2 2 1 G

**Suspected Cancer Agent:** NO Volatile Organic Content (VOC) mixed: 675 g/l SPIRIT CONTENT ZERO BY U.K. CUSTOMS DEFINITION

### 

**Boiling Point:** 150° F Vapor Pressure (mm Hg): 30 mm @ 20° C Vapor Density (Air=1): approx. 2 Solubility in water: partially soluble Appearance and Odor: clear, characteristic odor Specific Gravity (H O=1): O=1): 0.9 pH: N/A Evaporation rate (Butyl Acetate=1): 0.2 Melting Point: N/A

## 

Flash Point/Method Used:23°C (73°F) / Tag closed cup

Autoignition Temperature: Not determined

Flammability Limits: Not determined

### **Extinguishing Media:**

Waterfog, carbon dioxide, dry chemical, or foam. Do not use a direct stream of water. Product will float and can be reignited on surface of water.

### **Special Fire-fighting Procedures:**

Wear self-contained breathing apparatus and protective clothing to prevent contact with skin and eyes. Water may be ineffective for firefighting. Use water spray to keep fire-exposed containers cool.

## **Unusual Fire and Explosion Hazards:**

Vapors are heavier than air and may accumulate in low areas or areas inadequately ventilated. Vapors may also travel along the ground to the ignited at locations distant from the handling site; flashback of flame to the handling site may occur.

### 

Stability: Stable

### Hazardous Decomposition or Byproducts:

Oxides of nitrogen, carbon monoxide, and unidentified organic compounds may be formed during combustion.

Incompatibility (Materials to Avoid): Store away from acidic materials and oxidizers.

Polymerization: Will not occur.

## 

<b>Routes of Entry:</b>	Inhalation	Slight
	Skin	Slight
	Ingestion	Yes

# Health Hazards (Acute and Chronic): SEE ATTACHMENT

Carcinogenicity: No

IARC Monographs: No

OSHA Regulated: No

## Additional Carcinogenicity Information (if any): None

Signs and Symptoms of Exposure: Irritation and drying of the skin. May cause irritation of the eyes.

Medical Conditions that may be Aggravated by Exposure: Dermatitis or other skin sensitivity.

**Emergency and First Aid Procedures: SEE ATTACHMENT** 

## 

Container size: 5 gallons or less

## Steps to be Taken if Material is Released or Spilled:

- 1. Human Health Protection: Chemical-resistant gloves. Eye protection if necessary.
- 2. Containment and Control: Prevent release into storm drains or sanitary sewers. Absorb with clay or similar material.
- 3. Decontamination: Wash with soap and water.
- 4. Hazardous Waste Packaging/Shipping Requirements: Product is classified as hazardous. Ship as hazardous waste, flammable liquid, N.O.S. ORM-E if local regulations prohibit disposal in sanitary landfill.

## Waste Disposal Method:

Absorb in inert material and dispose of in sanitary landfill if local ordinances permit. Transport to EPAapproved landfill if local authorities do not accept sanitary landfill disposal.

## Precautions to be taken in Handling and Storage:

Keep away from heat. Do not allow contact with acidic materials or oxidizers.

Other Precautions: Keep out of the reach of children.

Respiratory Protection: None with normal use

Ventilation: Local exhaust usually adequate

Protective Gloves: Recommended for sensitive individuals

Eye Protection: Safety glasses or chemical goggles to prevent eye contact

Other Protective Equipment or Clothing: None

DOT Class: UN1263

RCRA Status: Not a hazardous waste under RCRA (40CFR 261)

CERCLA Status: Not listed

TSCA Inventory Status: Chemical components listed on TSCA Inventory.

## California State Health & Safety Code Section 25249.6 Warning:

Detectable amounts of chemicals known to the State of California to cause cancer, birth defects or other reproductive harm may be found in this material, its containers, or the labels or packing materials associated therewith.

#### **California State Product Liability Warning (Business and Professions Code, Section 1714.45):** This product is inherently unsafe. It cannot be made safe.

### ATTACHMENT HEALTH HAZARDS (Acute and Chronic)

## Health Information

<u>Acute</u> <u>Toxicity</u>: Overexposure can lead to central nervous system depression producing such effects as headache, dizziness, nausea, and loss of consciousness.

It is considered similar to benzene but considerably less severe. Headaches, loss of appetite, and poor coordination are symptoms of prolonged exposure to moderate concentrations. Cases for acute poisoning have been reported rarely. It is an eye, nose, and throat irritant. It can burn the cornea if not removed promptly by flooding with water. Skin irritation may develop after repeated exposure.

<u>Effects</u> of <u>Overexposure</u>: Severe nervousness, muscular fatigue, and insomnia may occur after an acute or chronic overexposure. Prolonged contact, as from clothing wet with the material, may cause chemical burns.

Eye Contact: Causes severe conjunctivitis, seen as marked redness and swelling of the conjunctiva, and chemical burns of the cornea. Short-term liquid or vapor contact may result in slight eye irritation. Prolonged and repeated contact may be more irritating.

Skin Contact: Prolonged and repeated liquid contact can cause defatting and drying of the skin which may result in skin irritation and dermatitis. Brief contact causes irritation, seen as local redness and possible swelling.

<u>Inhalation</u>: High concentration or prolonged exposure to lower concentrations may be slightly irritating to mucous membranes.

Basis of Information: Toxicology and Biochemistry of Aromatic Hydrocarbons by H. W. Gerarde.

# Emergency and First Aid Procedures

Eye Contact: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

Skin Contact: Wash with soap and water. Remove contaminated clothing and shoes; do not reuse until cleaned. If persistent irritation occurs, get medical attention.

<u>Inhalation</u>: Remove victim to fresh air and provide oxygen if breathing is difficult. Give artificial respiration of not breathing. Get medical attention.

#### ATTACHMENT HEALTH HAZARDS (Acute and Chronic)

## Health Information

[continued]

<u>Ingestion</u>: DO NOT INDUCE VOMITING. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into the lungs. If conscious, administer saline cathartics, milk, or white of egg. Obtain medical attention.

NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

Liquid ingestion may result in vomiting; aspiration (breathing) of vomitus in the lungs MUST BE AVOIDED as even small quantities in the lungs may result in chemical pneumonitis and pulmonary hemorrhage.

<u>NOTE TO THE PHYSICIAN</u>: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered. There is no specific antidote. Treatment of overexposure should be directed at the control of symptoms and the clinical condition.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.