View NSN Online: https://aerobasegroup.kr/nsn/5910-00-106-1333

Product ID:200P1690 MSDS Date:01/01/1985 FSC:5910 NIIN:00-106-1333 MSDS Number: BCYVT === Responsible Party === Company Name: CORNELL DUBILIER ELEC.DIV.OF FED.PAC.ELEC.CO. Address:61 SPIT BROOK RD SUITE 305 **City:NASHUA** State:NH ZIP:03060 Country:US Emergency Phone Num:201-694-8600 CAGE:0 9023 === Contractor Identification === Company Name: CORNELL DUBILIER ELEC DIV FED PAC ELEC Address: ONE INTERCHANGE PLZ Box:B-967 **City:WAYNE** State:NJ ZIP:07470 Country:US Phone:201-694-8600 CAGE:09023 Company Name: SPRAGUE ELECTRIC CO WORLD HEADQUARTERS Address:61 SPIT BROOK RD SUITE 305 Box:City:NASHUA State:NH ZIP:03060 Country:US Phone:603-883-5544/FAX 603-880-1910 CAGE:56289

Ingred Name: POLYCHLORINATED BIPHENYLS (PCBS) (SA

RA III) CAS:1336-36-3 RTECS #:TQ1350000 EPA Rpt Qty:1 LB DOT Rpt Qty:1 LB

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Effects of Overexposure:ABSORBED THRU SKIN,LUNGS,INTESTINE.CAUSES CANCER,LIVER,KIDNEY,STOMACH,EYE,HEARING DISORDER(SUP DATA)
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First Aid:EYES:FLUSH W/WATER IMMED.SKIN:WASH W/SOAP IMMED.INHAL:REMOVE TO FRESH AIR.GIVE ART.RESPIR. AS NEEDED.INGEST:GET MEDICAL ATTN.GIVE LARGE Q TY OF SALT WATER,INDUCE VOMITING,BUT DO NOT MAKE UNCONSCIOUS PE RSON VOMIT.
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Spill Release Procedures: USE ABSORBENT & DIKES TO PREVENT RUNOFF. ISOLATE & NOTIFY PROPER AUTHORITIES.
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Handling and Storage Precautions:STORAGE MUST FOLLOW RCRA REQUIREMENTS. Other Precautions:LARGE CAPACITORS OF 3 LBS OR MORE PCB REQUIRE LABELS IN STORAGE, USE & TRANSPORT ATION
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Respiratory Protection:SUPPLIED AIR W/FULL FACEPIECE,HELMET OR HOOD Ventilation:LOCAL EXHAUST Protective Gloves:RUBBER-IMPERV Eye Protection:GOGGLES,FACE SHIELD
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.
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HCC:Z3

Appearance and Odor:LIGHT STRAW COLORED LIQUID, AROMATIC ODOR

STRONG OXIDIZERS

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

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