View NSN Online: https://aerobasegroup.kr/nsn/5915-00-828-8369

Product ID:FA18111 MSDS Date:01/01/1985 FSC:5915 NIIN:00-828-8369 MSDS Number: BFRNN === 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

Address: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

======= Composition/Information on Ingredients ==========

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/WATER IMMED. SKIN: WASH W/SOAP IM	MED.INHAL:REMOVE
TO FRESH AIR.GIVE ART.RESPIR. AS NEEDED.INGEST:GET N	/IEDICAL
ATTN.GIVE LARGE QTY OF SALT WATER, INDUCE VOMITING,	BUT DO NOT MAKE
UNCONSCIOUS PE RSON VOMIT.	

Release

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-IMPERV Eye Protection:GOGGLES FA CE 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.

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

STRONG OXIDIZERS

Waste D

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

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