

AXEL ELECTRONICS INC. -- 5B158/1 -- 5915-00-927-9846

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Product Identification
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Product ID:5B158/1

MSDS Date:01/01/1985

FSC:5915

NIIN:00-927-9846

MSDS Number: BFXBF

=== Responsible Party ===

Company Name:AXEL ELECTRONICS INC.

Address:134-20 JAMAICA AVE

City:JAMAICA

State:NY

ZIP:11418-2619

Country:US

Emergency Phone Num:310-884-5200

CAGE:13058

=== Contractor Identification ===

Company Name:

AXEL ELECTRONICS INC A UNIT OF GENERAL SIGNAL CORP

Address:134-20 JAMAICA AVE

Box:City:JAMAICA

State:NY

ZIP:11418-2619

Country:US

Phone:718-291-3900

CAGE:13058

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Composition/Information on Ingredients
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Ingred Name:POLYCHLORINATED BIPHENYLS (PCBS) (SARA III)

CAS:1336-36-3

RTECS #:TQ1350000

EPA Rpt Qty:1 LB

DOT Rpt Qty:1 LB

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Hazards Identification
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Effects of Overexposure:ABSORBED THRU SKIN,LUNGS,INTESTINE.CAUSES
CANCE

R,LIVER,KIDNEY,STOMACH,EYE,HEARING DISORDER(SUP DATA)

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First Aid Measures
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First Aid:EYES:FLUSH W/WATER IMMEDIATELY.SKIN:WASH W/SOAP IMMEDIATELY.INHAL:REMOVE TO FRESH AIR,GIVE ART.RESPIR.AS NEEDED.INGEST:GET MEDICAL ATTN.GIVE LARGE QTY OF SALT WATER,INDUCE VOMITING,BUT DO NOT MAKE UNC ONSCIOUS PERSON VOMIT.

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Accidental Release Measures
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Spill Release Procedures:USE ABSORBENT & DIKES TO PREVENT RUNOFF.ISOLATE & NOTIFY PROPER AUTHORITIES.

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Handling and Storage
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Handling and Storage Precautions:STORAGE MUST FOLLOW RCRA REQUIREMENTS.

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Exposure Controls/Personal Protection
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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 Sa
fety and Health
OVEREXPOS:CAN CAUSE FORMATION OF CYSTS,CAUSES STILLBIRTHS.IRRITATES EYES,NOSE THROAT.

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Physical/Chemical Properties
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HCC:Z3
Appearance and Odor:LIGHT STRAW-COLORED LIQUID,AROMATIC ODOR

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Stability and Reactivity Data
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STRONG OXIDIZERS

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Disposal Considerations
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Waste Disposal Methods:CONTROLLED DISPOSAL REQUIRED-GENERALLY HIGH TEMPERATURE INCINERATION.ON

LY APPROVED DISPOSAL OPERATOR PERMITTED.

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