Product ID:MOVUS PLASTIC POLISH NO.1 MSDS Date:01/12/1990 FSC:7930 NIIN:01-135-5375 MSDS Number: BWZQX === Responsible Party === Company Name:NOVUS INC Address:10425 HAMPSHIRE AVE SOUTH **City:MINNEAPOLIS** State:MN ZIP:55438 Country:US Info Phone Num:612-944-8000 Emergency Phone Num:612-944-8000 Preparer's N ame:MARIAM B HEHRE CAGE:56336 === Contractor Identification === Company Name: AIN PLASTICS INC CAGE:AINPL **Company Name:NOVUS INC** Address:10425 HAMPSHIRE AVE SOUTH Box:City:MINNEAPOLIS State:MN ZIP:55438 Country:US Phone:952-944-8000 (DAY) CAGE:56336

Ingred Name:ISOPROPYL ALCOHOL (SARA III) CAS:67-63-0 RTECS #:NT8050000 Fraction by Wt: 3-7% Other REC Limits:NONE RECOMMENDED OSHA PEL:400 PPM/500 STEL ACGIH TLV:400 PPM/500STEL;9

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 Routes of Entry: Inhalation:YES Skin:YES Ingestion:YES Reports of Carcinogenicity:NTP:NO IARC:NO OSHA:NO Health Hazards Acute and Chronic:ACUTE: MAY BE MILDLY IRRITATING TO EYES, NOSE AND THROAT. MAY CAUSE MILD SKIN IRRITATION IN CERTAIN INDIVIDUALS. CHRONIC: PROLONGED INHALATION MAY CAUSE MILD RESPIRATORY IRRITATION. Explanation of Carcinogenicity:NOT CARCINOGENIC. Effects of Overexposure:NONE SPECIFIED BY MANUFACTURER. Medical Cond Aggravated by Exposure:NONE SPECIFIED BY MANUFACTURER.
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First Aid:INHALATION: MOVE VICTIM TO FRESH. SEEK MEDICAL ATTENTION IF IRRITATION PERSISTA. SKIN: REMOVE CONTAMINATED CLOTHING. WASH SKIN WITH SOAP & WATER. SEEK MEDICAL ATTENTION IF IRRITATION PERSISTS. EYES: I MMEDIATELY FLUSH EYES WITH LARGE AMOUNTS OF WATER FOR 15 MINUTES. GET PROMPT MEDICAL ATTENTION. INGESTION: CONTACT LO CAL
POISON CONTROL OR PHYSICIAN IMMEDIATELY.
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Flash Point Method:CC Flash Point:>199F,>93C Extinguishing Media:USE MEDIA SUITABLE FOR SURROUNDING MATERIALS. Fire Fighting Procedures:NO SPECIAL PROCEDURES REQUIRED. Unusual Fire/Explosion Hazard:NOT AVAILABLE
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Spill Release Procedures:WEAR PERSONAL PROTECTIVE EQUIPMENT. CLEAN UP WITH ABSORBENT MATERIAL.
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Handling and Storage Precautions:STORE IN CLOSED CONTAINERS. Other Precautions:NONE
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Respiratory Protection:FOR SYMPTOMS OF OVEREXPOSURE, WEAR A NIOSH APPROVED RESPIRATOR FOR ORGANIC VAPORS. Ventilation:LOCAL EXHAUST MAY BE NECESSARY UNDER SOME USAGE/HANDLING CONDITIONS. NEEDS SHOULD BE ADDRESSED BY HEALTHCARE PERSONNEL. Protective Gloves:NEOPRENE, C

HEMICAL RESITANT Eye Protection:SAFETY GLASSES RECOMMENDED. Other Protective Equipment:EYE WASH STATION, SAFETY SHOWER SHOULD BE AVAILABLE. Work Hygienic Practices:REMOVE/LAUNDER CONTAMINATED CLOTHING BEFORE REUSE. Supplemental Safety and Health NONE

HCC:N1 Boiling Pt:B.P. Text:210F,99C Vapor Pres: