

GENERAL ELECTRIC CO. CAPACITOR PROD. DEPT. -- 23F355 -- 5910-00-583-4400

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Product Identification
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Product ID:23F355

MSDS Date:01/01/1985

FSC:5910

NIIN:00-583-4400

MSDS Number: BFGHZ

=== Responsible Party ===

Company Name:GENERAL ELECTRIC CO. CAPACITOR PROD. DEPT.

Address:JOHN ST

City:HUDSON FALLS

State:NY

ZIP:12839

Country:US

Emergency Phone Num:NONE

CAGE:01002

=== Contractor Identificat

ion ===

Company Name:GENERAL ELECTRIC CO CAPACITOR PRODUCTS DEPARTMENT

Address:JOHN ST

Box:City:HUDSON FALLS

State:NY

ZIP:12839

Country:US

Phone:518-746-5750

CAGE:01002

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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

CANCER,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 IMMED.SKIN:WASH W/SOAP IMMED.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 UNCONSCIOUS PE RSON 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 Safety 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.ONL

Y APPROVED DISPOSAL OPERATOR PERMITTED.

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