View NSN Online: https://aerobasegroup.tw/nsn/5915-00-842-3497

Product ID:FA1809 MSDS Date:01/01/1985 FSC:5915 NIIN:00-842-3497 **MSDS Number: BFSDG** === 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 А ddress: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 

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:V	VASH W/SOAP IMMED.INHAL:REMOVE
TO FRESH AIR.GIVE ART.RESPIR. AS NEED	ED.INGEST:GET MEDICAL
ATTN.GIVE LARGE QTY OF SALT WATER, IN	DUCE VOMITING, BUT DO NOT MAKE
UNCONSCIOUS PE RSON VOMIT.	

========= Accidental Release Me

asures =================

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 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.

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

STRONG OXIDIZERS

Waste Dispo

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

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