Material Safety Data Sheet
May be used to comply with
OSHA's Hazard Communication Standard,
29 CFR 1910.1200. Standard must be
consulted for specific requirements.

U.S. Department of Labor
Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

| | | 1 5 | | | | | |
|--|---|----------------------------|-----------------------------------|--|------|--|--|
| IDENTITY (As Used on Label and List) REDUX® PASTE | Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that. | | | | | | |
| Section I | | | | | | | |
| Manufacturer's Name | Emerg | Emergency Telephone Number | | | | | |
| PARKER LABORATORIES, INC. | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) | Telephone Number for Information | | | | | | |
| 286 ELDRIDGE ROAD | (973) 276-9500 | | | | | | |
| | | Date Prepared | | | | | |
| FAIRFIELD, NJ 07004 | SEPTEMBER 2009 | | | | | | |
| · | Signature of Preparer (optional) | | | | | | |
| Section II – Hazardous Ingredients/Identit | ty Informatio | n | | | | | |
| Hazardous Components (Specific Chemical Identity; Cor | OSHA PEL | OSHA PEL ACGIH TLV | | Other Limits Recommended % (optional) | | | |
| CRYSTALLINE SILICA (AS QUARTZ) | 0.1mg/m3 | 0.1mg/m3 | | | | | |
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| Section III – Physical/Chemical Character | ristics | | | | | | |
| Boiling Point | N/A | Speci | fic Gravity (H ² O = 1 |) | 1.13 | | |
| Vapor Pressure (mm Hg.) | N/A | | Melting Point | | | | |
| Vapor Density (AIR = 1) | N/A | | pration Rate | | N/A | | |
| Solubility in Water SOLUBLE | | , , | , | | | | |
| Appearance and Odor COLORLESS PASTE | | | | | | | |
| Section IV – Fire and Explosion Hazard Data | | _ | | | | | |
| Flash Point (Method Used) NONE | Flammable Lim | its N/A | LEL N/A | UEL N/A | | | |
| Extinguishing Media NOT APPLICABLE. PRODUCT WILL N | OT SUPPORT CO | MBUSTION. | | | | | |
| Special Fire Fighting Procedures NO SPECIAL PROCEDURES | | | | | | | |
| | | | | | | | |
| Unusual Fire and Explosion Hazards | | | | | | | |
| | | | | | | | |

(Reproduce locally) OSHA 174, Sept. 1985

| Section V – Reactivity Data | | | | | | | | | |
|--|--------------------|----------------|------------------------|-----------|------------------|-------------|------------------------|-------|--|
| Stability | Unstable | | Conditions to Avoid | NONE | | | | | |
| | Stable | Х | | | | | | | |
| Incompatibility (Materials to Avoid) STRONG OXIDIZERS | | | | | | | | | |
| Hazardous Decomposition or Byproducts N/A | | | | | | | | | |
| Hazardous Polymerization | May Occur | | Conditions to Avoid | NONE | | | | | |
| | Will Not Occur | Х | | | | | | | |
| Section VI - H | ealth Hazard D | Data | | | | | | | |
| Route(s) of Entry: Inhalation? NO | | | ? | | Skin?` NO | | Ingestion? YES | | |
| Health Hazards (Acute and Chronic) NONE KNOWN | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Carcinogenicity: | | NTP? NO | | IARC N | lonographs? | | OSHA Regulated? NO | | |
| | | | | | | | | | |
| Signs and Symptoms of Exposure NOT APPLICABLE | | | | | | | | | |
| | | | | | | | | | |
| Medical Conditions Generally Aggravated by Exposure NONE KNOWN | | | | | | | | | |
| | | | | | | | | | |
| Emergency and F | irst Aid Procedure | EYES: FL | USH FOR 15 MINUTES. II | NGESTIO | N: IF SYMPTOMS I | DEVELOP, CO | ONSULT MEDICAL PERSON | INEL. | |
| Continu VIII - F | | . Cofo House | diin a an d Haa | | | | | | |
| Section VII – P | | | | | | | | | |
| Steps to Be Taker | in Case Material | Is Released of | | LACE IN V | VASTE CONTAINE | R. WASH SP | ILL AREA WITH WATER AN | D DRY | |
| | | | AREA TO ELIMIN | NATE SLIF | PPING HAZARD. | | | | |
| | | | | | | | | | |
| Waste Disposal M | ethod | FOLLOW A | ALL FEDERAL, STATE AN | D LOCAL | REGULATIONS FO | OR NON-HAZA | ARDOUS WASTE DISPOSAL | | |
| | | | | | | | | | |
| Precautions to Be Taken in Handling and Storing NONE | | | | | | | | | |
| | | | | | | | | | |
| Other Precautions | s NONE | | | | | | | | |
| | | | | | | | | | |
| Section VIII – 0 | Control Measu | ires | | | | | | | |
| Respiratory Prote | ction (Specify Typ | pe) N | NONE NEEDED | | | | | | |
| Ventilation | Local Exhaust | N | N/A | | Special | N/A | | | |
| | Mechanical (Gei | neral) N | N/A | | Other | N/A | | | |
| Protective Gloves | N/A | | | Eye Pr | otection | N/A | | | |
| Other Protective Clothing or Equipment N/A | | | | | | | | | |
| Work/Hygienic Practices | | | | | | | | | |