

N/P -- 49F6036 -- 5910-00-012-4390

Product ID:49F6036

MSDS Date:01/01/1985

FSC:5910

NIIN:00-012-4390

MSDS Number: BCVHW

=== Responsible Party ===

CAGE:76381

=== Contractor Identification ===

Company Name:HUBBELL INC WIRING DEVICE DIV

Address:185 PLAINS ROAD

Box:UNKNOW

City:MILFORD

State:CT

ZIP:06460

Country:US

Phone:203-882-4800

CAGE:74545

Company Name:MINNESOTA MINING AND MFG CO, DBA 3M

Address:3M CENTER BLDG 224-5S-04

Box:City:S

AINT PAUL

State:MN

ZIP:55144-1000

Country:US

Phone:866-556 5712 / 612-733-1110

CAGE:76381

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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 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 Safety and Health
OVEREXPOS:CAN CAUSE FORMATION OF CYSTS,CAUSES STILLBIRT HS.IRRITATES EYES,NOSE THROAT.

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Physical/Chemical Properties
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HCC:T6
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.ONLY APPROVED DISPOSAL OPERATOR PERMITTED.

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