View NSN Online: https://aerobasegroup.de/nsn/5910-00-643-9185

GENERAL ELEC. CO. CAPACITOR PROD. DEPT. -- 23F1064FC -- 5910-00-643-9185

Product ID:23F1064FC MSDS Date:01/01/1985 FSC:5910 NIIN:00-643-9185 MSDS Number: BFJTZ === Responsible Party === Company Name: GENERAL ELEC. CO. CAPACITOR PROD. DEPT. Address: JOHN ST **City:HUDSON FALLS** State:NY ZIP:12839 Country:US **Emergency Phone Num:NONE** CAGE:KO200 === Contractor Identificat ion === Company Name: GENERAL ELEC. CO. Address: JOHN ST Box:City:HUDSON FALLS State:NY ZIP:12839 Country:US CAGE:KO200 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 Ingred Name: POLYCHLORINATED BIPHENYLS (PCBS) (SARA III)

CAS:1336-36-3 RTECS #:TQ1350000 EPA Rpt Qty:1 LB DOT Rpt Qty:1 LB

====== Haz

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: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.

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 Pro tection: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,AROMATIC ODOR.

STRONG OXIDANTS

======== Disposal Considerations =========

Waste Disposal Methods:CONTROLLED DISPOSAL REQUIRED-GENERALLY HIGH TEMPERATURE INCINERATION.ONLY APPROVED DISPOSAL OPERATOR PERMITTED.

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