View NSN Online: https://aerobasegroup.de/nsn/6850-00-837-7758

COMMODITY(DISTR)

Product ID:MIL-D-3716, DESICCANT, ACTIVATED, GR H MSDS Date:01/01/1987 FSC:6850 NIIN:00-837-7758 MSDS Number: BFRWZ === Responsible Party === Company Name: HUMIDIAL CORPORATION (MFR) CHEMICAL COMMODITY (DISTR) Emergency Phone Num:714-825-1793 CAGE:MO080 === Cont ractor Identification === Company Name: HUMIDIAL CORPORATION (MFR) CHEMICAL COMMODITY (DISTR) Box:464 CAGE:MO080 Company Name:SUD-CHEMIE INC/SUB CHEMIE PERFORMANCE PACKAGING DIV Address:926 SOUTH 8TH ST (FORMALLY HUMIDIAL) Box:610 City:COLTON State:CA ZIP:92324-0610 Country:US Phone:909-825-1793 CAGE:00334 Ingred Name: DESICCANT, ACTIVATED Fraction by Wt: 100% Effects of Overexposure: IRRITATION OF EYES, NOSE AND THROAT BY DUST. First Aid:IN CASE OF EYE CONTACT, IMMEDIATELY FLUSH EYES WITH PLENTY OF WATER FOR AT LEAST 15 MINUTES. IF IRRITATION PERSISTS, SEE DOCTOR. Unusual Fire/Explosion Hazard:NONE KNOWN Spill Release Procedures: SWEEP UP &

PLACE IN A WASTE DISPOSAL CONTAINER. FLUSH AREA WITH WATER. AVOID RAISING DUST.

Handling and Storage Precautions: CAUSES EYE IRRITATION. BREATHING DUST MAY BE HARMFUL. MAY CAUSE SKIN IRRITATION. OPEN CONTAINER SLOWLY TO AVOID DUST. DO NOT GET IN EYES.

Other Precautions: AVOID BREATHING DUST & PROLONGED CONTACT WITH SKIN. USE WITH ADEQUATE VENTILATION. KEEP CONTAINERS CLOSED. WASH THOROUGHLY AFTER HANDLING. D

O NOT INGEST. STORE IN COOL, DRY AREA.

======= Exposure Controls/Personal Protection ==========

Respiratory Protection: IF THERE IS EXCESSIVE DUSTINESS, WEAR A RESPIRATOR. Ventilation: LOCAL EXHAUST & MECHANICAL IS REQUIRED Protective Gloves: RUBBER Eye Protection: SAFETY GLASSES OR GOGGLES Supplemental Safety and Health ITEM IS TYPE II OF MILITARY SPECIFICATION.

HCC:N1

Appearance and Odor:NO ODOR, SOLID MATERIAL

Stability Indicator/Materials to Avoid:YES SUDDEN CONTACT WITH HIGH CONCENTRATIONS OF OLEFINS,HCL,ETC. Stability Condition to Avoid:NONE KNOWN Hazardous Decomposition Products:NONE KNOWN

Waste Disposal Methods: BURY IN AN APPROVED LANDFILL.

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