View NSN Online: https://aerobasegroup.de/nsn/5910-00-958-3177

SANGAMO WESTON DEARBORN ELEC. DIV. -- KN3E504K3A -- 5910-00-958-3177

Product ID:KN3E504K3A MSDS Date:01/01/1985 FSC:5910 NIIN:00-958-3177 MSDS Number: BFZCW === Responsible Party === Company Name: SANGAMO WESTON DEARBORN ELEC. DIV. Address:1201 N HWY 17/92 Box:1076 City:LONGWOOD State:FL ZIP:32750-1076 Country:US Emergency Phone Num:800-424-9300 CAGE:MO361 === Con tractor Identification === Company Name: DEARBORN ELECTRONICS INC Address:1221 N HWY 17/92 Box:City:LONGWOOD State:FL ZIP:32750 Country:US Phone:407-695-6562 CAGE:01884 Company Name: SANGAMO WESTON DEARBORN ELEC. DIV. Address:1201 N HWY 17/92 Box:1076 City:LONGWOOD State:FL ZIP:32750-1076 Country:US CAGE:MO361

Ingred Name:POLYCHLORINATED BIPHENYLS (PCBS) (SARA III) CAS:1336-36-3 RTECS #:TQ1350000 EPA Rpt Qty:1 LB DOT Rpt Qty:1

 Hazarde 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: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 RS ON VOMIT

Spill Release Procedures: USE ABSORBENT & DIKES TO PRE	VENT
RUNOFF.ISOLATE & NOTIFY PROPER AUTHORITIES.	

Handling and Storage Precautions:STRORAGE MUST FOLLOW RCRA REQUIREMENTS.

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

Respiratory Protection: SUPPLIED AIR W/FULL FACEPIECE, HELMET OR HOOI)
Ventilation:LOCAL EXHAUST	

Prot

ective 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, AROMATIC ODOR.

STRONG OXIDIZERS

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

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