

QUICK IDENTIFIER

Common Name: (used on label and list)

1161 - 37mm Liquid Ferret Round

SECTION 5 - PHYSICAL HAZARDS (REACTIVITY DATA)

Stability Unstable Conditions
 Stable to Avoid

Incompatibility
 (Materials to Avoid) *Nitrogen Tetroxide, Liquid Oxygen, Strong Alkali*

Hazardous
 Decomposition Products

Hazardous May Occur Conditions
 Polymerization Will Not Occur to Avoid

SECTION 6 - HEALTH HAZARDS

1. Acute *See Signs and Symptoms* 2. Chronic *See Signs and Symptoms*

Signs and
 Symptoms of Exposure *Exposure to vapor may cause upper respiratory tract irritation and watering of the eyes.*

Medical Conditions Generally
 Aggravated by Exposure *Dermatitis.*

Chemical Listed as Carcinogen National Toxicology Yes I.A.R.C. Yes OSHA Yes
 or Potential Carcinogen Program No Monographs No No

Emergency and
 First Aid Procedures *Remove to fresh air, give oxygen if necessary. Wash with cool soap and water. If swallowed, call physician.*

**ROUTES
 OF
 ENTRY**

- 1. Inhalation *Remove to fresh air; give oxygen if necessary.*
- 2. Eyes *Flush with water for 15 minutes; consult physician.*
- 3. Skin *Wash with water for 15 minutes; consult physician.*
- 4. Ingestion *Call physician.*

SECTION 7 - SPECIAL PRECAUTIONS AND SPILL / LEAK PROCEDURES

Precautions to be Taken
 in Handling and Storage *Store in well closed containers and keep in cool place.*

Other
 Precautions *When handling open containers, wear gloves and suitable gas mask for tear gas.*

Steps to be Taken in Case
 Material is Released or Spilled *Material should be picked up using a suitable absorbent.*

Waste Disposal
 Methods (Consult Federal, State, and Local Regulations) *Material should be incinerated. State and local laws take precedence.*

SECTION 8 - SPECIAL PROTECTION INFORMATION / CONTROL MEASURES

Respiratory Protection
 (Specify Type) *Approved full face self-contained breathing apparatus or gas mask.*

Ventilation Yes Local Exhaust Yes Mechanical (General) Yes Special ----- Other -----

Protective
 Gloves Yes Eye Protection Yes

Other Protective
 Clothing or Equipment *None*

Work/Hygienic Practices *Wash thoroughly after handling.*

IMPORTANT

Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.