

MATERIAL SAFETY DATA SHEET

50104ZP - EW 0 V.O.C. UNIVERSAL REDUCER QT Printed:11/28/07 Revised:11/28/07 Page 1

		----- HMIS CODES -----	
Hazard Rating:		Health	3
Least --> Greatest		Flammability	3
0 --> 4		Reactivity	1
Personal Protection			H

Manufacturer:
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SECTION I: PRODUCT IDENTIFICATION

Product Code: 50104ZP - EW 0 V.O.C. UNIVERSAL REDUCER QT
Chemical Name/Class: ENAMEL CAS Number: NA

SECTION IIA: HAZARDOUS INGREDIENTS

Ingredient	CAS Number	(To Nearest .05%)		Vapor	
		% by Wt.	% by Vol.	LEL	Press.
1. TERT BACETATE	540-88-5	100.00	100.00	1.0	34.00

NA = Not Applicable; NE = Not Established

SECTION IIB: OCCUPATIONAL EXPOSURE LIMITS

Ingr. #	-----OSHA PEL's-----		-----ACGIH TLV's-----			
	OSHA ppm	OSHA mg/m3	TWA ppm	TWA mg/m3	STEL ppm	STEL mg/m3
1.	200	NA	200	NA	NA	NA

NA = Not Applicable; NE = Not Established

SECTION III: PHYSICAL DATA

Boiling Range (degrees F): 275.00 - 288.00 Pounds per Gallon: 7.22
Vapor Density: HEAVIER THAN AIR Evaporation Rate: SLOWER THAN ETHER
Solubility in Water: NIL

Volatiles (%)	by Weight		by Volume	
	Total	Exempt VOC	Non-exempt	Non-exempt
	100.00	100.00	.00	.00

VOC wt/gal: NE lbs non-exempt solvent per adjusted gallon
Appearance: WATERWHITE

SECTION IV: FIRE AND EXPLOSION HAZARD DATA

Flammability Classification:
OSHA: FLAMMABLE DOT: FLAMMABLE
Flash Point: 77.00 (Method: Scc)
UEL: NA

Extinguishing Media: CO2/FOAM

Unusual Fire and Explosion Hazards
ISOLATE FROM ALL SOURCES OF HEAT, SPARKS, OPEN FLAMES AND STATIC ELECTRICITY
VAPOR IS HEAVIER THAN AIR AND MAY TRAVEL AND IGNITE.

Special Firefighting Procedures
FIGHT AS VOLATILE LIQUID FIRE. FIRE FIGHTERS SHOULD WEAR SELF CONTAINED
BREATHING APPARATUS. USE WATER TO KEEP FIRE EXPOSED CONTAINERS COOL.
IRRITATING TOXIC GASES PRESENT IN COMBUSTION PRODUCTS

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SECTION V: HEALTH HAZARD DATA

Effects of Overexposure

ACUTE: INHALATION- IRRITATION OF THE NOSE, THROAT AND EYES, DIZZINESS, WEAKNESS, FATIGUE, NAUSEA, HEADACHE, POSSIBLY NARCOSIS AND ASPHYXIATION. MAY BE ACCOMPANIED BY COUGHING, CHOKING OR LABORED BREATHING. ASTHMA-LIKE BREATHING MAY BE DELAYED REACTION. VAPOR, SPRAY MIST OR LIQUID CAUSES SKIN AND EYE IRRITATION. PERSONS WITH PREEXISTING, NONSPECIFIC BRONCHIAL HYPERREACTIVITY CAN RESPOND TO CONCENTRATIONS BELOW THE TLV WITH SIMILAR SYMPTOMS AS WELL AS ASTHMA ATTACK. EXPOSURE WELL ABOVE TLV MAY LEAD TO BRONCHITIS, BRONCHIAL SPASM AND PULMONARY EDEMA[FLUID ON LUNGS] THESE EFFECTS ARE USUALLY REVERSIBLE. CHEMICAL OR HYPERSENSITIVE PNEUMONITIS, WITH FLUE LIKE SYMPTOMS [FEVER, CHILLS] HAS ALSO BEEN REPORTED. THESE SYMPTOMS CAN BE DELAYED UP TO SEVERAL HOURS AFTER EXPOSURE.

CHRONIC INHALATION; AS A RESULT OF PREVIOUS REPEATED OVEREXPOSURES OR A SINGLE LARGE DOSE, CERTAIN INDIVIDUALS DEVELOP ISOCYANATE SENSITIZATION(CHEMICAL ASTHMA) WHICH WILL CAUSE THEM TO REACT TO A LATER EXPOSURE TO ISOCYANATES AT LEVELS WELL BELOW TLV. THESE SYMPTOMS WHICH CAN INCLUDE CHEST TIGHTNESS, WHEEZING, COUGH, SHORTNESS OF BREATH OR ASTHMA ATTACK, COULD BE IMMEDIATE OR DELAYED UP TO SEVERAL HOURS. OVEREXPOSURE TO ISOCYANATES HAS ALSO BEEN REPORTED TO CAUSE LUNG DAMAGE WHICH MAY BE PERMANENT.

ACUTE SKIN CONTACT.....ISOCYANATES REACT WITH SKIN PROTEIN AND MOISTURE AND CAN CAUSE IRRITATION WHICH MAY INCLUDE THE FOLLOWING SYMPTOMS: REDDENING, SWELLING, RASH, SCALING OR BLISTERING. CURED MATERIAL IS DIFFICULT TO REMOVE.

CHRONIC SKIN CONTACT....PROLONGED CONTACT CAN CAUSE REDDENING, SWELLING, RASH, SCALING, BLISTERING, AND IN SOME CASES, SKIN SENSITIZATION. INDIVIDUALS WHO HAVE SKIN SENSITIZATION CAN DEVELOP THESE SYMPTOMS FROM CONTACT WITH LIQUID OR VAPORS.

ACUTE EYE CONTACT.... LIQUID, AEROSOLS OR VAPORS ARE IRRITATING AND CAN CAUSE TEARING, REDDENING AND SWELLING. IF LEFT UNTREATED, CORNEAL DAMAGE CAN OCCUR AND INJURY IS SLOW TO HEAL. HOWEVER, DAMAGE IS USUALLY REVERSIBLE. SEE SECTION VI FOR TREATMENT.

CHRONIC EYE CONTACT.....NONE FOUND

ACUTE INGESTION....CAN RESULT IN IRRITATION AND CORROSIVE ACTION IN THE MOUTH, STOMACH TISSUE AND DIGESTIVE TRACT. SYMPTOMS CAN INCLUDE SORE THROAT, ABDOMINAL PAIN, NAUSEA, VOMITING AND DIARRHEA.

CHRONIC INGESTION.....NONE FOUND

BRONCHIAL SPASM AND PULMONARY EDEMA[FLUID IN LUNGS] THESE EFFECTS ARE USUALLY REVERSIBLE. THESE SYMPTOMS CAN BE DELAYED UP TO SEVERAL HOURS AFTER EXPOSURE.

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DISCOMFORT BY DEFATTING ACTION.

CHRONIC: INHALATION- ISOCYANATES CAN CAUSE LUNG SENSITIZATION. ALLERGIC RESPIRATORY REACTION MAY OCCUR IN SENSITIZED INDIVIDUALS WHEN EXPOSURE TO TDI IS BELOW THE TLV. CAN CAUSE LUNG INJURY. PROLONGED OR REPEATED CONTACT WITH SKIN CAN CAUSE DERMATITIS AND POSSIBLY SKIN SENSITIZATION

Medical Conditions Prone to Aggravation by Exposure
ASTHMA, HEART CONDITIONS, PULMONARY CONDITIONS SKIN SENSITIVITY

Primary Routes of Entry into the Body, and Effects
SKIN, EYES, MOUTH, LUNGS

EMERGENCY FIRST-AID PROCEDURES

REMOVE PATIENT TO FRESH AIR. REMOVE SATURATED CLOTHING AND WASH SKIN THOROUGHLY. FLUSH EYES WITH CLEAN WATER FOR 15 MINUTES. IF SYMPTOMS PERSIST, SEEK MEDICAL ATTENTION. WASH CLOTHING BEFORE REUSE.

FIRST AID FOR EYES.....;FLUSH WITH COPIOUS AMOUNT OF WATER, PREFERABLY LUKEWARM WATER FOR AT LEAST 15 MINUTES, HOLDING EYELIDS OPEN ALL THE TIME. REFER INDIVIDUAL TO PHYSICIAN OR OPHTHALMOLOGIST FOR IMMEDIATE FOLLOW-UP.

FIRST AID FOR SKIN.....;REMOVE CONTAMINATED CLOTHING. WASH AFFECTED SKIN THOROUGHLY WITH SOAP AND WATER. WASH CONTAMINATED CLOTHING THOROUGHLY BEFORE REUSE. FOR SEVERE EXPOSURES, GET UNDER SAFETY SHOWER AFTER REMOVING CLOTHING, THEN GET MEDICAL ATTENTION. FOR LESSER EXPOSURES, SEEK MEDICAL ATTENTION IF IRRITATION DEVELOPS OR PERSISTS AFTER THE AREA IS WASHED.

FIRST AID FOR INHALATION....;MOVE TO AN AREA FREE FROM RISK OF FURTHER EXPOSURE. ADMINISTER OXYGEN OR ARTIFICIAL RESPIRATION AS NEEDED. OBTAIN MEDICAL ATTENTION. ASTHMATIC-TYPE SYMPTOMS MAY DEVELOP AND MAY BE IMMEDIATE OR DELAYED UP TO SEVERAL HOURS. CONSULT PHYSICIAN SHOULD THIS OCCUR.

FIRST AID FOR INGESTION....; DO NOT GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. CONSULT PHYSICIAN.

NOTE TO PHYSICIAN.....; EYES. STAIN FOR EVIDENCE OF CORNEAL INJURY. IF CORNEA IS BURNED, INSTILL ANTIBIOTIC STEROID PREPARATION FREQUENTLY. WORKPLACE VAPORS HAVE PRODUCED REVERSIBLE CORNEAL EPITHELIAL EDEMA IMPAIRING VISION. SKIN. THIS COMPOUND IS A KNOWN SKIN SENSITIZER. TREAT SYMPTOMATICALLY AS FOR CONTACT DERMATITIS OR THERMAL BURNS. IF BURNED, TREAT AS THERMAL BURN. INGESTION. TREAT SYMPTOMATICALLY. THERE IS NO SPECIFIC ANTIDOTE. INDUCING VOMITING IS CONTRAINDICATED BECAUSE OF THE IRRITATING NATURE OF THIS COMPOUND. RESPIRATORY. THIS COMPOUND IS A KNOWN PULMONARY SENSITIZER. TREATMENT IS ESSENTIALLY SYMPTOMATIC. AN INDIVIDUAL HAVING A SKIN OR PULMONARY SENSITIZATION REACTION TO THIS MATERIAL SHOULD BE REMOVED FROM EXPOSURE TO ANY ISOCYANATE.

SECTION VI: REACTIVITY DATA

Stability: STABLE Hazardous Polymerization MAY OCCUR.

Hazardous Decomposition Products
CARBON MONOXIDE, CARBON DIOXIDE, AND POSSIBLY OXIDES OF NITROGEN.

Conditions to Avoid
SPARKS, OPEN FLAMES HEAT

Incompatibilities (Materials to Avoid)
AVOID CONTACT WITH STRONG OXIDIZING AGENTS WATER BASES ALCOHOL AND AMINES

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SECTION VII: SPILL OR LEAK PROCEDURES; WASTE DISPOSAL

Steps to be taken if Material is Leaked or Spilled
REMOVE SOURCES OF IGNITION. PROVIDE VENTILATION AND OR RESPIRATORY PROTECTION. LARGE SPILLS MAY BE PICKED UP WITH NONSPARKING TOOLS, SMALL SPILLS WITH ABSORBENT MATERIAL.

Waste Disposal Methods

IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

SECTION VIII: SAFE HANDLING AND USE INFORMATION

Respiratory Protection

CONCENTRATIONS GREATER THAN THE TLV CAN OCCUR WHEN MDI IS SPRAYED, HEATED OR USED IN A POORLY VENTILATED AREA. IN SUCH CASES, OR WHENEVER CONCENTRATIONS OF MDI EXCEED THE TLV, RESPIRATORY PROTECTION MUST BE WORN. A POSITIVE PRESSURE, SUPPLIED-AIR RESPIRATOR OR A SELF-CONTAINED BREATHING APPARATUS IS RECOMMENDED. IN SITUATIONS WHERE MDI IS NOT SPRAYED, HEATED OR USED IN A POORLY VENTILATED AREA, AND A SUPPLIED-AIR OR SELF-CONTAINED BREATHING APPARATUS IS UNAVAILABLE OR ITS USE IMPRACTICAL, AT LEAST AN AIR-PURIFYING RESPIRATOR EQUIPPED WITH AN ORGANIC VAPOR CARTRIDGE AND PARTICULATE PRE-FILTERS MUST BE WORN. HOWEVER THIS SHOULD BE PERMITTED ONLY FOR SHORT PERIODS OF TIME (LESS THAN ONE HOUR) AT RELATIVELY LOW CONCENTRATIONS (AT OR NEAR THE TLV). HOWEVER, DUE TO THE POOR WARNING PROPERTIES OF MDI, PROPER FIT AND TIMELY REPLACEMENT OF FILTER ELEMENTS MUST BE ENSURED. OBSERVE OSHA REGULATIONS FOR RESPIRATOR USE (29 CFR 1910.134).
USE A POSITIVE PRESSURE AIR SUPPLIED RESPIRATOR, TC19C NIOSH

Ventilation

EXPLOSION PROOF USE ONLY WITH ADEQUATE VENTILATION
KEEP UNPROTECTED PERSONNEL AWAY FROM SPRAY AREA

Protective Gloves

YES

Eye Protection

YES

Other Protective Equipment

WASH STATION AND SAFETY SHOWERS SHOULD BE AVAIL-

Hygienic Practices

WASH THOROUGHLY AFTER USE. PERSONS WITH PREEXISTING SKIN DISORDERS MAY BE MORE SUSCEPTIBLE TO THE EFFECTS OF THIS PRODUCT

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SECTION IX: SPECIAL PRECAUTIONS

Handling and Storing

STORE AWAY FROM HEAT, SPARKS AND OPEN FLAMES.

Other Precautions

REPORTS HAVE ASSOCIATED REPEATED AND PROLONGED OCCUPATIONAL OVEREXPOSURE TO SOLVENTS WITH PERMANENT BRAIN AND NERVOUS SYSTEM DAMAGE. EYE DAMAGE AND CARDIAC ABNORMALITY.

XYLENE, ETHYL BENZENE AND TOLUENE DIISOCYANATE ARE REGULATED BY SECTION 313 OF SARA, TITLE III.

DISCLAIMER: THE INFORMATION AND RECOMMENDATIONS SET FORTH HEREIN ARE PRESENTED IN GOOD FAITH AND BELIEVED TO BE CORRECT AS OF THIS DATE. EASTWOOD MAKES NO REPRESENTATION AS TO THE COMPLETENESS OR ACCURACY THEREOF. INFORMATION IS SUPPLIED UNDER THE CONDITION THAT THE RECIPIENT WILL MAKE HIS OWN DETERMINATION AS TO ITS SUITABILITY FOR THEIR INTENDED PURPOSE, PRIOR TO USE

END OF MSDS
