Royd March 2002

MATERIAL SAFETY DATA SHEET

423310/193-040

MANUFACTURER OR DISTRIBUTOR: General Pencil Company

3160 Bay Rd. P.O. Box 5311

Redwood City CA 94063

INFORMATION TELEPHONE NUMBER: 650-369-4889

EMERGENCY TELEPHONE NUMBER: 650-369-4889

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: KISS OFF SPOT REMOVER PRODUCT NO. 136

PRODUCT SIZES: 20 GM

PRODUCT CLASS: DETERGENT CLEANERS

SECTION II - HAZARDOUS INGREDIENTS -----

PEL/TLV MAX

(MG/M3) %WEIGHT NTP IARC CAS# INGREDIENT

-----None

SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

MELTING POINT: N/A BOILING POINT: N/A

VAPOR PRESSURE: N/A

SPECIFIC VAPOR DENSITY (AIR=1): N/A SPECIFIC GRAVITY:

N/A

SOLUBILITY IN WATER: N/A

REACTIVITY IN WATER: NON-REACTIVE

APPEARANCE AND ODOR:

SECTION IV - FIRE AND EXPLOSION INFORMATION

AUTOIGNITION TEMPERATURE: N/A FLASH POINT (METHOD): N/A

EXPLOSION LIMITS IN AIR (% BY VOLUME): NOT EXPLOSIVE

EXTINGUISHING MEDIA: NO SPECIAL MEDIA REQUIRED

FIRE FIGHTING PROCEDURES: NO SPECIAL FIRE FIGHTING PROCEDURES REQUIRED

UNUSUAL FIRE & EXPLOSION HAZARDS: NOT COMBUSTIBLE

----- SECTION V - PHYSICAL HAZARDS/REACTIVITY

HAZARDOUS POLYMERIZATION PRODUCTS: NONE

STABILITY: STABLE CONDITIONS TO AVOID: NONE

INCOMPATIBILITY (MATERIALS TO AVOID): NONE

HAZARDOUS DECOMPOSITION PRODUCTS: NONE

COMPANY: General Pencil Company PRODUCT: 136 BRAND NAME: KISS OFF SPOT REMOVER
SECTION VI - HEALTH HAZARD DATA
PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLVs
PRIMARY ROUTES OF ENTRY: EYE, SKIN, INGESTION
EFFECTS AND SYMPTOMS OF ACUTE EXPOSURE: NONE EXPECTED
EFFECTS AND SYMPTOMS OF CHRONIC EXPOSURE: NONE EXPECTED
CARCINOGEN LISTING: NTP: NO IARC: NO OSHA: NO SEE SECTION II FOR COMPONENTS AFFECTED
MEDICAL CONDITIONS USUALLY AGGRAVATED BY OVER EXPOSURE TO THIS PRODUCT: NONE
FIRST AID MEASURES: NONE REQUIRED. NO ACUTE HEALTH EFFECTS EXPECTED
SECTION VII - SPILL OR LEAK PROCEDURES
PRECAUTIONS TO BE TAKEN DURING STORAGE AND HANDLING: NO SPECIAL PRECAUTIONS REQUIRED. STEPS TO BE TAKEN IN CASE A MATERIAL IS SPILLED: NO SPECIAL SPILL PROCEDURES REQUIRED. WASTE DISPOSAL METHOD: DISPOSE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS.
SECTION VIII - PROTECTIVE EQUIPMENT/CONTROL MEASURES
RESPIRATORY PROTECTION AND SPECIAL VENTILATION REQUIREMENTS: NONE REQUIRED OTHER PROTECTIVE EQUIPMENT (GLOVES, GOGGLES, ETC): NONE REQUIRED WORK/HYGIENE PRACTICES: THIS INFORMATION SHEET IS FOR THE CONSUMER USE OF THIS PRODUCT ONLY.
SECTION IX - ADDITIONAL INFORMATION AND WARNINGS
NONE REQUIRED
Form Completed by: Woodhall Stopford, MD, MSPH Last Updated: 09/12/00

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