MATERIAL SAFETY DATA SHEET

Pentel of America, Ltd. MANUFACTURER OR DISTRIBUTOR: 2805 Columbia St. Torrance CA 90509 INFORMATION TELEPHONE NUMBER: 310-320-3831 EMERGENCY TELEPHONE NUMBER: 800-421-1419 PRODUCT NAME: SIGN PEN PRODUCT NO. 8520-12, NS 167 PRODUCT SIZES: 2.5GR PRODUCT CLASS: WATER COLOR MARKER _____ SECTION II - HAZARDOUS INGREDIENTS -----MAX PEL/TLV (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 REACTIVITY IN WATER: NON-REACTIVE SOLUBILITY IN WATER: N/A 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

HAZARDOUS POLYMERIZATION PRDUCTS: NONE STABILITY: STABLE CONDITIONS TO AVOID: NONE IMCOMPATIBILITY (MATERIALS TO AVOID): NONE HAZARDOUS DECOMPOSITION PRODUCTS: NONE

COMPANY: Pentel of America, Ltd. PRODUCT: S520-12 BRAND NAME: SIGN PEN
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: NONI
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: NONE REQUIRED
Form Completed by: Woodhall Stopford, MD, MSPH Last Updated: 04/05/95