71580

9737520 RA28818

MATERIAL SAFETY DATA SHEET

MANUFACIONER OR DISTRIBUTOR:	557 S. Marcella PO BOX 160 Kimberly WI 541	Street 2A	•	
INFORMATION TELEPHONE NUMBER:	920-738-0744			
EMERGENCY TELEPHONE NUMBER:	800-233-2404			
SECTION I	- PRODUCT IDENTI	FICATION		
PRODUCT NAME: WATER COL	OURS FOR CHILDRE	PRODUCT	NO.	
PRODUCT SIZES:		390008	3-390220	
PRODUCT CLASS: SENI-MOIST WATE	RCOLOR	Richeso	on Semi Moist W	/atercolor:
SECTION II	- HAZARDOUS INC	GREDIENTS	this tips also supe upo also upor tips tips tips also a	
INGREDIENT	CAS#	PEL/TLV (MG/M3)	MAX %WEIGHT NT	PIARC
None				
SECTION III - PHYS	ICAL AND CHEMICA	AL CHARACTER	ISTICS	
BOILING POINT: N/A VAPOR PRESSURE: N/A SPECIFIC VAPOR DENSITY (AIR=1) SOLUBILITY IN WATER: N/A APPEARANCE AND ODOR:	MELTING . : N/A SPECIFIC REACTIVE		•	IVE
SECTION IV - F	IRE AND EXPLOSIO	ON INFORMATI	ON	******
FLASH POINT (METHOD): N/A EXPLOSION LIMITS IN AIR (% BY EXTINGUISHING MEDIA: NO SPECIA FIRE FIGHTING PROCEDURES: NO S UNUSUAL FIRE & EXPLOSION HAZAR	VOLUME): NOT EXE L MEDIA REQUIRED PECIAL FIRE FIGH	PLOSIVE) HTING PROCED	,	
SECTION V -	PHYSICAL HAZARDS	S/REACTIVITY	***********	
HAZARDOUS POLYMERIZATION PRDUC STABILITY: STABLE CONDITIONS T IMCOMPATIBILITY (MATERIALS TO HAZARDOUS DECOMPOSITION PRODUC	O AVOID: NONE AVOID): NONE			

----- SECTION VI - HEALTH HAZARD DATA ------PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLVs PRIMARY ROUTES OF ENTRY: EYE, SKIN 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: NONE REQUIRED

Form Completed by: Woodhall Stopford, MD, MSPH

Last Updated:

9-13-2010