HALL CHEM MFG. INC.

1270 rue Nobel Tel. : (450) 645-0296 Boucherville Qc J4B 5H1 Fax : (450) 645-0444

MATERIAL SAFETY DATA SHEET

URGENCE: CANUTEC (613) 996-6666

MSDS: 3050-2

PRODUCT IDENTIFICATION AND USE

NAME OF PRODUCT: Parts cleaned ECO

USE OF PRODUCT: cleaner and degreaser

TRANSPORTATION OF DANGEROUS GOODS

SHIPPING NAME:

P.N.I.: UN 1814 PRIMARY CLASS: 8
PACKING GROUP: II SUBSIDIARY CLASS:

COMPONENTS

COMPOSITION	% V/V	CASE #	LD ₅₀ mg/kg Oral/rat	LC ₅₀	TLV ppm 8h
Potassium hydroxide	2 to 15	1310-58-3	273		2 mg/m^3

PHYSICAL CARACTERISTICS

PHYSICAL STATE:	APPEARANCE:	ODOR:	ODORTRESHOLD:
liquid	Clear to yellowish odorless No		Not available
VAPOR TENSION:	VAPOR DENSITY:	EVAPORAT	ING RATE:
2 mm Hg at 20°C	Not available	Not available	
BOILING RANGE : 101°C	FREEZING POINT: -1C	pH : 12.34	
DENSITY (kg/m³, water = 1 at	DISTRIBUTION FACTOR	SOLUBILIT	Y IN WATER $(25^{\circ}C)$:
4°C): 1.08-1.18	WATER/OIL: Not available	100%	

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REACTIVITY DATA

CHEMICAL STABILITY: stable under normal conditions

INCOMPATIBILITY WITH OTHER PRODUCTS: Avoid strong acids and reactive metals.

REACTIVITY CONDITIONS: No hazardous polymerization.

EXPLOSION AND FIRE RISKS

FLAMMABILITY:

EXTINGUISHING METHODS: Use appropriate media to extinguish surrounding fire and/or materials. **FLASH POINT:** non-flammable **AUTO-IGNITION TEMPS.:** Not available

 $FLAMMABILITY\ (\%\ per\ volume)$

SUPERIOR LIMIT: Not available LOWER LIMIT: Not available

HAZARDOUS COMBUSTION PRODUCT: Not available

EXPLOSIBILITY DATA: Not available

TOXICOLOGICAL PROPERTIES

ABSORPTION WAYS				CONTACT					
SKIN	V	INHALATION	1	INGESTION	V	WITH SKIN		EYES	

EFFECTS OF EXPOSURE TO PRODUCT: Product can irritate mucus glands. High doses can provoke headaches, drowsiness, nausea, dizziness and fainting. Inhalation may aggravate cases of emphysema and bronchitis. Repeated contact with skin provokes irritations, dryness of the skin and cracking of the skin.

PREVENTIVE MEASURES

PROTECTIVE EQUIPMENT: Gloves, security glasses and protective apron.

GLOVES: rubber, nitrile, neoprene, PVC

RESPIRATORY SYSTEM: A NOISH/MSHA-approved air-purifying respirator equipped with dust, mist, fume cartridges for concentration sup to 20 mg/m³ potassium hydroxide. An air-supplier respirator if

concentrations are higher of unknown.

OCULAR INSTRUMENT: chemical safety goggles

CLOTHING: rubber, vinyl, neoprene apron

TECHNICAL CONTROL: Good general area ventilation.

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PROCEDURE IN CASE OF LEAKS/SPILLS: Stop and contain leak or spill, ventilate area. Protective

equipment must be worn. Dyke with inert material (sand, earth, etc.). Pump into plastic containers

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for reclaim or disposal.

HANDLING: Solutions should be stored in a cool area, above their freezing point. Protect containers against physical damage.

WASTE DISPOSAL: Consult federal, provincial, state and local regulations on chemical waste disposal. May e possible to neutralize (see above), diluted, flushed and dispersed.

STORAGE:

FIRST AID

SKIN: Flush skin with running water fir a minimum of 20 minutes or up to 30 minutes for critical body

areas. If irritation persists, repeat flushing.

EYES: Immediately flush eyes with running water for a minimum of 20 minutes. Preferably up to 30

minutes. Hold eyelids open during flushing. If irritation persists, repeat flushing. Obtain medical

attention.

INHALATION: Move victim to fresh air. Give artificial respiration ONLY if breathing has stopped. Give

cardiopulmonary resuscitation (CPR) if there is no breathing and no pulse. Oxygen administration may be beneficial in this situation but should only be administrated by personnel trained in its use.

Obtain medical attention immediately.

INGESTION: If victim is alert and not convulsing. Rinse out mouth and give ½ to 1 glass of water to dilute

material. Do not induce vomiting. If spontaneous vomiting occurs. Have victim lean forward with head down to avoid breathing in of vomit, rinse mouth and administer more water. Immediately

transport victim to an emergency facility.

NOTES TO PHYSICIAN: Potassium hydroxide eye burns often go through three stages – an acute stage when

early damage is experienced, a reparation stage when the eye begins to heal, and a stage of late complications when a relapse may occur with more severe damage. Follow up care is essential.

INFORMATION ON THE M.S.D.S. PREPARATION

PREPARED BY: TELEPHONE: (450) 645-0296 REVISED Jan. 2015

Hall Chem Mfg. Inc.

NOTE:

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