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MATERIAL SAFETY DATA SHEET

MANUFACTURER OR DISTRIBUTOR: Activa Products, Inc 10/30/2013
 512 South Garrett
 Marshall, Texas 75670

INFORMATION TELEPHONE NUMBER: 903-938-2224

EMERGENCY TELEPHONE NUMBER: 903-938-2224

SECTION I – PRODUCT IDENTIFICATION

PRODUCT NAME: INSTAMOLD PRODUCT NUMBER: 250,275

PRODUCT SIZES: 48 OZ, 12 OZ BRAND NAME: INSTAMOLD

PRODUCT CLASS: CRAFT (MISC)

SECTION II – HAZARDOUS INGREDIENTS

Ingredients	CAS#	PEL/TLV	MAX	NTP	LARC
		(MG/M#)	%Weight		
None					

SECTION III – PHYSICAL AND CHEMICAL INGREDIENTS

BOILING POINT: N/A MELTING 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

FLASH POINT (METHOD):N/A AUTOIGNITION TEMPERATURE: 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 PRODCUTS: NONE

STABILITY: STABLE CONDITIONS TO AVOID: NONE

INCOMPATIBILITY (MATERIALS TO AVOID) : NONE

HAZARDOUS DECOMPOSITION PRODUCTS: NONE

SECTION VI – HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLVs

PRIMARY ROUTES OF ENTRY: INHALATION, INGESTION, 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 RQUIRED

SECTION IX – ADDITIONAL INFORMATION AND WARNINGS

THIS INFORMAITON SHEET IS FOR CONSUMER USE ONLY.

ADDITIONAL INFORMATION AND WARNINGS: NONE REQUIRED