Material Safety Data Sheet May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements. U.S. Department of Labor
Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

| IDENTITY (As Used on Label and List) REDUX® GEL | Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that. | | | | | |
|--|---|---|---|------------|--|--|
| Section I | | | | | | |
| Manufacturer's Name | Emergency Telephone Number | | | | | |
| PARKER LABORATORIES, INC. | | | | | | |
| Address (Number, Street, City, State and ZIP Cod | Telephone Number for Information | | | | | |
| 286 ELDRIDGE ROAD | | (973) 276-9500 | | | | |
| | | Date Prepared | | | | |
| FAIRFIELD, NJ 07004 | SEPTEMBER 2003 | | | | | |
| | Signature of Preparer (optional) | | | | | |
| Section II – Hazardous Ingredients/ | Identity Information | า | | | | |
| Hazardous Components (Specific Chemical Iden | OSHA PEL ACGIH TLV | % (optional) | | | | |
| NONE | | | | | | |
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| Section III – Physical/Chemical Cha | racteristics | | | | | |
| Boiling Point | N/A | Specific Gravity (H ² O = | Specific Gravity (H ² O = 1) | | | |
| Vapor Pressure (mm Hg.) | N/A | Melting Point | N/A | | | |
| Vapor Density (AIR = 1) | N/A | Evaporation Rate (Butyl Acetate = 1) | | N/A | | |
| Solubility in Water SOLUBLE | <u> </u> | , | | | | |
| Appearance and Odor BLUE GEL | | | | | | |
| Section IV – Fire and Explosion Hazard | I Data | | | | | |
| Flash Point (Method Used) NONE | | Flammable Limits N/A | LEL N/A | UEL N/A | | |
| Extinguishing Media NOT APPLICABLE. PRODUCT | T WILL NOT SUPPORT CO | | 111/73 | 14/17 | | |
| Special Fire Fighting Procedures NO SPECIAL PROCEDURES | | | | | | |
| | | | | | | |
| Unusual Fire and Explosion Hazards NOT APPLICABLE | | | | | | |
| | | | | | | |

(Reproduce locally) OSHA 174, Sept. 1985

| Section V - Re | activity Data | | | | | | | | | |
|--|--------------------|------------|------------------------|-----------|-------------------|------------|--------------------------|--|--|--|
| Stability | Unstable | | Conditions to Avoid | NONE | | | | | | |
| | Stable | X | | | | | | | | |
| Incompatibility (Materials to Avoid) STRONG OXIDIZERS | | | | | | | | | | |
| Hazardous Decom | position or Bypro | oducts | N/A | | | | | | | |
| Hazardous Polymerization | May Occur | | Conditions to Avoid | NONE | | | | | | |
| | Will Not Occur | Х | | | | | | | | |
| Section VI – Health Hazard Data | | | | | | | | | | |
| Route(s) of Entry: Inhalation? | | | ? | | Skin?` NO | | ngestion? YES | | | |
| Health Hazards (Acute and Chronic) NONE KNOWN | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Carcinogenicity: | | NTP? NO | | IARC N | lonographs? | (| OSHA Regulated? NO | | | |
| | | | | | | | | | | |
| Signs and Symptoms of Exposure NOT APPLICABLE | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Conditions Generally Aggravated by Exposure NONE KNOWN | | | | | | | | | | |
| | | | | | | | | | | |
| Emergency and Fi | rst Aid Procedure | | USH FOR 15 MINUTES. II | NGESTION | N: IF SYMPTOMS DI | EVELOP, CO | NSULT MEDICAL PERSONNEL. | | | |
| | | | | | | | | | | |
| Section VII – P | recautions for | Safe Hand | dling and Use | | | | | | | |
| Steps to Be Taken in Case Material Is Released or Spilled WIPE UP AND PLACE IN WASTE CONTAINER. WASH SPILL AREA WITH WATER AND DRY | | | | | | | | | | |
| | | | AREA TO ELIMIN | NATE SLIP | PING HAZARD. | | | | | |
| | | | | | | | | | | |
| Waste Disposal M | ethod | FOLLOW A | ALL FEDERAL, STATE AN | D LOCAL | REGULATIONS FOR | R NON-HAZA | RDOUS WASTE DISPOSAL. | | | |
| | | | | | | | | | | |
| Precautions to Be Taken in Handling and Storing NONE | | | | | | | | | | |
| | | | | | | | | | | |
| Other Precautions | s NONE | | | | | | | | | |
| Section VIII - 0 | Control Measu | res | | | | | | | | |
| Respiratory Prote | ction (Specify Typ | pe) N | NONE NEEDED | | | | | | | |
| Ventilation | Local Exhaust | N | N/A | | Special | N/A | | | | |
| | Mechanical (Ger | neral) N | N/A | | Other | N/A | | | | |
| Protective Gloves | N/A | | | Eye Pr | otection | N/A | | | | |
| Other Protective Clothing or Equipment N/A | | | | | | | | | | |
| Work/Hygienic Practices N/D = NOT DETERMINED Page 2 \$\times U.S.G.P.O.: 1986-491-529/45775 | | | | | | | | | | |