Page 1

PALMER "DRY TEMPERA"

IDENTITY

| •                                         |             |                                                  |                     |                                     |                                |                              |                                                   |                                         |
|-------------------------------------------|-------------|--------------------------------------------------|---------------------|-------------------------------------|--------------------------------|------------------------------|---------------------------------------------------|-----------------------------------------|
| SESTION VANDES                            |             |                                                  | S TO AVOID NIA      |                                     |                                |                              |                                                   |                                         |
| STABILITY UNSTABLE                        | YES         | -                                                | STOTION NAME        |                                     |                                |                              |                                                   |                                         |
| INCOMPATIBILITY (MAT                      |             | VOID)                                            | NONE KNOWN          |                                     |                                |                              |                                                   |                                         |
|                                           |             |                                                  |                     |                                     |                                |                              |                                                   |                                         |
| HAZARDOUS DECOMPO                         | SITION OR B | YPRODUCTS                                        | INCOMPLETE C        | OMBUSTION                           | MAY YIELD                      | ARBON                        | MONOXIDE                                          |                                         |
| HAZARDOUS                                 | MAY OCCI    |                                                  |                     | ITIONS TO AVOID                     | NONE KN                        | ÓWN                          |                                                   |                                         |
| POLYMERIZATION                            | WILL NOT    |                                                  | X                   | فرادنا الكرافية واستريادا ويستعربان | المادن والمادن والمادن والمادن |                              | in militime di laure di nu sultiri marikita e-lis |                                         |
| SECTION WHEN                              |             |                                                  |                     | SKIN7                               |                                |                              |                                                   |                                         |
| ROUTE(S) OF ENTRY<br>HEALTH HAZARDS (ACL  | INHALATIC   |                                                  | N/A<br>NON-TOXIC WA |                                     | N/A                            | ODE NO                       | INGESTION?                                        |                                         |
|                                           | ,           |                                                  | PRODUCT AS DE       |                                     |                                |                              | ACSTE OR O                                        | INOIVIC                                 |
| CARCINOGENICITY:                          | NTP?        | NO                                               |                     | IARC MON                            | OGRAPHS?                       | NO                           | OSHA REGUL                                        | TED? NO                                 |
| SIGNS AND SYMPTOMS                        | OF EXPOSU   |                                                  | NONE KNOWN          |                                     |                                |                              |                                                   |                                         |
| <del></del>                               |             |                                                  | · <del></del>       |                                     |                                |                              |                                                   |                                         |
| MEDICAL CONDITIONS                        |             | 20105                                            | - IONE 14101-161    |                                     |                                | )                            |                                                   |                                         |
| GENERALLY AGGRAVAT<br>EMERGENCY AND FIRST |             |                                                  | NONE KNOWN          | <del> ,</del>                       |                                | <del> </del>                 | <del></del>                                       |                                         |
|                                           |             |                                                  | OR SKIN IRRITA      | TION SHOULD                         | PERSIST A                      | FTER IRE                     | RIGATING ARE                                      | A WITH WATER.                           |
| 00,1002                                   |             | O// 11 1/ 2/2                                    |                     |                                     | LITERET                        |                              | 110, (11, 10, 11, 11, 11, 11, 11, 11, 11, 11,     |                                         |
| SECTIONVII - PRE                          |             |                                                  |                     | USE                                 |                                | 1 1/1                        |                                                   |                                         |
| STEPS TO BE TAKEN IN                      |             |                                                  |                     |                                     |                                |                              |                                                   |                                         |
| WIPE UP                                   | WITH CLO    | TH OR INE                                        | RT ABSORBENT        | MATERIAL.                           |                                | 1                            |                                                   |                                         |
|                                           |             |                                                  |                     |                                     |                                | -                            |                                                   |                                         |
| WASTE DISPOSAL METI                       | -IOD        | USE NOR                                          | MALLY ACCEPTE       | D PROCEDUR                          | ES FOR WA                      | STE DIS                      | POSAL WHICH                                       | IMPET ALL                               |
|                                           |             |                                                  | REQUIREMENTS        |                                     |                                | 12.010                       |                                                   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| PRECAUTIONS TO BE TA                      |             |                                                  |                     |                                     |                                |                              |                                                   |                                         |
|                                           | STORE IN    | AREAS WHI                                        | ERE TEMPERATU       | IRES EXCEED                         | NORMAL R                       | DOM TEN                      | IPERATURES.                                       |                                         |
| OTHER PRECAUTIONS                         |             |                                                  |                     |                                     |                                | }                            |                                                   |                                         |
| Section viine (25)                        | NONE K      |                                                  | 1.5 1               | <del></del>                         |                                | 5 6 7 12 7 P                 | an all of the problem                             |                                         |
| RESPIRATORY PROTEC                        |             |                                                  | NONE NEEDED         | <del></del>                         |                                | الواقولي و أو الوائر في أو ق | 3 1 2 2 1 2 3 3 4 E Tugen                         | <u> </u>                                |
| VENTILATION                               | LOCAL EXH   | <del></del>                                      | N/A                 |                                     |                                | SPECIAL                      | N/A                                               |                                         |
|                                           |             | AL (GENERAL)                                     |                     | MMENDED                             |                                | OTHER                        | N/A                                               |                                         |
| PROTECTIVE GLOVES                         | SKIN CONT   | ACT MAY BE I                                     |                     |                                     | EYE PROTEC                     | TON                          | EYE CONTACT                                       | MAY BE IRRITATING                       |
| OTHER PROTECTIVE CL                       | OTHING OR E | QUIPMENT                                         | NONE NEEDED         |                                     |                                |                              |                                                   |                                         |
|                                           |             | <del>                                     </del> |                     |                                     |                                |                              |                                                   |                                         |
| WORK! HYGIENIC PRAC                       | TICES       | √WASH HA                                         | NDS WITH SOAP       | AND WATER                           | BEFORE EA                      | TING.                        |                                                   |                                         |
|                                           |             | <del></del>                                      |                     | <del></del>                         |                                |                              |                                                   |                                         |
|                                           |             | }                                                |                     |                                     |                                |                              |                                                   |                                         |
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|                                           |             | }                                                |                     |                                     |                                |                              |                                                   |                                         |
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|                                           |             | <b>I</b>                                         |                     |                                     |                                |                              |                                                   |                                         |
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From: ON LINE - MSDS/FAXBACK

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To: MSDS Manager