

08/02/2002

MATERIAL SAFETY DATA SHEET

MANUFACTURER OR DISTRIBUTOR: **General Pencil Company**
3160 Bay Rd.
PO Box 5311
Redwood City, CA 94063

INFORMATION TELEPHONE NUMBER: **1-800-537-0734**
EMERGENCY TELEPHONE NUMBER: **1-650-369-4889**

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: **THE MASTERS BRUSH CLEANER**
PRODUCT SIZES: **0.25; 1.0; 2.5; 24 OZ**
PRODUCT CLASS: **BRUSH CARE PRODUCTS**

SECTION II - HAZARDOUS INGREDIENTS

None

SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

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 PRODUCTS: 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: EYE, SKIN, AND INGESTION
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

SECTION IX - ADDITIONAL INFORMATION AND WARNINGS

THIS INFORMATION SHEET IS FOR CONSUMER USE OF THE PRODUCT

SECTION X - COLOR INFORMATION

None

Form Completed By: Woodhall stopford, MD, MSPH
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